Culturally Inclusive and Gender Sensitive Menstrual Health Education: Nursing and Immigrant and Refugee Community Organizational Partnership

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BACKGROUND

- Period poverty affects millions worldwide. Poor health outcomes include: bacterial vaginosis, urinary tract infections, vaginal candidiasis, & toxic shock syndrome.
- Period poverty creates barriers: access to affordable menstruation supplies & safe hygiene facilities, numerous difficulties, & cultural taboos – menstruation among immigrant & refugee populations & often missed days at school.[1-4]
- Immigrant & refugee women have minimal menstrual health education due to cultural taboos, inability to afford feminine hygiene products, & inappropriate use of menstrual reusable products or previous sanitization teachings. Symptoms of increased menorrhagia or infections such as candidiasis or bacterial vaginosis are common.[1]

Adobe Stock

PURPOSE: Provide evidence-based interventions to reduce period poverty & poor menstrual health related outcomes via a culturally sensitive, gender-affirming menstrual health education program at Immigrant & Refugee Community Organization (IRCO) in Pacific NW.

GOAL: Multi-racial population served by the **Community Health Staff Educators (CHSEs)** about the Menstrual Dignity Act HB3294, menstrual hygiene care, menstrual cup use, & recognition of indications for gynecological referral.

AIM 1) Assemble a cross-sectoral team partnership to plan, develop, implement, & evaluate a culturally sensitive, gender-affirming menstrual health hygiene education program.

AIM 2) 100% of the CHSEs will attend at least 2 sessions to increase knowledge, confidence, & capacity to deliver menstrual health hygiene education & 80% of those attending will show increased scores of knowledge & confidence between pre-& post-evaluation.

AIM 3) Increase the capacity of the CHSEs to provide appropriate menstrual health hygiene teaching, products, handouts, and guidance based on appropriate assessments.

Aligns w/ United Nations Sustainable Development Goals: 1) No Poverty, 3) Good Health & Well-Being, 4) Quality Education, 5) Gender Equality, 6) Clean Water & Sanitation, 10) Reduced Inequalities, & 12) Responsible Consumption & Production.[5]

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METHODS

Rationale

- **Roger's Diffusion of Innovation Theory – Diffuses Over Time w/ Adoption in a Population:[6]** **Innovators:** Adoption of menstrual health by a few IRCO CHSEs. **Early adopters:** Leaders emerged, gained attendance for menstrual health education. **Early majority:** Majority of CHSEs' attendance w/ additional teaching. **Late majority:** Whole CHSEs were involved, invested in teaching clients & educating clients, families, & friends. **Laggers:** Eventual adoption of menstrual health education.[6]
- **Plan-Do-Study-ACT Model: Steps Guided Cycles 1 & 2**
  - **Plan:** "Describe objective, change being tested, & predictions. Need to breakdown into action steps. Plan for data collection."[7]
  - **Do:** "Run the test. Describe what happens. Collect data."[7]
  - **Study:** "Analyze data. Compare outcomes to predictions. Standardize what learned."[7]
  - **Act:** "Decide what is next. Make changes & start another cycle."[7]

Series of 3 Menstrual Health Training Sessions

- **Each included use of popular education interactive strategies[8] – *Niranja & Pina and Sea, Land, & Air*, lesson content training, case study, & an interactive learning game.**
- **Community Health Staff Educators were taught to use:**
  - ***the Menstrual cup, Gender affirming language, & Culturally sensitive responses to questions regarding the Menstrual Dignity Act***
    - **Designed at low health literacy level to achieve integration of learning & address staff language barriers. Provided resource references plus handouts w/ detailed menstrual cup instructions.**

Data Collection & Analysis

- Knowledge improvement, comfort, & training satisfaction were evaluated via self-administered pre- & post- menstrual health questionnaires, used 11 response-type & 3 open-ended items.
- Descriptive statistic results were organized & stored in a secure university data storage platform.

RESULTS

Figure 1. Change in Knowledge From Pre- to Post-Menstrual Health Training (N = 25 Participants)

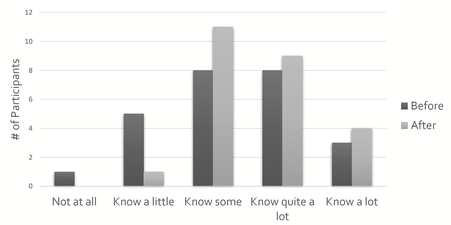
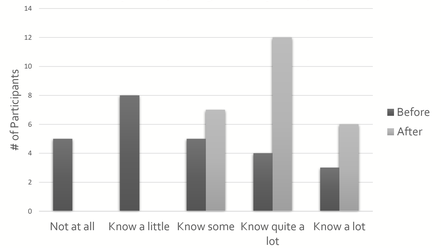


Figure 2. Pre- to Post- Comfort with Teaching Menstrual Cup Use (N = 25 Participants)



DISCUSSION

RESULTS

Long-Term Questionnaire (N = 25 participants)

- 85.7% agreed would use the information learned in this course in future work.
- 85.7% agreed the presenter provided information in a culturally sensitive & gender-affirming way.
- 85.7 % felt confident providing families w/ menstrual health instruction.
- 39 participated in the pre- & post- menstrual health questionnaires.
- Menstrual health training was designed & modified over 2 PDSA cycles (up to 19 participants, Oct. 3rd, 5th, 7th of 2022) & over video conference (up to 35 participants, Jan. 25th, 2023).
- Participants reported increased knowledge levels (96% change), increased comfort (100% change) & confidence (100% change) when teaching regarding menstrual cup use, & increased confidence to teach families about menstrual health.
- 93% of participants provided positive comments after the menstrual health training.

IMPLICATIONS/LESSONS LEARNED & NEXT STEPS

- Early buy in is key to success & forming a sustainable team partnership.
- Zoom video conferencing compared to in-person had more participants but less conversational involvement.
- To be flexible; follow people's agenda & timeline & be accommodating.
- Gather & refine information based on comments within PDSA cycle 1 such as comments in the session or questionnaire. For example, time restraints for childcare were considered for PDSA cycle 2.

CONCLUSIONS

- Menstrual health trainings w/ interactive education increased CHSEs' knowledge, comfort, & confidence w/ menstrual health teaching & assessing the need for a gynecological referral.
- Sustainability efforts: recorded content education & encouragement to provide the menstrual cup and health brochure to all refugee families upon agency admission.
- Pre- & post- knowledge increased by a total of 96% in at least 3 categories .
- Confidence teaching menstrual health increased by 100% for CHSEs.
- CHSEs distributed the menstrual cup and health brochure & 50 donated menstrual cups.

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