

Integrating Family Planning & Menstrual Health to Improve Reproductive Health Outcomes & Enhance Resilience to Challenges

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AT A GLANCE/KEY FACTS



- The family planning and menstrual health fields share common goals, serve similar populations, and have the potential to learn from and improve one another, but they are not effectively integrated, which can result in missed opportunities to improve health outcomes and enhance resilience to challenges.
- Integrating family planning and menstrual health ensures that both family planning and menstrual health commodities and services are provided under a single programmatic umbrella that may include both same-day, co-located services and referral-based approaches.

How does this contribute to the MnH Workstream's focus areas of markets, standards, and menstrual health/SRHR integration?

Both family planning and menstrual health operate under the larger umbrella of sexual and reproductive health and rights, and both emphasize the importance of body literacy, bodily autonomy, choice, and self-care. Family planning-menstrual health integration is a key component of integrating menstrual health more fully within the larger field of SRHR.

INTRODUCTION/BACKGROUND



Family planning (FP) and menstrual health (MH) are closely related fields that are often not effectively integrated, especially with regards to supplies and funding landscapes. This 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. Likewise, those working in FP recognize the impact of contraceptives on menstruation and the need for counseling and education to address this issue. Recent work has brought together experts from the fields of both FP and MH. In breaking down silos between these two fields, a growing interest in the topic of FP-MH integration has emerged, and experts agree that greater efforts should be made to proactively link FP and MH supplies and funding, as well as wider policies and programs including through provider training, community and school-based education and outreach, service provision, and program evaluation.

MAIN NARRATIVE



In conversations with both MH and FP experts, a number of potential areas for integration have emerged. Although experts agree that each of these suggested areas of integration shows potential, some areas have a more limited evidence base. This is not an exhaustive list but rather a launching point for further conversation and research in developing a more comprehensive approach to FP-MH integration.

1. Improve Education and Awareness, including through comprehensive sexuality education.
2. Integrate Delivery of FP and MH Commodities and Services within Health Systems.
3. Improve Integrated FP-MH Counseling, including high-quality counseling on contraceptive-induced menstrual changes.
4. Include Evidence-Based Methods that Rely on Menstrual Tracking in FP Method Provision, including fertility-based awareness methods.
5. Address the Issue of Menstrual Status as a Barrier to FP, including use of the pregnancy checklist.
6. Include Contraceptives as an Option for Managing Menstrual Disorders and Pain.
7. Implement Social and Behavior Change Communication and Advocacy Programs for Stakeholder Engagement.
8. Strengthen National Policies and Guidelines.



Stakeholders—including governments, donors, program managers, and health care providers—can facilitate stronger linkages between FP and MH through integrated models. The QR code provided links to more detailed guidance on how to begin to integrate FP and MH in policies and programs. These includes evidence-informed approaches and is meant to guide stakeholders through the process of designing these integrated approaches on many different levels and for individuals across their reproductive life course.

RESULTS/CONCLUSION



FP-MH integration at all socio-ecological levels and across the reproductive life course has the potential to significantly improve the health and well-being of women, girls, and other people who menstruate. Program designers and implementers working in SRHR, FP, and MH should consider implementing elements of FP-MH integration into their programs using the evidence-informed guidance provided here. This will require significant cross-sector collaboration between MH and FP, as well as with other related fields such as education and water, sanitation, and hygiene. Because current evidence in this area is limited, there is also a significant need for programmatic research, implementation science, and routine or enhanced monitoring and evaluation that can be used to inform and improve future FP-MH integration programs.

* On behalf of the authors of Hoppes E, Rademacher KH, Wilson L, et al. Strengthening integrated approaches for family planning and menstrual health. *Glob Health Sci Pract.* 2023;11(5):e2300080.