

# State of Women's Menstrual Health in North Country

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A period should end  
a sentence, **not a**  
**girl's education.**<sup>®</sup>

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2023 Impact At A Glance:



Producer Melissa Berton (center) and director Rayka Zehtabchi (right) accept an Oscar for their documentary 'Period. End of Sentence.'

# Women's Health: (Rural) America in the 'World'

- **Maternal Mortality:** Women in the U.S. have the highest rate of maternal mortality because of complications from pregnancy or childbirth, as well as among the highest rates of caesarean sections. This is significantly worse for black women (Commonwealth Fund, CDC)
- **Ageing:** According to the Women's Health Network, women in the United States suffer worse menopause transition symptoms compared with women from other global cultures.
- **Overall Health:** U.S. women report the least positive experiences among the 11 countries studied. They have the greatest burden of chronic illness, highest rates of skipping needed health care because of cost, difficulty affording their health care, and are least satisfied with their care (Commonwealth Fund)\*



\*study includes Australia, Canada, France, Germany, the Netherlands, New Zealand, Switzerland, the United Kingdom, Chile, Japan, Korea, Norway, Sweden and the United States

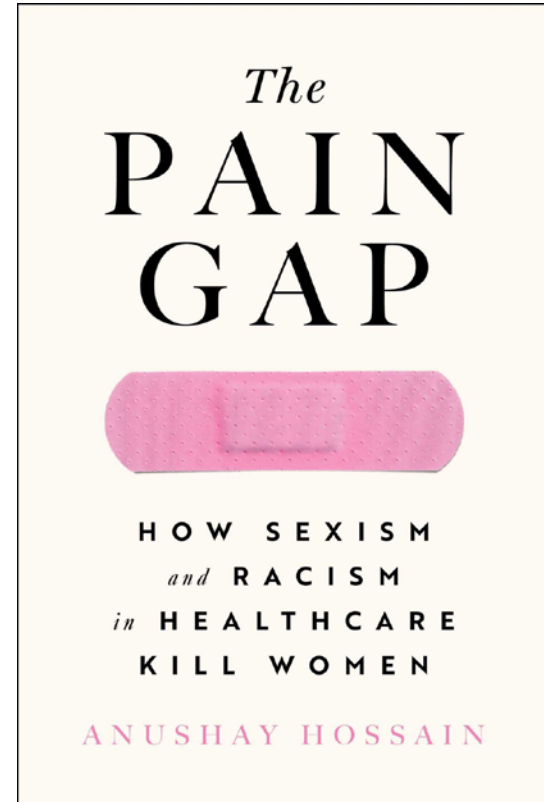
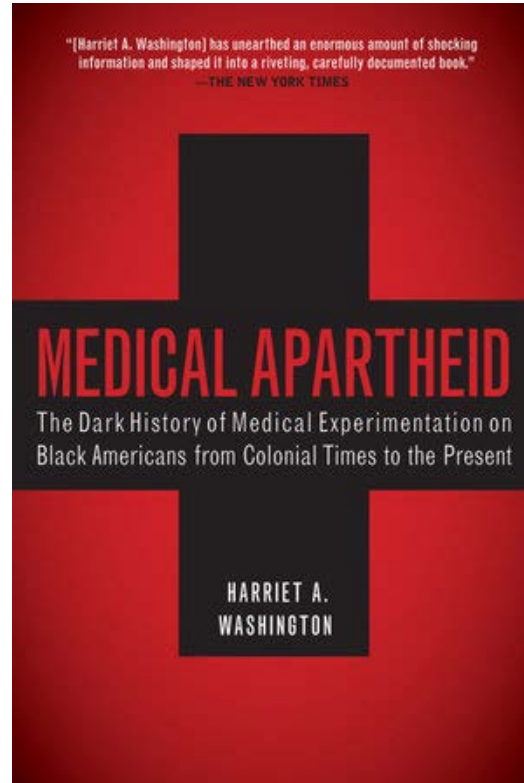
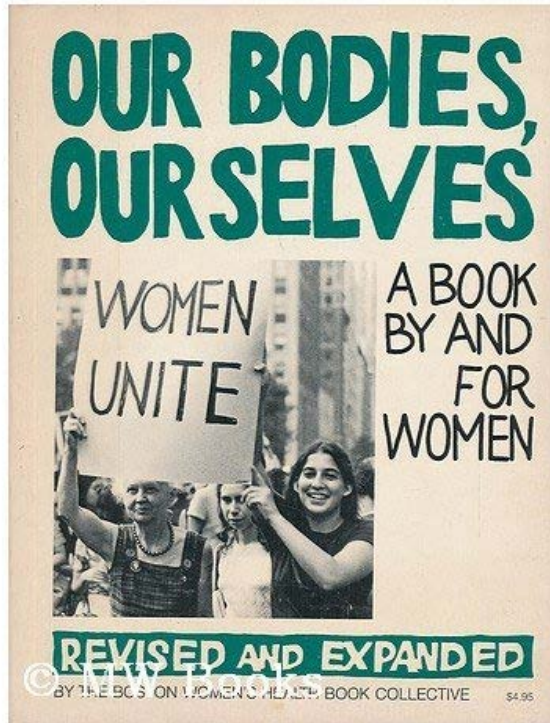
# Women's Health is a mirror to Societal Health

According to the World Health Organization (WHO), poor health outcomes for women are because of:

- Unequal power relationships between men and women;
- Social norms that decrease education and paid employment opportunities;
- An exclusive focus on women's reproductive roles; and
- Potential or actual experience of physical, sexual and emotional violence.



Few more reasons...



# Menstrual Health and Justice

Menstruation as 5<sup>th</sup> vital sign for menstruating people, along with blood pressure, body temperature, heart rate, and respiratory rate (NIH, 2021)

A Healthy menstrual cycle is our Monthly Report Card (Dr. Lara Briden, *The Period Repair Manual*, 2015)

Question: How does menstrual health and wellness\*fit into your work with menstruators\*?

\*"wellness" is not just absence of disease but presence of well-being. Not all 'women' menstruate. Not all menstruators are cis-women.





# Menstrual Health and Justice

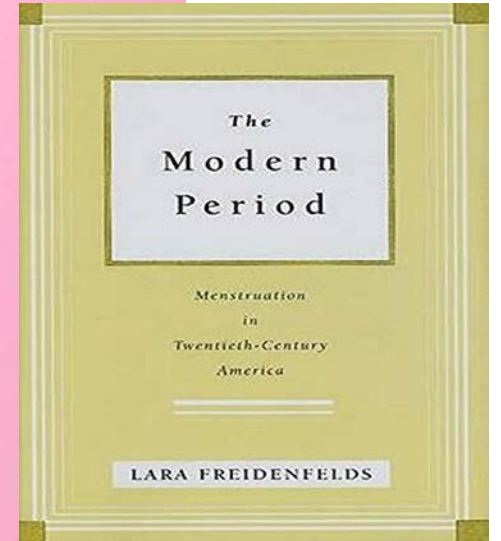
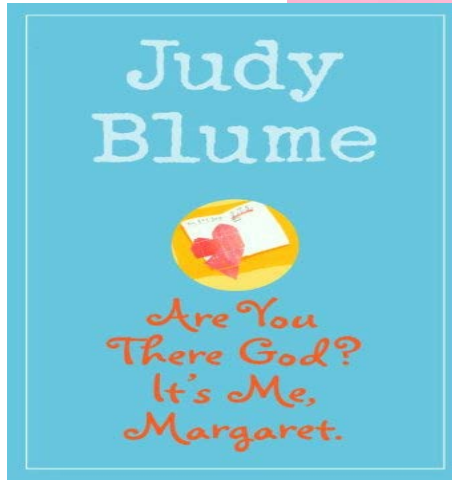
## Menstrual Injustice:

“...is the oppression of menstruators, women, girls, transgender men and boys, and nonbinary persons, simply because they menstruate. Acts of menstrual injustice occur every day in the United States. The narrative of menstruation is that it is taboo and shameful, and that menstruators are dirty, impure, and even dangerous. People internalize this narrative and are reluctant to publicly discuss menstruation. This narrative and silence negatively impacts menstruators.”  
(Johnson, 2019)



# What is Menstrual Justice?

Period  
Poverty





# Polycystic Ovary Syndrome (PCOS): Example of M H+J

Single most common endocrine-metabolic disorder in reproductive age people (5-20%) globally

Hyperandrogenism, Oligo-anovulation, Polycystic Ovarian Morphology

Complications: Metabolic, Cardiovascular, Conception and Pregnancy, Cancers, mental health disorders

Factors: Genetics and Evolutionary, Environmental (diet, trauma, etc.)

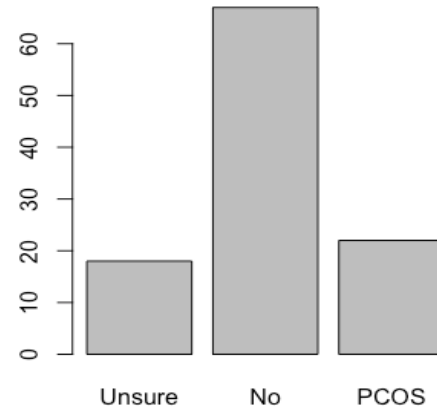
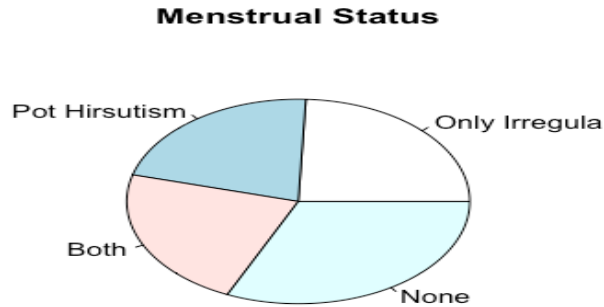


# Objective and Study Design: PCOS SUNY Plattsburgh Study (2023)

- **Objective:** To determine the association of adverse childhood experiences of emotional and physical neglect with the incidence of menstrual irregularity, male pattern hair growth, and possible PCOS.
- 18-45 post-menarchal and pre-menopausal population, dual modality survey, 400 total subjects divided into MI, MHG, MI+MHG, and Unaffected population, dual modality survey questionnaire
- **Sociodemographic variables and Childhood Experiences of Neglect variables** (feeling loved or unwanted as a child, verbal abuse, emotional disconnect from primary caregiver, physical neglect, loss of parent, and presence of a peaceful home environment) were then measured for association with menstrual (dys)function through **chi-square tests for independence**

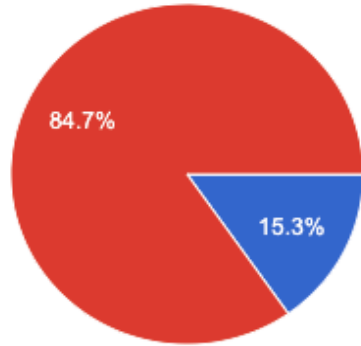


# PCOS SUNY P: North Country Findings (n=107)

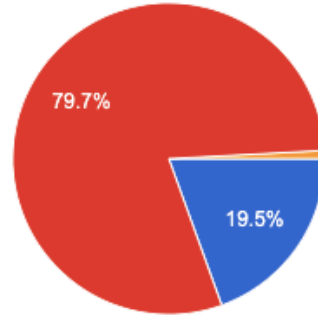


\*Variables of emotional neglect and abuse during childhood showed statistical significance with menstrual status

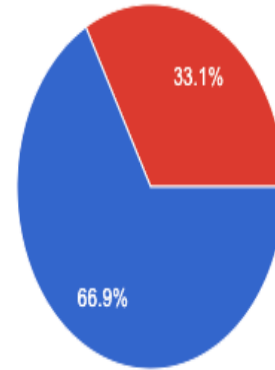
# Ongoing Clinton County Menstrual Health and Wellness Data at a glance (N ~ 150)



Hypertension



Diabetes



Weight Issues

● Yes  
● No



- \* Just over 50% reported one or more of several menstrual issues including PCOS (~ 25%)
- \* PCOS responders so far reporting higher rates of emotional abuse and neglect and higher anxiety and responsibility levels growing up
- \* Quantitative care aspects highlighted- lack of providers and transportation
- \* Qualitative care aspects highlighted- low level quality care and communication issues with providers

# Qualitative Data (Interview) Highlights

“Doctors need to listen to women...we know our bodies!” (Cora\*, 21)

“I want to find a consistent care management plan that works with my life” (Debbie, 26)

“Don’t neglect somebody’s history”. E.g. I have not always been overweight but have always had issues with periods (Yasmin, 42)

“It’s so difficult to see your OBGYN...”it’s a nightmare trying to get hold of them” (Valentina, 24)

\* names have been changed to protect anonymity



# Key Takeaways

## Social Determinants of Health

Problem relationships with parents, especially mother  
Intergenerational Family Trauma  
Anxiety and Responsibility growing up  
Financial issues- multiple jobs and/or broken family  
Lack of family rituals

## Gender Biased Care

'Band-aid' approach to women's health  
(underlying issues not systematically tested)  
Ignoring women's pain or questions  
Patient blaming (PCOS and weight gain)

## Biological Pathways

Co-morbidity of several physical-mental health problems. PCOS study example- thyroid and mental health issues

## Systems of Care

Lack of "coordinated" care  
Lack of provider literacy



# Limitations and Ongoing Steps

- Biased samples
- Difficult to assess SDoH like ACEs and family incomes growing up
- Working on qualitative data bank- interviews. Qualitative studies have shown to aid our understanding in how health issues manifest in particular contexts (see [Pathak, 2023](#) for PCOS in urban India for instance)
- Seeking grants for a larger site-based unbiased survey paired with blood testing to establish correlation between SDoH, ACEs and Menstrual functioning





# SUPPORT US!

- ★ Actively looking for pediatricians, OBGYNs, and other healthcare professionals working with adolescents/adults around menstrual issues
- ★ Willing to work on integrated screening measures that include menstrual health as vital sign (ACOG, AAP) and other initiatives
- ★ Actively circulating Clinton County wide survey on State of Women's Menstrual Health: <https://forms.gle/GomphKHAatp3NDNy7>



Thank you for your time!  
Questions/Comments?