

# DIGNITY <sup>IN</sup> EVERY CYCLE



**A COMPREHENSIVE EASY-TO-READ  
MENSTRUAL HEALTH EDUCATION MANUAL  
FOR WOMEN AND GIRLS WITH DISABILITIES**



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@ March 2025, Hope Alive for Possibilities Initiative

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## **FOREWARD**

Hope Alive for Possibilities Initiative developed this menstrual health education manual in response to a menstrual education gap identified in research on Access to Menstrual Education for Marginalized Groups in some selected states in Nigeria, including Benue state in 2024. Findings from the research show that many young women and girls with disabilities do not understand how to manage their menstrual health and have not had access to information about menstrual health and hygiene; therefore, struggle to navigate the challenges that come from a lack from menstruation and disability as well as negative social and cultural norms.

This manual is designed to support young women and girls with disabilities, caregivers and their representatives in understanding the inclusive MHH but will also serve a wide range of stakeholders as an education and awareness tool for promoting inclusive menstrual health outcomes. Specifically: MHH program staff directly designing and delivering services; coordinating and monitoring service providers to be more inclusive, and CSOs providing technical support and developing standards.

In a bid to ensure equitable access to menstrual health education for young women and girls with disabilities who are often not the target of mainstream menstrual health education materials, this manual provides relevant information and facts on inclusive menstrual hygiene and management. The manual has 3 chapters. Chapter 1 - Understanding Disability and Menstrual Health Challenges: outlines key information about disability and SRHR. It describes how women with disabilities are excluded from MHM and the intersectional barriers that affect their inclusion. Chapter 2 provides knowledge on

puberty, menstruation, and MHH. Chapter 3 covers period poverty and community support for menstruating girls with disabilities.

We hope that this manual will contribute to the wealth of knowledge that supports better SRHR outcomes for women and girls with disabilities.

**Aver Akighir**  
**Executive Director**  
**Hope Alive for Possibilities Initiative (HAPI)**  
**March 2025**

## **ACKNOWLEDGEMENT**

This Easy-to-Read Menstrual Health Education Manual was developed and published with the unwavering support, expertise, and dedication of a wide range of stakeholders.

We extend our heartfelt gratitude to FOS Feminista for their generous funding and commitment to advancing menstrual health education for women and girls with disabilities in Nigeria.

We deeply appreciate Idea Circle Consult, the consultancy firm whose expertise and dedication were instrumental in developing this educational manual. Their team not only crafted the content but also led the effort in sourcing images and providing detailed descriptions to enhance accessibility.

We also recognize the invaluable contributions of organizations of persons with disabilities (OPDs), disability rights advocates, caregivers, and women and girls with disabilities who shared their experiences and insights. Your voices have shaped this manual, and your resilience remains the driving force behind this work.

The commitment of the staff and leadership of Hope Alive for Possibilities Initiative (HAPI) to disability inclusion and awareness at the grassroots community level has been pivotal in achieving the goals of this project.

Finally, we encourage all users to document their experiences, provide feedback, and join us in ensuring that menstrual health education remains accessible to all.

## **ACRONYMS**

CRPD	The Convention on the Rights of Persons with Disabilities
MHH	Menstrual Health and Hygiene
MHM	Menstrual Hygiene Management
WASH	Water Sanitation and Hygiene
WGWD	Women and girls with disabilities
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually transmitted infections
PCOS	Polycystic Ovarian Syndrome
WHO	World Health Organisation

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## **INTRODUCTION**

About 1.8 billion girls and women of reproductive age across the world experience menstruation, which is a natural fact of life and a monthly occurrence. Yet many young girls and women with disabilities are denied the right to manage their monthly menstrual cycle in a dignified, healthy way. Due to social norms around gender, menstruation, and having a disability, women and girls with disabilities face multiple levels of stigma and challenges such as shame, social isolation, and even forced sterilization.

Existing studies rarely focus on the experiences of women and girls with disabilities, or their parents/caregivers (all genders). Systematic reviews found an evidence gap regarding Menstrual Health and Hygiene (MHH) and women and girls with disabilities, and recommended interventions but their effectiveness is limited. The failure to address the barriers to MHH for women and girls with disabilities can have severe consequences on the individual, including feelings of shame and social exclusion. In the context of MHH, the difficulties faced by girls and women with disabilities stem not from their condition or anatomical structure or function, but from a society that fails to remove disabling barriers.

Menstruation and one's opportunities to manage it are closely related to schooling and education. Children with disabilities, particularly girls with disabilities or those who are deaf, deafblind, or have intellectual or multiple disabilities, are generally less likely to attend school than children without disabilities. They are already disadvantaged due to their disability and even more so with the intersectional barriers related to MHH. Amongst children with disabilities, between 31% and 59% are not

attending upper secondary school, depending on severity and combinations of types of disabilities.

International human rights instruments and frameworks, such as

- the Convention on the Rights of Persons with Disabilities (CRPD),
- the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),
- The Core Humanitarian Standard (CHS),

All these instruments emphasize removing barriers and ensuring the rights and dignity of persons with disabilities. Together, they guide efforts to provide inclusive, equitable, and accountable services that uphold protection, participation, and well-being for all, including girls and women with disabilities.

## CHAPTER ONE

### UNDERSTANDING DISABILITY AND MENSTRUAL HEALTH CHALLENGES

#### 1.5. Disability Concepts and Models

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) defines disability as: ‘... an evolving concept that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others’. Put simply, disability can be defined as the relationship between a person’s impairment and their environment, or in terms of an equation:

Impairment	+	Barriers	=	Disability
Impairment	+	Enablers	=	Inclusion

#### Disability Models

**The charity model** focuses on the individual and tends to view people with disabilities as victims, or objects of pity. They are seen as recipients and beneficiaries of services/goodwill.

**The medical model** also focuses on the individual and sees disability as a health condition, an impairment in the individual. It assumes that by addressing the medical ailment this will resolve the problem.

**The social model** considers that society is the problem, and persons with disabilities are excluded due to barriers, either social, institutional, economic, or political. This approach focuses on reforming society, removing barriers

to participation, raising awareness, and changing attitudes, practices, and policies.

**The rights-based model** is based on the social model and shares the premise that society needs to change. It is founded on the principle that human rights for all human beings are an inalienable right and that all rights are applicable and indivisible.

### **1.6. Women and girls with Disabilities**

Disability is a natural part of human diversity, and nearly everyone will temporarily or permanently experience disability at some stage in their life. There is a higher prevalence of disability in girls and women, who are facing a 19% likelihood rate of having a disability compared to 12% for boys and men.

Young Women and Girls with Disabilities (WGWDs) make up a very diverse group, and no two persons share the same experiences. This is the case even if they share the same type of disabilities as their experience of barriers is highly individualized as well as their menstrual cycles. Therefore, girls and women with various types of disabilities may have distinct requirements related to their menstruation cycle. Those with physical disabilities in their upper body and arms may have difficulties placing their sanitary protection materials in the correct position and washing themselves, their clothes, and their menstrual materials. Those who are blind or have low vision may face challenges knowing if they have cleaned themselves. Those with intellectual/developmental disabilities and Deaf persons may need accessible and easy-to-read materials tailored to support them in communicating their pain, and needs and learning about menstrual health hygiene.



Young girls and women with disabilities need proper care, education, and accessible materials to ensure that they are not placed at risk of adverse health outcomes and compromising their well-being.

### **1.7. Intersectional Barriers and Disability Exclusion in MHH**

Women and girls with disabilities often face multiple intersecting discrimination, experiencing poverty, gender and disability-based stigmatization, barriers, and exclusion. As a result, they may encounter higher levels of difficulties in managing their menstrual health and hygiene with dignity. There are key aspects resulting in such difficulties:

<p><b>Environmental Barrier</b></p> <ul style="list-style-type: none"> <li>• Inaccessible WASH facilities (e.g. lack of a ramp, small doorways, limited lighting, soap or handle out of reach)</li> <li>• Limited access to water</li> <li>• Limited menstrual product.</li> <li>• Limited accessible menstrual product options (physical disability)</li> </ul>	<p><b>Institutional Barrier</b></p> <ul style="list-style-type: none"> <li>• Limited accurate data on MHH for WGWDs.</li> <li>• Limited technical capacity to promote the inclusion of WGWDs in MHH programs.</li> <li>• Legal frameworks, Standards, guidelines and policies do not consider requirements of WGWDs</li> <li>• Limited budget to ensure accessible latrines and other WASH facilities.</li> </ul>	<p><b>Attitudinal Barrier</b></p> <ul style="list-style-type: none"> <li>• Cultural/social taboos and menstrual restrictions resulting in more isolation.</li> <li>• Violation of bodily autonomy (forced or coerced contraception or sterilization)</li> <li>• Neglect or humiliation due to punishment for soiling clothes or furniture</li> </ul>
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## Disability Specific Barriers in MHH

Disability type	Barrier/risk
	<ul style="list-style-type: none"> <li>• Participating and learning during mainstream MHH education activities due to not being invited or learning methodology not being suitable.</li> <li>• Communicating about menstrual pain or MHH needs and possibly not understanding what is occurring.</li> <li>• Placing, changing, and washing/dispersing of menstrual hygiene materials due to not knowing how or not finding suitable places to do so.</li> <li>• Requiring personal support from a carer or friend to change menstrual hygiene materials and wash themselves</li> </ul>
	<ul style="list-style-type: none"> <li>• Inaccessible learning facilities for mainstream MHH education activities</li> <li>• Inaccessible WASH facilities (toilet, trash receptacle, sink/faucet, soap) making it hard to reach, enter, use, and exit facilities.</li> <li>• Difficulty placing, changing, and/or washing their menstrual hygiene materials, themselves, due to difficulties standing, squatting, bending, balancing or variations in anatomy (may require assistance).</li> </ul>
	<ul style="list-style-type: none"> <li>• MHH information and products not written/produced/disse</li> </ul>

**Key Messages to deliver**

- **Prioritize inclusive Menstrual Health and Hygiene education materials.**
- **Young women and girls deserve better MHH outcomes.**
- **Promote access to disability-inclusive Water, Sanitation, and Hygiene facilities**
- **Raise awareness about MHH needs of women and girls with disabilities**
- **Engage disability community in design of MHH interventions and programs**




	<p>minated in accessible formats</p> <ul style="list-style-type: none"> <li>• Not noticing/observing leaks or the extent of bloodstain</li> </ul>
<p>Deaf</p> 	<ul style="list-style-type: none"> <li>• Difficulty participating in mainstream MHH education activities delivered in audio formats, spoken language or recorded.</li> </ul>
<p>Deaf-Blind</p> 	<ul style="list-style-type: none"> <li>• Participating in MHH education delivered in visual or audio formats.</li> <li>• Placing, changing and/or washing their menstrual hygiene materials, themselves or clothes (may require assistance)</li> </ul>



Image description: a woman in a wheelchair trying to go into an accessible health facility.

### 1.8. Appropriate Terminologies

Disability is an evolving concept, the language preferred today may be out of favor tomorrow. What may suit some people with disabilities in one culture or country in the world, would not suit in another. However, we generally use and promote the use of people/persons with disabilities an approach known as first-person language, which is based on the importance of affirming and defining the person first, before the impairment or disability.

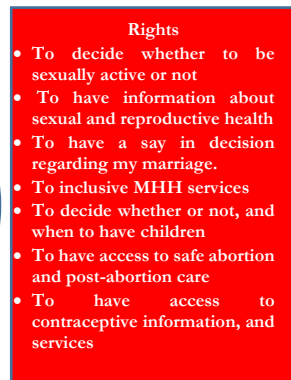
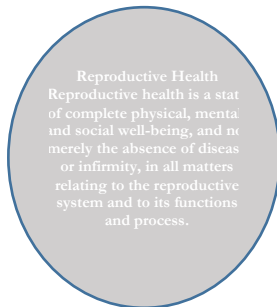
<b>Commonly used/Inappropriate terminology</b>	<b>Preferred/Appropriate Terminology</b>
Differently-abled, Special, Gifted, special needs, abnormal, handicapped	Persons with disabilities or disabled person
Able-bodied, normal, complete	Persons without disabilities, non-disabled persons
Wheelchair-bound	Wheelchair user or person who uses a wheelchair.
Mental Retardation, imbecile, down syndrome	A person with an intellectual/learning disability
Deaf and Dumb, mute	Deaf Person or hard of hearing
Blind	Blind person or low vision for someone who is not entirely blind
Mad, Psycho, Deranged, Retarded	People with mental illness
Physically challenged	Persons with physical disability
Dwarf, Vertically challenged, Midget	Little persons
Afflicted with/Suffers from/victim of/stricken with	Use of neutral language like “they have/are living with

## CHAPTER TWO

### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

WHO defines Sexual and Reproductive Health and Rights (SRHR) as a broad range of services that cover access to contraception, fertility and infertility care, maternal and perinatal health, prevention and treatment of sexually transmitted infections (STIs), protection from sexual and gender-based violence, and education on safe and healthy relationships.

Access to SRHR services is a human right and should be available to all people with or without disabilities throughout their lives, as part of ensuring universal health coverage. SRHR encompass the right of all individuals to make decisions concerning their reproduction and sexual activity free from discrimination, coercion, and violence.



#### 2.4. Puberty

The onset of puberty results in significant changes for girls including those with disabilities. Puberty is a biological process where boys and girls experience rapid growth,

their bodies begin to develop, and they look more like adults. Boys and girls with or without disabilities experience puberty differently and the age of puberty also varies. The major sign of puberty for females is menarche, or the first menstruation, and affects girls' socialization with family and community with a considerable impact on their education (in terms of attendance, participation, and performance) and social life.

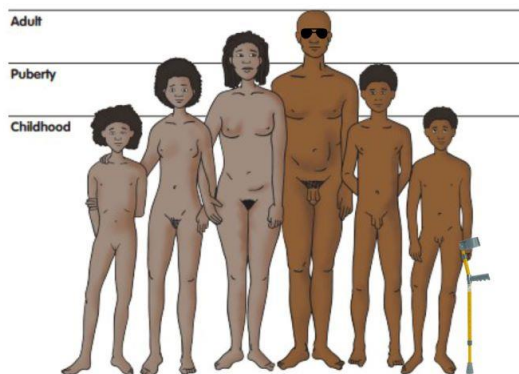
#### **2.4.1. Stages of development**

Early childhood is the period from prenatal development to eight years of age. It is a crucial phase of growth and development because experiences during early childhood can influence outcomes across the entire course of an individual's life. For young girls who experience disability, it is a vital time to ensure access to interventions that can help them reach their full potential. Girls may experience puberty earlier at about 9-11 years and boys could vary from 11 years to 12 years. Certain physical, cognitive, and behavioral development milestones characterize each stage.

#### **2.4.2. Developmental Delay:**

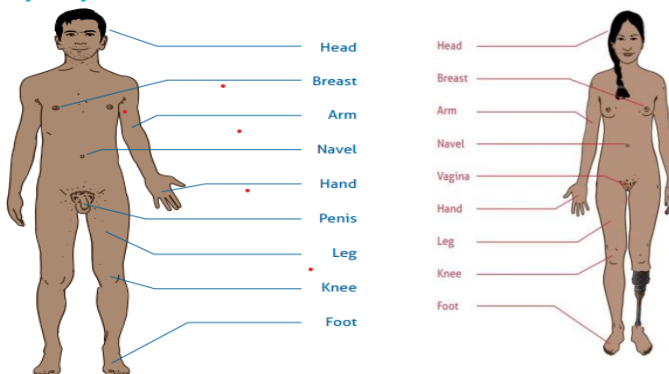
Developmental delay refers to children who experience significant variation in the achievement of expected milestones for their actual or adjusted age and is caused by poor birth outcomes, inadequate stimulation, malnutrition, chronic ill health, and other organic problems, or environmental factors. While developmental delay may not be permanent, it can provide a basis for identifying children who may experience a disability.

## Stages of Development



Puberty/Adolescence is the transition from childhood to adulthood. During this time, girls and boys experience emotional and physical changes. To understand these changes, let's first better understand our bodies. Boys and girls have the same body parts and organs, except for their reproductive organs.

A Boy's Body Parts



**Image description:** 3 separate images labeled to show development stages and the body parts of a male and female. **Image source:** [https://soyonsreglos.com/wp-content/uploads/2021/06/As-We-Grow-Up-A-Tactile-Book-on-Menstrual-Hygiene-Management\\_Facilitators-Manual.c1ce2d38-202f-458e-bb4e-4752d673f4f8-1.pdf](https://soyonsreglos.com/wp-content/uploads/2021/06/As-We-Grow-Up-A-Tactile-Book-on-Menstrual-Hygiene-Management_Facilitators-Manual.c1ce2d38-202f-458e-bb4e-4752d673f4f8-1.pdf)

### 2.4.3. Changes in puberty

Physical Body changes		Psycho-social changes in young girls with Disabilities	Key messages to deliver:
Boys	Girls		
Growth spurt		<ul style="list-style-type: none"> <li>• Body image and coping with changes</li> <li>• Fantasy/daydreaming</li> </ul>	<ul style="list-style-type: none"> <li>• Early intervention programs can help build the self-esteem of young girls with disabilities.</li> <li>• Empower young girls with disabilities to advocate for their rights.</li> <li>• Raising awareness about the rights and needs of girls with disabilities can protect them from stigma and discrimination</li> <li>• Access to disability-inclusive support services can help girls with disabilities cope with the challenges they face</li> </ul>
Muscles develop	Menstruation begins	<ul style="list-style-type: none"> <li>• Mood swings, Emotional instability</li> </ul>	
Broad shoulders	Hips widen	<ul style="list-style-type: none"> <li>• Attention-seeking behavior</li> <li>• Sexual attraction</li> </ul>	
Voice cracks/deep voice	Changes in voice	<ul style="list-style-type: none"> <li>• Curious, Inquisitive, self-critical</li> </ul>	
Facial hair	Armpit hairs	<ul style="list-style-type: none"> <li>• Conflicts with family over control</li> <li>• Increased vulnerability</li> </ul>	
Enlargement of testes	Breast Develops/enlarges	<ul style="list-style-type: none"> <li>• Social isolation</li> </ul>	
Appearance of Public hair	Appearance of pubic hair	<ul style="list-style-type: none"> <li>• Low self-esteem, increased anxiety and depression</li> </ul>	
Increased size of the penis	Increased size of uterus, vagina, libia	<ul style="list-style-type: none"> <li>• Difficulty with peer relationship</li> </ul>	
Wet dreams			

### 2.5. Menstruation

Menstruation also known as monthly period is a normal or natural process by which girls bleed through the vaginal canal. A girl may experience her first period (menarche) usually between the ages of 9-15 years. Menstruation occurs once every month and the menstrual cycle is usually of 28 days, but can vary from 25-35 days. The onset of menstruation differs from girl to girl, some bleed between 2 to 7 days with some lighter and heavy flows and loses about 50-80 ml blood on an average during a period.

The menstrual cycle is sometimes irregular for the first and second year after menstruation starts. More so, a girl can miss her period due to various reasons such as pregnancy, illness, when a girl has low blood levels

(anaemia), exercise, stress, and geographical changes during travel.

After a spinal cord injury, when the body goes into shock the menstrual cycle will sometimes temporarily cease, this is called **amenorrhea** and depending on the woman, can vary in length. The average length of this cessation in menstruation for most women is six months, 50% of women will not experience amenorrhea.

During menstruation, young girls and women with disabilities may experience:

- Abdominal cramps/pain
- Bloating, Irritability
- Lower back pain
- Headache/nausea



**Image description:** A young girl on a blue singlet and purple skirt is holding her tummy due to cramps/pain.

**Image source:** <https://www.menstrualhygienegh.org/assets/pdfs/manual/TEACHING-Manual-for->

**ways to manage menstrual cramps:**

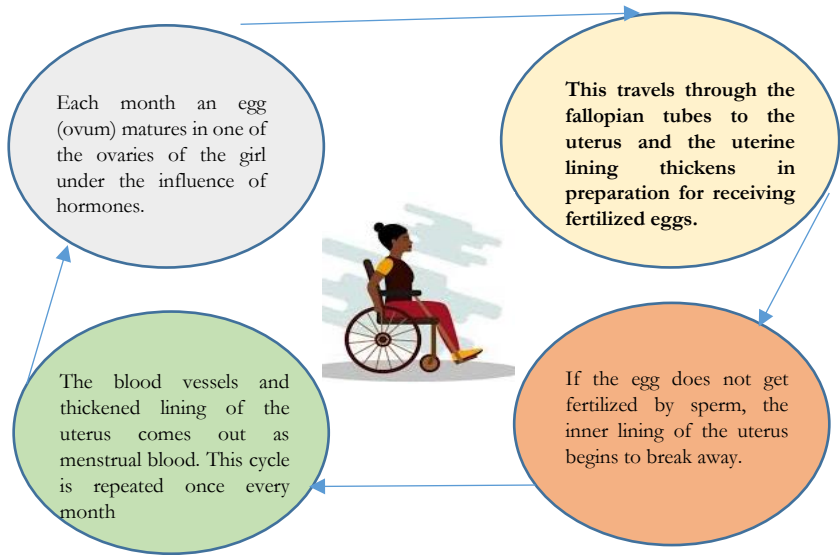
- Pain killers
- Drink hot water
- For pain relief, apply a hot water bottle on your lower abdomen
- Exercise
- Dieting



**Image description:** A young girl on a white singlet and blue skirt is holding her tummy and lying on a mat with hot water by her side for her cramps/pain.

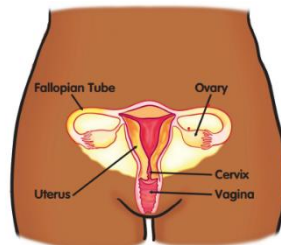
**Image source:** <https://www.menstrualhygienegh.org/assets/pdfs/manual/TEACHING-Manual-for-Girls.pdf>

## The process menstruation



### 2.5.1. Female Reproductive Organ

Eggs are produced in the ovaries – one on each side of the uterus. The ovaries are connected to the uterus through the fallopian tubes. The uterus opens into the vagina through the cervix. The uterus is a body part that is shed during menstruation as menstrual blood, every month in preparation for menstruation, the uterus grows a wall.



**Image Description:** picture showing the labelled to show parts of the female reproductive organ.

**Image source:** [https://www.edu.gov.zm/wp-content/uploads/2023/02/2016-09-30-MHM-Toolkit\\_Zambia\\_Final-2.pdf](https://www.edu.gov.zm/wp-content/uploads/2023/02/2016-09-30-MHM-Toolkit_Zambia_Final-2.pdf)

### **2.5.2. Menstrual cycle tracker**

The menstrual cycle is a series of changes the body goes through each month; an average menstrual cycle lasts 28 days. It starts with the first day of the last period and ends with the first day of the next menstrual period. The 4 phases in a cycle are:

- Menstrual phase (Days 1-5): Menstrual bleeding occurs, and cervical mucus is minimal or absent. This is known as the 'Dry Phase'. Because pregnancy hasn't taken place, levels of the hormones estrogen and progesterone drop.
- Follicular phase (Days 6-14): Following menstruation, estrogen levels begin to rise, causing the cervix to produce more mucus and ends when you ovulate. Cervical mucus is cloudy, sticky, and opaque.
- Ovulatory phase (Day 14): As ovulation approaches, estrogen levels peak, causing a surge in luteinizing hormone (LH), which triggers the release of an egg from the ovary. Cervical mucus is at its peak, abundant, clear, and stretchy, and resembles raw egg white providing a perfect environment for sperm to swim through and fertilize the egg.
- Luteal phase (Days 15-28): After ovulation, progesterone levels increase, causing the cervical mucus to become thick and sticky again and is less ideal for traveling sperm. This is the least fertile time of the menstrual cycle.

The length of your cycle is the number of days between the first day of one period and the first day of the next. Tracking your menstrual cycle provides valuable insight to your healthcare provider about your

reproductive healthcare. Here are some methods for tracking your menstrual cycle:

✓ Calendar method:

- Mark the first day of your period on a calendar (paper or digital) with a symbol like “X” (signifying start) and “O” for ovulating
- Continue to mark each day you’re bleeding with an “X”. Mark “E” when your bleeding stops.
- When bleeding starts again, mark it with an X. This is day one again.
- You can then count the number of days between each first X to get the length of your cycle. Count the number of Xs to see how many days the bleeding lasts.
- Track this for several months in a row to identify the regularity of your periods
- When you establish the length of your cycles, you can now understand when to avoid sex to prevent unintended pregnancy as well as when to try to conceive.

<b>MAY</b>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	2	3	4 x	5 x	6 x	7 x
8	9	10	11	12	13	14
15	16	17 O	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

✓ Period tracking apps:

Many apps are available and are helpful for logging and tracking period start and end dates, ovulation period cycle length, and other menstrual-related activities/symptoms such as mood, energy, sex drive, unprotected sex, etc. Some period tracking apps include Flo, Clue, My Calendar, etc. These can be downloaded from your app store/play store.

✓ Cervical Mucus and Basal Body Temperature (BBT) Tracking:

- Pay attention to your cervical mucus to observe the consistency and amount of your cervical mucus throughout your cycle.
- Note these changes, especially during ovulation, the mucus becomes clear, stretchy, and similar to raw egg whites. Record these changes on your calendar or period-tracking app. Your menstrual period is likely to come 2 weeks after your ovulation.
- Measure your temperature first thing in the morning before getting out of bed, your BBT typically rises slightly after ovulation. Record your temperatures to identify ovulation patterns.



Image description: 4 separate fingers on a dark and light purple background showing the different texture of vaginal mucus during dry, sticky, creamy and clear phase.

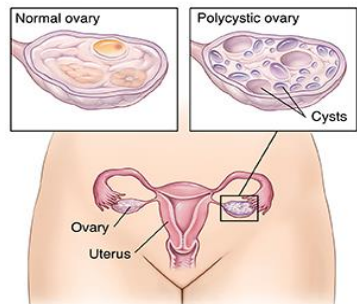
Image source: [Imashttps://www.kendrazamick.com/blog/fertile-cervical-mucus](https://www.kendrazamick.com/blog/fertile-cervical-mucus)

- ✓ Do the following to check your cervical mucus:
  - Wash your hands thoroughly to avoid introducing any bacteria into the vagina.
  - Find a comfortable position, either sit on the toilet or stand with one foot on the edge of the bathtub/chair/bed.
  - Insert one or two fingers into your vagina, reaching towards the cervix, and collect a small sample of cervical mucus.
  - Note the color, consistency, and texture of the mucus and record it in your calendar/period-tracking app
  - Repeat this process daily, ideally at the same time each day, and establish a pattern to better understand your cycle and fertility.

### 2.5.3. Common Menstrual Irregularities and Disorders

Women and girls with or without disabilities may experience menstrual cycle irregularities and disorders caused by different factors. Girls and women with Down syndrome may experience irregular menses due to hormonal or other processes, those with Autism and other developmental disabilities are more likely to have diagnoses of menstrual disorders.

- **Polycystic ovary syndrome (PCOS)** – is a hormonal imbalance that occurs when ovaries produce unusually high levels of hormones called androgens. Small follicle cysts (fluid-filled sacs with immature eggs) may be visible on your ovaries on ultrasound due to



**Image creator:** Crista Mason/Anna Kuo **Image description:** picture showing a normal ovary and a polycystic ovary and how they are positioned in the female body

lack of ovulation.

People with this common disorder may have irregular periods, missed periods, or unpredictable ovulation. It is one of the causes of infertility in women.

- **Premature ovarian failure** – this refers to the loss of typical ovarian function before age 40. People who have this condition, also known as primary ovarian insufficiency, might have irregular or occasional periods for years.
  - **Pelvic inflammatory disease (PID)**. This infection of the reproductive organs can cause irregular menstrual bleeding.
  - **Uterine fibroids**. Uterine fibroids are growths in the uterus that are not cancerous, often causing symptoms like heavy periods, pelvic pain, or pressure, but many women are asymptomatic.
- ✓ When to worry about your menstrual period:
- You haven't had a period by the age of 16.
  - You don't get your period for three months or longer.
  - You're suddenly bleeding for more days than usual.
  - You're bleeding much lighter or much heavier than usual.
  - You have severe pain during your period.
  - You have to bleed between periods.
  - You feel sick after using tampons.
  - You think you might be pregnant — for example, you've had sex and your period is at least five days late.
  - Your period hasn't come back within three months of stopping birth control pills and you know you're not pregnant.

## **2.6. Menstrual Health Hygiene and Management for women and girls with disabilities**

Menstrual hygiene management (MHM) is the management of hygiene associated with the menstrual process. On any given day, more than 300 million girls and women worldwide are menstruating, but still 500 million lack access to adequate WASH facilities and menstrual hygiene products. For women with disabilities, the situation is worse.

Menstrual hygiene education, functioning water, safe and private sanitation facilities with access to menstrual hygiene products and materials are essential factors enabling girls to attend school, even during menstruation. However, too often water points, toilets, and washroom facilities are inaccessible for women and girls with disabilities, resulting in their inability to reach, enter, use, or exit the facilities. Such reduced access can have immediate and detrimental social and health impacts, such as a higher prevalence of infections, including urinary tract infections, which in severe cases can lead to infertility if untreated, skin irritation, and psychological impact. Therefore, MHM and access to WASH for women and girls with disabilities are directly linked to quality of life.

#### Key messages:

- Provide accessible WASH facilities with rails, handles, ramps, signage, adequate space, etc.
- Reliable water that can be accessed without obstacles (height levels, taps, reach).
- Functioning and clean toilets (obstacle-free without risk of soiling oneself in case of reduced mobility)
- Accessible private washrooms and menstrual hygiene materials and products.
- Accessible education for both girls and boys with disabilities about menstruation and safe hygiene practices with adapted learning materials and formats.



### 2.6.1. Healthy dieting during menstruation

Eating for a healthy menstrual cycle means eating nutrients that reduce inflammation and support your hormones. An anti-inflammatory diet focuses on eating foods that are high in fiber and rich in vitamins and minerals and can help decrease inflammation. These foods can bring hormones back to their proper levels. Here are some things to consider as you plan your weekly menu:

- ✓ **Vegetables** have a lot of fiber, phytonutrients, vitamin C, folate, and magnesium. Vegetable fiber helps to feed healthy gut bacteria. Such as Cabbage, Carrots, Spinach, Cauliflower, Celery etc.
- ✓ **Protein** is very important for maintaining lean mass and providing essential amino acids for organ repair. Protein also is necessary for maintaining hormone

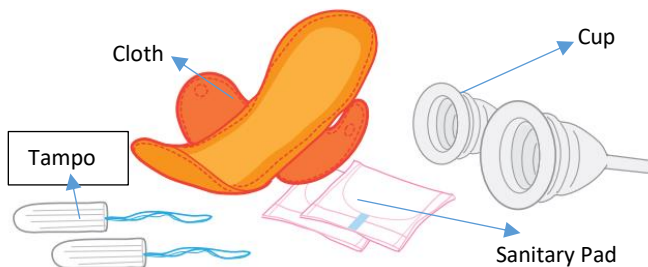
balance. Such as organic eggs grass-fed beef, pork, lamb, bison, and free-range poultry

- ✓ **Fats** are the building blocks of estrogen and progesterone. Not eating enough fat can cause irregular or heavy periods, PMS, or not ovulating. It is best to choose plant-based fats more often than animal-based fats. Such as avocado oil, grapeseed oil, avocado, olives, and nuts.
- ✓ **Omega-3 fats** are a special kind of fat found in coconut oil, fish, and organic eggs. Omega-3 fats are anti-inflammatory.
- ✓ **Vitamin D** is a vitamin with many roles. Vitamin D regulates over 200 genes. It is essential for metabolism and ovulation.

### **2.6.2. Menstrual hygiene products use and disposals**



Different materials or products can be used to absorb menstrual blood. These include cloth, sanitary pads, tampons, or a menstrual cup. Cloth and menstrual cups can be washed, cleaned, and reused, but sanitary pads and tampons must be disposed of after one use. Even when using good menstrual materials, women and girls with disabilities may be worried about blood stains on their clothes, this is why a private space with accessible water and soap to clean themselves and soiled materials is important.



The lack of proper disposal and collection of sanitary pad waste can lead to serious health and environmental hazards.




**Image Description:** list of menstrual hygiene products – orange colored cloth pad, 2 tampons, 2 disposable pads, and 2 menstrual cups.

**Image source:** [https://soyonsreglos.com/wp-content/uploads/2021/06/As-We-Grow-Up-A-Tactile-Book-on-Menstrual-Hygiene-Management\\_Facilitators-Manual.c1ce2d38-202f-458e-bb4e-4752d673f4f8-1.pdf](https://soyonsreglos.com/wp-content/uploads/2021/06/As-We-Grow-Up-A-Tactile-Book-on-Menstrual-Hygiene-Management_Facilitators-Manual.c1ce2d38-202f-458e-bb4e-4752d673f4f8-1.pdf)

Type of material/product	Usage	Disposal
<p data-bbox="151 756 288 778">Sanitary Pad</p> 	<ul style="list-style-type: none"> <li>• Place the sanitary pad in your underwear so the plastic shield is below and the absorbent material is on top.</li> <li>• Women and girls who use wheelchairs/ amputees may need to sit on the toilet to place their pads on their pants properly.</li> <li>• Change the pad at least every 4 – 6 hours, or more often, if the flow is heavy, to prevent bad smells and infections.</li> </ul>	<ul style="list-style-type: none"> <li>• Wrap the used sanitary material (pads and tampons) in an old newspaper and place in a covered waste bin.</li> <li>• It is not environmentally friendly. It will not decompose in the soil for many years.</li> <li>• It should not be burnt as it can cause pollution.</li> <li>• It should not be thrown in the toilet to avoid blockage.</li> </ul> 

<p>Cloth pad</p> 	<ul style="list-style-type: none"> <li>• Cotton clothes/fabrics are advisable to use during menstruation.</li> <li>• At the time of heavy discharge, you may need to change the cloth pad after every 2 – 3 hours.</li> <li>• It has less soaking capacity because it is just a piece of cloth requiring frequent changing.</li> <li>• Do not use synthetic cloth as it is not absorbent.</li> <li>• After use, wash the menstrual cloth thoroughly in cold water with soap and disinfect it by drying it in the sun.</li> <li>• After the cloth is dry, store it in a clean box or a bag away from dirt, insects, and moisture.</li> <li>• It is good for the skin and is environmentally friendly.</li> </ul>	<ul style="list-style-type: none"> <li>• After multiple uses, it can be discarded in a dustbin or buried in the soil. It decomposes within a few months.</li> </ul>
<p>Tampons</p> 	<ul style="list-style-type: none"> <li>• Tampons should be inserted in the vagina with the string hanging out.</li> <li>• The string helps you pull out the tampon when it's full.</li> <li>• Change the used tampon as frequently as sanitary pads, depending on the flow.</li> <li>• This could be easy for girls and women</li> </ul>	<ul style="list-style-type: none"> <li>• Dispose of the tampon after one use in a dustbin</li> <li>• Do not dispose in a toilet to avoid blockage.</li> </ul>

	with physical disabilities to insert and comes with less discomfort.	
<p>Menstrual cups:</p> 	<ul style="list-style-type: none"> <li>• Place the menstrual cup inside the vaginal passage to collect menstrual blood.</li> <li>• A menstrual cup can be used for up to 8 hours a day without changing.</li> <li>• After use, wash the menstrual cup thoroughly with clean water and dry it before reuse.</li> <li>• Each month, after the menstrual cycle is over, boil the cup for 20 minutes in water and keep it in the pouch away from dirt.</li> </ul>	<ul style="list-style-type: none"> <li>• Menstrual cups can last for several years with proper care.</li> <li>• Dispose of it when shows signs of damage, like tears, cracks, or a grainy texture.</li> <li>• Cut the cup into small pieces and throw it in the waste bin.</li> </ul>

It is important to stay clean, smell good, feel confident, and avoid infection during menstruation. Here are some ways to do this:

- ✓ Wash hands with soap before and after changing a sanitary pad, cloth, tampon, or cup.
- ✓ Change panties especially when stained.
- ✓ Bathe at least twice a day and wash the genital area with clean water.
- ✓ After defecation, wash or wipe the genital area in a motion away from the vagina (i.e. from front to back) to avoid infection.
- ✓ Carry spare pads or cloth in a clean bag, and newspaper to wrap the used pads or cloth when going out.

- ✓ If experiencing mood changes, pain, and tiredness before and during their period, take some time to rest.

### **2.6.3. Disability-friendly toilets and washing area**

The design and features of toilets for women and girls, especially in schools and other public spaces, should be able to cater to their menstruation needs, therefore, the following features must be part of the girls'/women's toilets:

- ✓ Ramp, handrails, markings, and directional signage to ensure easy entry, use, and navigation.
- ✓ Sufficient **lighting**
- ✓ Door that is marked with the universal accessibility **signage**
- ✓ **Grab bars** on both sides of the toilet, positioned at the top, 85-90cm high, and on the sides of the washbasin
- ✓ Water for MHM within the facility: In situations where there is no running water, the 20-lt bucket or an alternative PVC container should be used.
- ✓ **Lids, taps, and knobs** must be light and maneuverable with one hand or with feet
- ✓ Soap for maintaining personal hygiene, including handwashing at a reachable height.
- ✓ Screen wall and lockable door for privacy that is at an accessible height
- ✓ Means of disposal for used menstrual materials, e.g., a bin with a liner.
- ✓ There is a cleaning and maintenance routine in operation that ensures clean and functioning toilets are always available.



**Image Description:** A picture illustrating an accessible toilet equipped with grab bars, a changing space, a waste bin, a tissue holder, and a soap dispenser positioned at an accessible height.

**Image source:** <https://www.gov.uk/government/news/changing-places-toilets-for-severely-disabled-people-to-be-compulsory-in-new-public-buildings>

- **Low-Cost, Accessible Toilet Designs for communities:**

At community level, instead of building many small inaccessible toilets, communities can invest in one well-designed, accessible, community shared toilet that serves multiple families, including those with disabilities. For accessibility, the toilet design can use these cost-effective features:

- **Compacted soil or bricks** for easy wheelchair or crutch access.
- Bamboo, wooden poles, or recycled metal can serve as grab bars.
- A **hanging rope or pole** next to the toilet can provide extra stability.
- Simple markings in **braille or large print** for those with low vision or Blind.
- Use a **hanging water container** with a tap or foot pedal.

- Use **ash or homemade soap** to maintain hygiene affordably.
- Bucket as a waste bin.

#### 2.6.4. Sewing Instructions for Reusable / cloth Pads

Materials Needed for Making Your Cloth Pads:

- Fabric scraps, about at least 8 inches square, for the outer layers
- Absorbent materials for the liner (e.g., cotton wool)
- Scissors
- Chalk or water-soluble pen
- Thread
- Ruler, pencil, and paper to create a pattern
- Clips or pins (note: pins create holes in the waterproof fabric, so you may want to use clips)
- A pad or panty liner for sizing reference (optional)
- Snaps and tools to attach snaps.



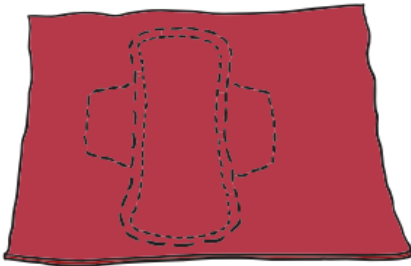
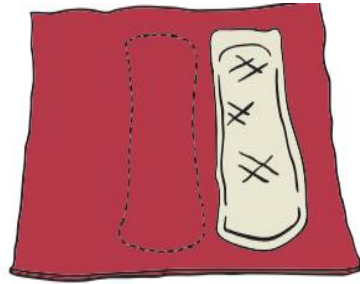
**Image source:** <https://simplylivingwell.com/blog-bath-body/cloth-menstrual-pad-pattern>

**Image Description:** already made reusable pad, tape, pins and scissor

✓ **Sewing Instructions by steps:**

**Step 1 – Trace and Create a**

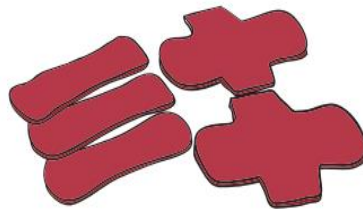
**pattern:** Place your fabric on a clean surface, trace around a disposable pad to use as your pattern. This will be the pattern used for the middle part of the pad, which is the liner part that does all the absorbing. This will be piece A.



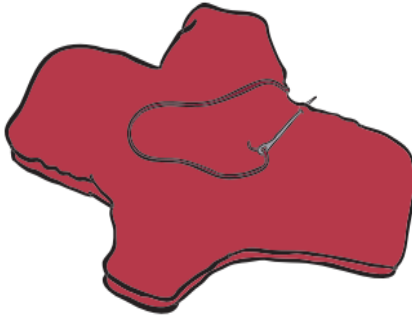
Trace around another pattern again, this time creating a 1-centimeter (half-inch) seam allowance around the pad, and also creating wings. These wings should be wide enough to meet and slightly

overlap under the crotch of your underwear. This will be the outside of the pad. This will be piece B.

**Step 2 – Cut and Join:** Cut out the pattern from the traced fabric, cut out two of Piece B and 3-5 of Piece A for each pad. Place the B together (ie, inside out) and sew the two pieces of B together, leaving a 3-

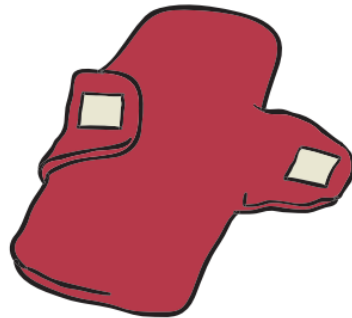


centimeter gap to turn it right side out again. Then press with iron to flatten the fabric.



Stack 3 to 5 of pieces A on top of each other and slide them in through the gap you left in the outside of piece B and sew around it on the right side of the pad. Sew the gap you left closed by hand.

**Step 3 - Add snaps or Velcro:** sew snaps or a small piece of Velcro to the wings where they overlap, to keep them in place. If you do not have Velcro to put on the wings, you can use buttons.



**Image description:** 5 separate images showing the different stages of the cloth pad sewing instruction.

## CHAPTER 3

### **PERIOD POVERTY AND COMMUNITY SUPPORT FOR WOMEN AND GIRLS WITH DISABILITIES**

For persons with disabilities and their families, the cycle of poverty is harder to break as disability is both a cause and a consequence of poverty. Disability contributes to and deepens poverty on an individual, family, and community level. A person with a disability and their family are less likely to have access to rehabilitation, education, skills training, and employment opportunities. Therefore, affording adequate support needed to maintain healthy menstrual health and hygiene becomes very challenging, leading to extreme levels of period poverty.

The experience of period poverty and disability often involves difficulties accessing sanitary products, navigating public facilities, or understanding menstrual health due to limited resources, education, or support. These compounded barriers are especially challenging for those facing period poverty and disability. The intersection of period poverty and disability presents a significant difficulty in living a healthy and dignified life.

The psychological effect of period poverty and disability on women and girls cannot be solved by simply providing menstrual products, but with a twin-track approach that must consider the full range of barriers that women with disabilities face in managing their menstrual health, such as:

- **Inclusive Safe Spaces for women and girls with disabilities:** Building supportive communities that understand the challenges faced by women with disabilities, especially in the context of period poverty and disability, is essential. This can include peer support groups, mental health counseling, and

accessible spaces where they feel safe to discuss their MHM needs and provide guidance about the appropriateness of MHM response. These spaces are vital for MHM hygiene promotion and dissemination of information.



Image description: five women sitting at a round table, two of them have disabilities, a wheelchair user and a Blind woman

Image Source: <https://horizonprojectinc.org/women-with-disabilities/>

- **Access to MHM Facilities:** There is a need to ensure that MHM services and information are provided in accessible spaces and materials. Specifically providing products in an accessible location, offering subsidies for low-income individuals, and creating policies that ensure menstrual products are included in healthcare and disability support programs. Tackling period poverty and disability requires concerted efforts to address both the physical and psychological barriers these women face.
- **Education and Awareness Raising:** Schools, workplaces, and healthcare systems must offer more inclusive education about menstruation, specifically designed to accommodate women and girls with disabilities. This includes providing accessible information on menstrual health, educating caregivers

and healthcare providers, and ensuring that menstruation is framed as a normal, non-stigmatized topic for everyone, regardless of their disability.

**Key Message to Deliver:**

Women and girls with disabilities have capacities as well as vulnerabilities, enabling them to face considerable challenges daily. With more inclusive MHH programming and support, girls with disabilities can be empowered to manage their menstruation in a dignified and healthy way.

<b>Myths and Conceptions</b>	<b>Facts</b>
Menstruation is unclean	Menstruation is a natural and healthy process
Girls with physical disability do not menstruate or ovulate, therefore they can't have children.	Women and girls with disabilities like their non-disabled counterparts experience menstruation and can have children. Also, just like those without disabilities, their experience of menstruation varies from person to person.
Menstruation and Menopause is a disability	Menstruation and menopause are not usually disabilities. Nonetheless, symptoms of some people's cycles or related conditions such as dysmenorrhea or endometriosis (which impacts 1 out of 10 menstruators), may be a disability or a serious health condition
Women and girls who have disabilities are incapable of taking care of themselves and require support during menstruation	Many women and girls with disabilities have the ability and can take care of themselves during menstruation, however, some with developmental disabilities might need support to manage their menstruation.
Starting menstruation means you are ready to marry and get pregnant	Menstruation is an important stage in a girl's growth. It does NOT mean a girl is ready for marriage or pregnancy.

Having sex with a girl with a disability during menstruation can make you rich	Menstruation is a process of growing and not a get-rich scheme.
Menstruating girls smell	Menstruating girls do not smell. The smell will only occur when the sanitary pad has been worn for a long time without changing. This can be done if schools can support the girls in practicing safe menstrual hygiene management
Disposal of used sanitary materials by burning or burying leads to infertility	Infertility has nothing to do with burning because menstruation is a sign of fertility. Burning used sanitary materials is one way to dispose of them.
Women and girls with disabilities should not move around during menstruation to avoid being stained.	With accessible menstrual health facilities and products, WGWDs can manage their menstruation properly without being stained. When girls move around while on menses, it keeps them healthy and relieves menstrual cramps.

### **3.3. Myths, Misconceptions, and facts about MH of women and girls with disabilities**

### **3.4. MHH Support needs for women and girls with disabilities**

Parents, caregivers, and community members can have important roles in supporting women and girls with disabilities to lead an improved, safe, and healthy menstrual hygienic management. Women and girls with disabilities, either for reasons related to motor skills, understanding, or mental health, may need someone to assist in changing menstrual hygiene material or assist with washing and dressing. In such cases, menstruation is no longer a private and intimate experience; caregivers and responsible family members must respect their agency and autonomy in the process of providing support. Other aspects include:

**Emotional and social support** through fostering open, shame-free discussions about menstruation, and reassuring those who may struggle with feelings of embarrassment, pain, and low self-esteem.

**Assist with dignity and respect for their autonomy:**

Ask if they need help with changing menstrual products while respecting their privacy and autonomy, and provide adaptive clothing, if necessary, to make changing easier.

**Monitoring and Tracking:** Help track menstrual cycles using calendars, apps, or reminders for those with cognitive/developmental disabilities.

**Peer support and organizing:** Facilitate for young girls with disabilities to participate in peer support groups for caregivers and girls with disabilities to share experiences and learn from each other.

## **FREQUENTLY ASKED QUESTIONS**

### **What is a menstrual Accident?**

A menstrual accident happens when a girl unknowingly stains her dress with menstrual blood. It can happen to any girl! It can happen when - a girl starts her first period; the girl does not know her cycle; the material is not absorbent enough or very heavy menstrual flow.



### **What kind of food should I eat during menstruation?**

Menstruating girls need to eat iron-containing foods such as vegetables, fruits, yogurt, etc. to replace iron lost due to bleeding. Girls should continue to drink water to replace the lost fluids and not be thirsty.

### **What can be done to relieve menstrual cramps?**

Place a hot water bottle on the stomach or the back, depending on where the pain is located. Take a warm bath. Sip a hot drink, such as tea. Take a walk. Get down on your elbows and knees so that the uterus is hanging down, which helps it to relax.

### **How will I know when I will menstruate?**

By keeping track of your menstrual cycle through your calendar, apps, or cervical mucus, you will be able to know when you will menstruate each month.

### **Can I get pregnant during menstruation?**

Yes, it is possible to get pregnant during menstruation, although the chances are lower than at other times in the menstrual cycle.

**As a caregiver, how can I support a girl with developmental disabilities during menstruation?**

Caregivers of girls with developmental disabilities can support them by ensuring that they understand their menstrual cycle, creating adaptive clothing to make changes easier, and providing emotional support to ensure that they are comfortable sharing their privacy.

**How do I explain menstruation to a young girl with disabilities?**

Use simple language, images, or visual aids tailored to her level of understanding, you can also demonstrate using a pad, and reassure her that menstruation is a healthy and natural process.

**What menstrual products are best for girls with disabilities?**

Choose products based on mobility, sensory preferences, and ability to change them independently. Adaptive clothing might be helpful for certain types of disability.

**Does a caregiver have the right to use menstrual suppression methods on women and girls with developmental disabilities?**

Caregivers must respect the agency and autonomy of girls with disabilities in their care, and the decision to use menstrual suppression methods should be made with the advice of a medical practitioner based on their cognitive abilities.

**How can a caregiver maintain the privacy agency of women and girls with disabilities they are supporting?**

Caregivers must seek permission from the people in their care to provide support as well as not share their issues and challenges with others.

**How can women and girls with disabilities ensure they maintain agency and autonomy?**

WGWDs must be aware of their rights to SRHR and understand that the power of consent lies with them.

**How can I support the emotional and behavioral changes of women and girls with disabilities during menstruation?**

Be patient and reassuring if she experiences mood swings or anxiety. Help her track her cycle to prepare for changes and engage in calming activities, and provide comfort.

## MENSTRUAL HEALTH GLOSSARY

<b>Word</b>	<b>Meaning</b>
Sexual and Reproductive Health and Rights (SRHR)	SRHR is a state of complete physical, mental, and social well-being in all matters relating to the reproductive system. It also means having access to a full range of <u>inclusive sexual and reproductive health services</u>
Period Poverty	Period Poverty is the lack of access to adequate MHH, including sanitary products, menstrual hygiene education, toilets, handwashing facilities, and/or waste management
Water, Sanitation and Hygiene - WASH	WASH is an essential infrastructure and a key component of MHH as menstruators need hygienic, safe, and convenient spaces for changing and disposing of <u>menstrual materials and sufficient clean water.</u>
Disability inclusion	Disability inclusion is adequate practices and policies that effectively address and eliminate prejudices that hinder the full social participation of individuals with disabilities.
Sexual Agency	Sexual agency is the ability to identify, communicate, and <u>negotiate one's sexual needs</u>
Intersectionality	Intersectionality refers to the idea that different aspects of a person's identity, such as disability, gender, age, sexual orientation, and economic status, can intersect and overlap to create unique experiences of discrimination and privilege.
Menstrual Equity	Menstrual equity is the affordability, accessibility, and safety of menstrual products for all people, including laws and policies that acknowledge and consider <u>menstruation.</u>
Menstrual Health	Menstrual Health is the state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, about the menstrual cycle.
Menstrual Health and Hygiene (MHH)	MHH is the term that encompasses both Menstrual Health Management (MHM) and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights.
Vagina	Vagina is a passageway beginning at the vaginal opening and ending inside the body at the cervix, the lowermost part of the uterus.
Cervix	Cervix is the structure found at the lower end of the uterus that forms a canal between the uterus and vagina. During menstruation, menstrual blood flows from the uterus through the small opening in the cervix, and leaves the body through the vagina.
Menstruation	The regular discharge of menstrual blood and mucosal tissue from the inner lining of the uterus through the <u>vagina</u>

Ovulation	Ovulation is the release of an egg from an ovary into the fallopian tube during the menstrual cycle. This is the key time for fertility during the menstrual cycle.
Menstrual Blood	Also known as menses bodily fluid that is made up of blood, vaginal secretions, and cells of the endometrium which are released from the uterus to the vagina during menstruation, if there is no pregnancy
Menstrual cycle	Menstrual cycle is the reproductive process in the female body that begins at puberty (10 to 16) and ends at menopause (average age is 51).
Menstrual cycle tracking	Cycle Tracking is a method used to actively observe and track the physical and emotional aspects of the menstrual. This information is used to inform menstrual management, health decision-making, and to support or prevent pregnancy
Endometriosis	Endometriosis is a chronic and progressive condition in which tissue similar to the lining of the uterus (womb) grows outside of the uterus. These cells respond and bleed with cyclic hormonal fluctuations, typically causing pain, scarring, and bloating throughout the menstrual cycle
Menarche	Menarche is the first menstruation, or the onset of the menstrual cycle.
Menopause	Menopause is when people who menstruate naturally stop having menstrual periods.
Menstrual Hygiene Day (MH Day)	Initiated by WASH United in 2014, Menstrual Hygiene Day (MH Day) on 28 May is a global movement for promoting awareness, advocacy and action in ensuring no one is held back because they menstruate.
Menstrual products	Menstrual product is a physical internal or external product used to absorb or collect menstrual blood and effluent.
Infertility	Infertility occurs when someone who wants to become pregnant does not become pregnant after having sex regularly. To be defined as infertility, you must have been trying to become pregnant for 1 year without using birth control.
Urinary tract infection	An infection in any part of the urinary system, including the kidneys, ureters, bladder, and urethra. Symptoms may include pain or burning during urination, cloudy or bad-smelling urine, feeling a need to urinate often or right away, pain in t
Vaginal discharge	A clear or whitish fluid that comes out of the vagina. Discharge is normal, but changes in amount, thickness, color or smell could indicate an infection.
Yeast infection	Yeast is a fungus that can cause infection in the vagina, vulva and other parts of the body. This fungal infection can cause itching, burning, or irritation.
Polycystic Ovary Syndrome (PCOS)	PCOS is a common condition caused by an imbalance of reproductive hormones.







