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Title

Community-based participatory research approach to qualitatively examining menstrual health experiences in Philadelphia, PA

Priority 1 (Research Category)

Community based participatory research

Presenters

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Abstract

Context: Menstruation is a highly stigmatized topic across social, familial, and medical communities . Some people who menstruate experience severe symptoms, such as excessive bleeding or debilitating cramps. Roughly half of the world’s population will menstruate at some point in their lives, thus destigmatized management of menses is critical.

Objective: Qualitatively understand the lived menstrual health experiences among cis-gendered women ages 18-45 living in Philadelphia. Specifically, menstrual management tactics, commonly used resources and education, and additional desired supports.

Study Design and Analysis: Qualitative community-based participatory research (CBPR) with No More Secrets (NMS), a Philadelphia-based grassroots sexuality awareness organization and menstrual health and wellness hub that provides free menstrual products and workshops. Interview recordings transcribed and analyzed using Key Words in Context approach. Written summaries and analytic memos of emergent themes prepared.

Setting: Philadelphia, PA.

Population Studied: Participants were recruited from NMS’s Philadelphia catchment population using convenience sampling (N=20). Eligible participants included cis-gendered women, ages 18-45, who received a menstrual hygiene bag from NMS in the last two years

Instrument: Interviews conducted in Fall 2020 via telephone (~30-35 minutes). Each followed a semi-structured question guide with probes based on a thorough literature review and NMS’ prior community work. Participants received a \$5 Walmart gift card and a three-month menstrual hygiene supply bag upon interview completion. Interview questions asked about menstrual health experiences, communication, and worries and concerns.

Outcome Measures: N/A

Results: Four themes emerged: (1) cycle characteristics; (2) cycle management; (3) resources used to understand and cope with menses, and (4) suggested future resources. Overall, participants spoke about menses as a generally negative experience, asked for more comprehensive, verified, trustworthy sources of information, and greater access to menstrual management supplies.

Conclusions: Participants described vastly different experiences, biases, and needs regarding their menstrual periods. It is vital for providers to recognize that even though menstruation is a common physiologic process, every individual has different experiences. Further efforts to normalize and destigmatize menstruation, especially in health care settings is crucial.