

Knowledge
SUCCESS



WEBINAR

Integrating family planning and menstrual health policies and programs



8–9:30 AM EDT
November 16, 2023



In English with
French interpretation

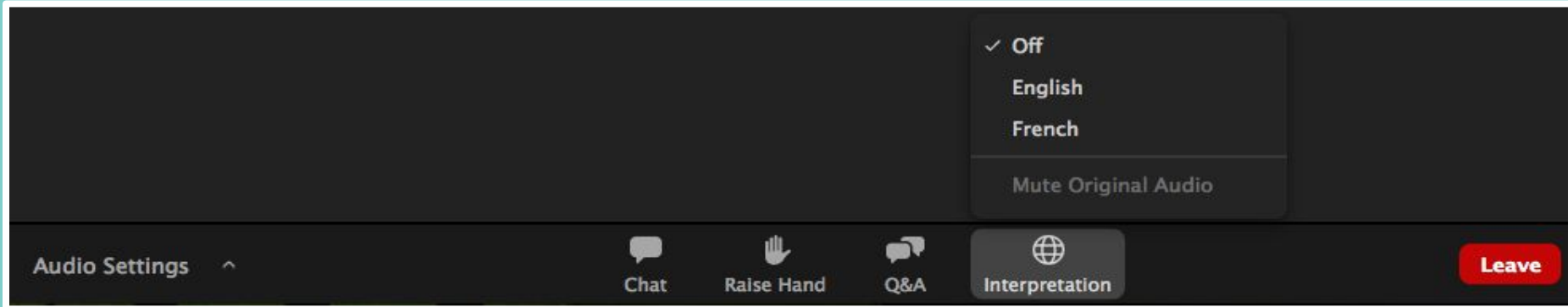
This event is made possible through the support of the American people by USAID.



Zoom Logistics

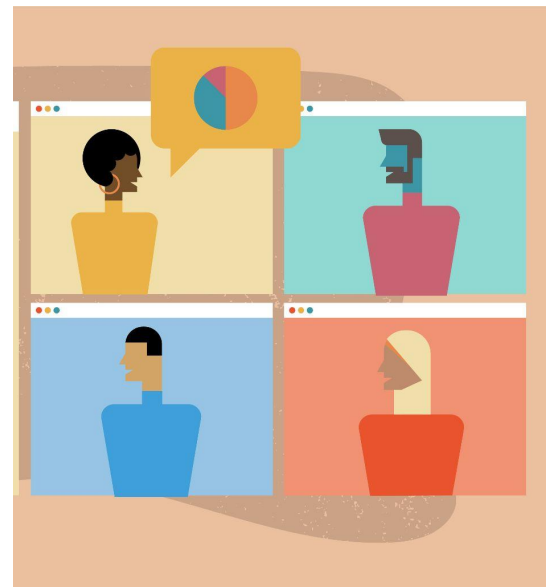
You must choose a language: Click on the "Interpretation" icon at the bottom of your screen to participate in **English or French.**

Vous devez choisir une langue : Cliquez sur l'icône «*Interprétation*» en bas de votre écran pour participer en **français.**



Knowledge SUCCESS Overview

- Global project funded by USAID
- Hubs in Asia, West Africa, East Africa
- Partners:
 - Johns Hopkins Center for Communication Programs (*prime*)
 - Amref Health Africa
 - FHI 360
 - Busara Center for Behavioral Economics



Helping countries and programs learn more, share more, do more.

Our Panelists



Tanya Mahajan
Director of International
Programs, The Pad
Project, India



Dr. Marsden Solomon
Reproductive Health
Advisor and Independent
Consultant, Kenya



Emily Hoppes
Senior Technical Officer,
FHI 360, USA

A Conversation on the Link Between Family Planning and Menstrual Health

Tanya Mahajan & Dr. Marsden Solomon

Strengthening Integrated Approaches for Family Planning & Menstrual Health

Emily Hoppes

Access the publication
and full set of
guidelines here:



COMMENTARY

Strengthening Integrated Approaches for Family Planning and Menstrual Health

Emily Hoppes,^a Kate H. Rademacher,^b Lucy Wilson,^c Tanya Dargan Mahajan,^d Katrina Wilson,^e Marni Sommer,^f Marsden Solomon,^g Eva Lathrop^h

Key Messages

- The family planning (FP) and menstrual health (MH) fields share goals and areas of work, serve similar populations, and have the potential to learn from and enhance one another, but they are not effectively integrated, which can result in missed opportunities to improve individuals' health, well-being, and dignity.
- Integrating FP and MH ensures that both FP and MH commodities and services are provided under a single programmatic umbrella that may include both same-day, co-located services and referral-based approaches.
- Potential ways to integrate FP and MH include (1) improving education and awareness; (2) integrating delivery of FP and MH commodities

■ BACKGROUND

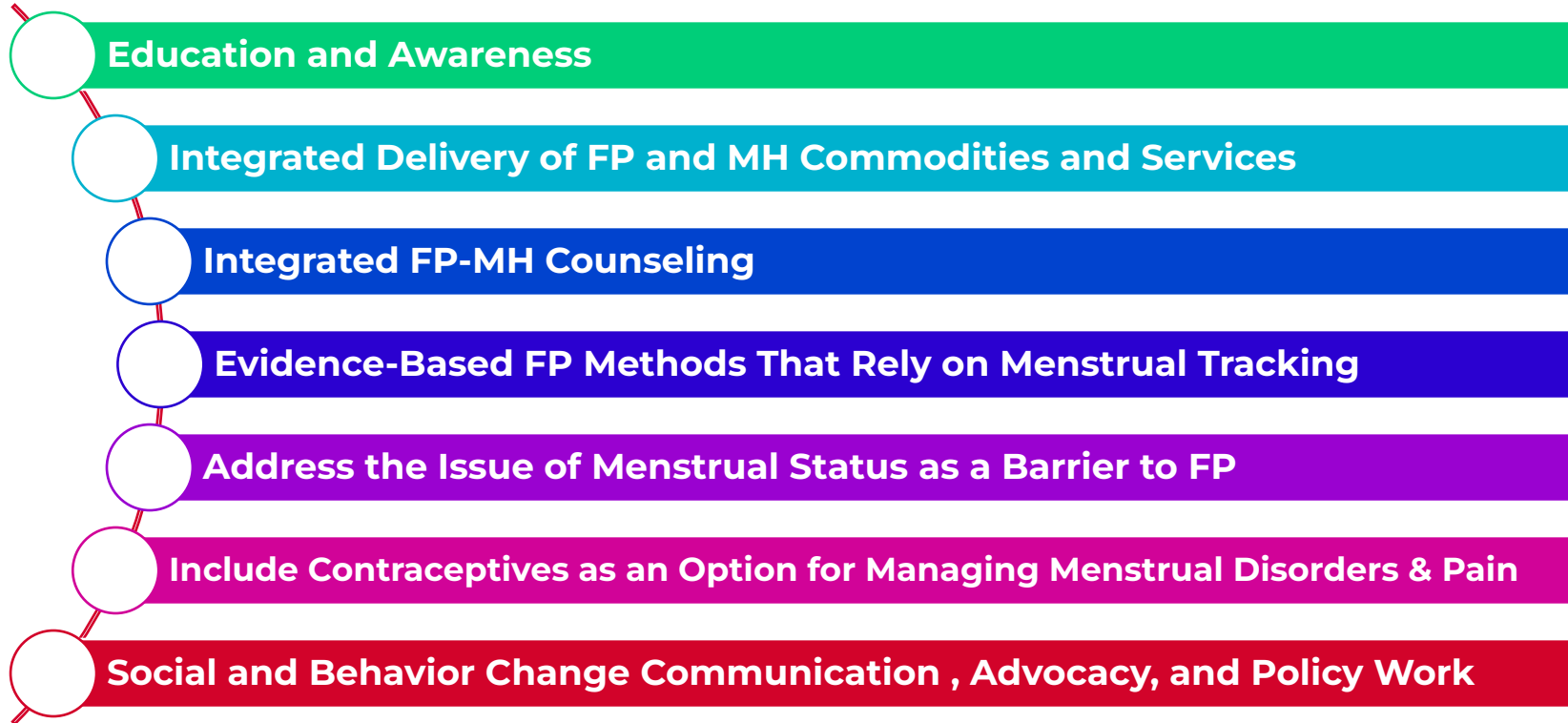
Family planning (FP) and menstrual health (MH) are closely related fields that are often not effectively integrated, which can result in missed opportunities to improve the health, well-being, and dignity of individuals. Many actors in the field have long touted MH education and programs as a key entry point for broader reproductive health efforts, especially among adolescents.^{1,2} Likewise, those working in FP recognize the impact of contraceptives on menstruation and the need for counseling and education to address this issue.³ Recent work has brought together experts from the fields of both FP and MH.^{3,4} In breaking down silos between these 2 fields, a growing interest in the topic of FP-MH integration has emerged. Experts agree that greater efforts should be made to proactively link FP and MH policies and programs, including through provider



Integrating FP and menstrual health could help address challenges of stigma, misinformation, and navigating complex social and gender norms and increase the reach and impact of both fields.



Key Areas for FP-MH Integration



Organization of the guidelines

- Area of integration along the left side

Improve Education & Awareness

Improve Systems-Level Interactions

Improve Client-Level Interactions within Health Systems

Reach Populations with Special Needs

Implement Advocacy and SBCC Programs

Strengthen National Policies and Guidelines

- Key life stage across the top (in-line with a life course approach)

Pre-adolescence

Adolescence

**Mid-life &
Reproductive Years**

**Perimenopause &
Menopause**


Example 1: Include evidence-based puberty and comprehensive sexuality education for youth/adolescents

	Preadolescence	Adolescence	Mid-Life and Reproductive Years	Perimenopause and Menopause
Improve Education and Awareness	<p>Include evidence-based puberty and comprehensive sexuality education for youth/adolescents that includes age-appropriate information on menstruation and fertility, managing menstrual bleeding and pain, menstrual health, and family planning, including contraceptive-induced menstrual changes, across settings, including for both in and out of school youth of all genders. Follow evidence-informed guidance on comprehensive sexuality education.⁹</p>		<p>Continue to provide evidence-based sexuality education and information about menstruation and fertility, managing menstrual bleeding and pain, menstrual health, and family planning, including contraceptive-induced menstrual changes, during this time.</p>	<p>Continue to provide evidence-based sexuality education and information about menstruation and fertility, managing menstrual bleeding and pain, menstrual health, and family planning, as well as information on perimenopause and menopause.</p>
	<p>Expanding access to evidence-based tools that provide access to family planning and menstrual health education, products, and services to people of all ages and genders, including tools that can be accessed directly by individuals through digital channels. Examples of existing tools that provide integrated information include AskNivi,¹⁰ Managing Menstruation: Know Your Options,¹¹ Natural Cycles¹² and Love Matters.¹³</p>			
	<p>Train and strengthen the capacity of community health workers and hold them accountable in providing age-appropriate, sensitive, youth-responsive, evidence-based counseling and education on menstruation and fertility, managing menstrual bleeding, pain, and disorders, menstrual health, and family planning, including contraceptive-induced menstrual changes.</p>		<p>Train and strengthen the capacity of community health workers and hold them accountable in providing sensitive, evidence-based counseling and education about menstruation and fertility, managing menstrual bleeding pain, and disorders, menstrual health, and family planning, including contraceptive-induced menstrual changes and post-partum return to fertility.</p>	<p>Train and strengthen the capacity of community health workers and hold them accountable in providing sensitive evidence-based counseling and education about menstruation and fertility, managing menstrual bleeding, pain and disorders, menstrual health, and family planning, including contraceptive-induced menstrual changes, as well as information on perimenopause and menopause.</p>
	<p>Provide support information and education to stakeholders such as educators and school staff, parents/guardians, community-based workers (across sectors), peer educators, and community and faith leaders that aligns with and supports the education provided by schools, community health workers, and other channels.</p>		<p>Train and strengthen the capacity of stakeholders such as community-based workers (across sectors) and community and faith leaders to provide sensitive evidence-based education about family planning, menstrual health, and contraceptive-induced menstrual changes.</p>	<p>Train and strengthen the capacity of stakeholders such as community-based workers (across sectors) and community and faith leaders to provide sensitive evidence-based education about family planning, menstrual health, and contraceptive-induced menstrual changes throughout perimenopause and until menopause is confirmed.</p>

Example 1: Include evidence-based puberty and comprehensive sexuality education for youth/adolescents

	Preadolescence	Adolescence	Mid-Life and Reproductive Years	Perimenopause and Menopause
<p>Improve Education and Awareness</p>	<p>Include evidence-based puberty and comprehensive sexuality education for youth/adolescents that includes age-appropriate information on menstruation and fertility, managing menstrual bleeding and pain, and family planning, including contraceptive-induced menstrual changes, across settings, including for both in and out of school youth of all genders.</p>		<p>Continue to provide evidence-based sexuality education and information about</p>	<p>Continue to provide evidence-based sexuality education and information about menstruation and</p>
	<p>Include evidence-based puberty and comprehensive sexuality education for youth/adolescents that includes age-appropriate information on menstruation and fertility, managing menstrual bleeding and pain, menstrual health, and family planning, including contraceptive-induced menstrual changes, across settings, including for both in and out of school youth of all genders.</p> <p>Follow evidence-informed guidance on comprehensive sexuality education.</p>			
	<p>Provide support information and education to stakeholders such as educators and school staff, parents/guardians, community-based workers (across sectors), peer educators, and community and faith leaders that aligns with and supports the education provided by schools, community health workers, and other channels.</p>	<p>Train and strengthen the capacity of stakeholders such as community-based workers (across sectors) and community and faith leaders to provide sensitive evidence-based education about family planning, menstrual health, and contraceptive-induced menstrual changes.</p>		<p>Train and strengthen the capacity of stakeholders such as community-based workers (across sectors) and community and faith leaders to provide sensitive evidence-based education about family planning, menstrual health, and contraceptive-induced menstrual changes throughout perimenopause and until menopause is confirmed.</p>

Example 2: Integrate delivery of menstrual health commodities and services into family planning within health systems

	Preadolescence	Adolescence	Mid-Life and Reproductive Years	Perimenopause and Menopause
Improve Systems-Level Interactions 		Integrate delivery of menstrual health commodities and services into family planning within health systems. Provide affordable, high-quality menstrual health products, facilities, including clean, private toilets with space for washing and disposal, and other resources to family planning clients during counseling and/or service provision and/or referrals for products and services. Recognize that family planning users may need more, less, or different menstrual health products when they are using contraception and that this can change over time.		
		Integrate the delivery of family planning commodities and services into menstrual health programs. Provide affordable, high-quality family planning services, including counseling and method provision and/or referrals for family planning services as part of both school and community-based menstrual health programs.		
		Train and strengthen the capacity of providers and hold them accountable to delivering integrated care. Ensure that those providing sexual and reproductive health services are trained in both comprehensive family planning and menstrual health counseling as described in the section above, including training on contraceptive-induced menstrual changes and management of menstrual disorders, as well as youth-responsive services.		
		Promote self-care, ²⁹ including self-reassurance about contraceptive-induced menstrual changes. Ensure people have the information they need and reliable access to menstrual health products, facilities, and other resources including self-care options for menstrual pain. Support individuals to gain the self-efficacy and bodily autonomy they need to use resources with confidence.		
	Ensure family planning users are included in menstrual health research and programs, including research involving menstrual products and development of menstrual health standards. Consider the needs and preferences of end-users in a holistic way that explicitly includes both family planning and menstrual health when designing and implementing menstrual health or family planning research, programs, products, systems, and standards.			

Example 2: Integrate delivery of menstrual health commodities and services into family planning within health systems

	Preadolescence	Adolescence	Mid-Life and Reproductive Years	Perimenopause and Menopause
Improve Systems-Level Interactions	<p>Integrate delivery of menstrual health commodities and services into family planning within health systems.</p> <p>Provide affordable, high-quality menstrual health products, facilities, including clean, private toilets with space for washing and disposal, and other resources to family planning clients during counseling and/or service provision and/or referrals for products and services.</p> <p>Recognize that family planning users may need more, less, or different menstrual health products when they are using contraception and that this can change over time.</p>			

Example 3: Provide information on family planning, including on the full contraceptive method mix; include counseling on contraceptive-induced menstrual changes

	Preadolescence	Adolescence	Mid-Life and Reproductive Years	Perimenopause and Menopause
Improve Client-Level Interactions within Health Systems	<p>Provide information and counseling on menstrual health, including information about the full range of available options for managing menstrual (and contraceptive-induced) bleeding and pain, including information on self-care options and if feasible, access to, or at least information on where to access, commercial menstrual products locally, using tools such as Managing Menstruation: Know Your Options. Recognize that family planning users may need more, less, or different menstrual health products when they are using contraception and that this can change over time.¹¹</p>			
	<p>Provide access to comprehensive youth-responsive services³⁰ that include menstrual health education and information about the full range of menstrual health and family planning, including self-care options, to ensure smooth transition into puberty and to ensure that future menstrual health and family planning needs are met as soon as they arise. Ensure that services are age-appropriate and welcome all genders.</p>			
		<p>Provide information on family planning, including on the full contraceptive method mix including complete and correct information about fertility-based awareness methods and lactation amenorrhea method options.⁹ If the client chooses to use family planning, provide effective, evidence-based counseling during and after method selection about potential contraceptive-induced menstrual changes, using provider job aids such as the NORMAL tool.³⁴</p>		
		<p>Provide adequate support and clinical treatment for undesirable contraceptive-induced menstrual changes. Ensure adequate follow-up services and counsel family planning users that they can return at any time if they have questions or concerns.</p>		
		<p>Provide effective, evidence-based post-partum counseling including products for the management of postpartum bleeding, information about the return of menstruation and fertility after pregnancy and after family planning use, as well as support on tapering off family planning when trying to conceive.</p>		

Example 3: Provide information on family planning, including on the full contraceptive method mix; include counseling on contraceptive-induced menstrual changes

	Preadolescence	Adolescence	Mid-Life and Reproductive Years	Perimenopause and Menopause
Improve Client-Level Interactions within Health Systems	<p>Provide information and counseling on menstrual health, including information about the full range of available options for managing menstrual (and contraceptive-induced) bleeding and pain, including information on self-care options and, if feasible, access to, or at least information on where to access, commercial menstrual products locally, using the methods they are using.</p>			
	<p>Provide information on family planning, including on the full contraceptive method mix including complete and correct information about fertility-based awareness methods and lactation amenorrhea method options.</p> <p>If the client chooses to use family planning, provide effective, evidence-based counseling during and after method selection about potential contraceptive-induced menstrual changes, using provider job aids such as the NORMAL tool.</p>			
		<p>Provide effective, evidence-based post-partum counseling including products for the management of postpartum bleeding, information about the return of menstruation and fertility after pregnancy and after family planning use, as well as support on tapering off family planning when trying to conceive.</p>		

Example 4: Special population - individuals with menstrual discomfort and /or disorders

	Preadolescence	Adolescence	Mid-Life and Reproductive Years	Perimenopause and Menopause
Reach Populations with Special Needs		<p>When providing services to populations with special or unique needs^b, ensure that both their menstrual health and family planning needs are adequately addressed and counsel on contraceptive-induced menstrual changes accordingly. Ensure that individuals are not denied their rights to information about sexual and reproductive health, including menstrual health and family planning and consent to family planning method use/provision.</p>		
		<p>Ensure populations with special or unique needs are included in family planning and menstrual health research and product introduction programs and that these research studies and programs are informed by the populations they are serving and designed to be as accessible as possible.</p>		
		<p>Ensure all individuals with menstrual discomfort and /or disorders have adequate counseling and access to contraception as a management or prevention option.</p>		
		<p>Ensure people with menstrual disorders are included in family planning and menstrual health research and product introduction programs when possible.</p>		

Example 4: Special population - individuals with menstrual discomfort and /or disorders

	Preadolescence	Adolescence	Mid-Life and Reproductive Years	Perimenopause and Menopause
Reach Populations with Special Needs		When providing services to populations with special or unique needs ^b , ensure that both their menstrual health and family planning needs are adequately addressed and counsel on contraceptive-induced menstrual changes accordingly. Ensure that individuals are not denied their rights to information about sexual and reproductive health, including menstrual health and family planning and consent to family		
		<div data-bbox="479 464 1522 682" data-label="Text"> <p>Ensure all individuals with menstrual discomfort and /or disorders have adequate counseling and access to contraception as a management or prevention option.</p> </div>		l health research and product ions they are serving and designed to be
				and access to contraception as a
		Ensure people with menstrual disorders are included in family planning and menstrual health research and product introduction programs when possible.		

Example 5: Review and update family planning, menstrual health, and sexual and reproductive health and rights guidelines

	Preadolescence	Adolescence	Mid-Life and Reproductive Years	Perimenopause and Menopause
Implement Advocacy and SBCC Programs	Include messaging about family planning, menstrual health, and contraceptive-induced menstrual changes in social and behavior change communication campaigns and interventions , including interventions that destigmatize and make these topics more understandable to relevant audiences.			
	Advocate at the policy level to ensure decision-makers are educated on the issues of family planning, menstrual health, and contraceptive-induced menstrual changes and aware of the best ways to include these issues in policy-level decisions.			
Strengthen National Policies and Guidelines	Review and update family planning, menstrual health, and sexual and reproductive health and rights policies to ensure that adequate, evidence-based information about family planning - menstrual health integration and contraceptive-induced menstrual changes is included and promoted			
	Review and update family planning, menstrual health, and sexual and reproductive health and rights guidelines to ensure that adequate, evidence-based information about family planning - menstrual health integration and contraceptive-induced menstrual changes is included. Update clinical guidance and training for healthcare providers, as needed.			



Example 5: Review and update family planning, menstrual health, and sexual and reproductive health and rights guidelines

	Preadolescence
Implement Advocacy and SBCC Programs	Include messaging about family planning interventions, including inter-
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Strengthen National Policies and Guidelines	Review and update family p family planning - menstrual h
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Review and update family planning, menstrual health, and sexual and reproductive health and rights guidelines to ensure that adequate, evidence-based information about family planning - menstrual health integration and contraceptive-induced menstrual changes is included.

Update clinical guidance and training for healthcare providers, as needed.

Menopause and Menopause
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evidence-based information about
ate, evidence-based information about ing for healthcare providers, as needed.





Any program that uses the guidance provided here should evaluate its FP-MH programs as they are being integrated and, when appropriate, incorporate research to better understand the relative impact of different integrated approaches.





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Q & A



DISCUSSION QUESTIONS

Go to www.menti.com and enter the code **46 50 98 5**

Discussion Questions

1. How might you be able to integrate family planning and menstrual health and put these guidelines into action in your current work?

Comment pourriez-vous intégrer la planification familiale et la santé menstruelle et mettre en œuvre ces lignes directrices dans votre travail actuel ?

2. We want to develop a more user-friendly version of these guidelines for practitioners. What would you suggest we do to make them more accessible, understandable, and user-friendly to both MH and FP practitioners?

Nous souhaitons développer une version plus pratique de ces lignes directrices pour les praticiens. Que suggérez-vous pour les rendre plus accessibles, plus compréhensibles et plus faciles à utiliser pour les praticiens de la santé menstruelle et de la planification familiale ?

THANK
YOU!