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Menstrual Hygiene Needs Among Women Receiving Substance Use Disorder Treatment

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Précis:

Unmet menstrual hygiene needs are common among women receiving substance use disorder treatment, despite having regular interactions with health care professionals.

Introduction

Women with substance use disorders face barriers to reproductive and sexual health services.

¹ Treatment professionals are well positioned to address these disparities.² As more women are being affected by the opioid crisis,³ integration of reproductive and sexual health with substance use disorder treatment is essential.⁴

One area that has not been assessed in this population is menstrual hygiene, defined as access to clean menstrual materials, soap and water for bathing, and a place to properly dispose of used materials.⁵ Inadequate menstrual hygiene is associated with infections, absence from school, and poor quality of life. Pre-menarchal education programs and peer education are effective interventions to address poor menstrual hygiene.⁶

This study expands on a previous study in St. Louis, Missouri, exploring menstrual hygiene in a low-income community.⁷ The aim was to evaluate the menstrual hygiene needs of women receiving substance use disorder outpatient treatment in Richmond, Virginia.

Methods

This study is a secondary data analysis of a cross-sectional survey study assessing reproductive and sexual health needs among English-speaking, adult men and women in

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outpatient substance use disorder treatment between July and September 2019 (n=162; 97% response rate). Patients who presented to the clinic during the recruitment timeframe were invited to complete the electronic survey in the clinic. For the current study, women of reproductive age (18-51 years) who also had a menstrual period in the past 12 months were included. Participants provided verbal consent and were compensated \$20. Virginia Commonwealth University's Institutional Review Board exempted the study.

Survey items included sociodemographic factors, assessment of food insecurity, and substance use variables. Menstrual hygiene questions were modeled from prior work with author permission.⁷ One question assessed menstrual poverty, *"In the past 12 months, how often was there a time when you needed menstrual hygiene products (e.g., pads, tampons) but did not have enough money to buy them?(almost every month, some months, only once or twice, never)"* Responses indicating any occasion of unmet need were categorized as menstrual poverty (yes/no).

Descriptive statistics were calculated. Given the small sample size, Fisher's Exact Test was used to test associations of menstrual poverty with variables of interest based on prior literature (age, heavy menstrual bleeding, food insecurity).

Results

Sixty-two (95% response rate) reproductive age women completed the survey, of whom 36 (58%) had a period in the past 12 months and were included in the current study.

Demographics are in Table 1. Almost all women were receiving buprenorphine for opioid use disorder (92%). Most (81%) reported menstrual poverty (Table 2). Approximately half (53%) missed school or work due to menstrual hygiene issues. Many women (69%) asked friends or family for hygiene products and almost half (47%) made homemade products. Menstrual poverty was not associated with age or heavy menstrual bleeding but was associated with food insecurity (p=0.005; data not shown). Many (64%) of these women stated they would like to receive hygiene products at the substance use disorder clinic.

Discussion

Menstrual hygiene products are a necessity that women receiving substance use disorder treatment often lack. Despite having regular interactions with health care professionals, most women (81%) reported menstrual poverty, compared to 64% in a previously published sample with similar demographics.⁷

In the opioid crisis, health care professionals should be aware of this reproductive health disparity and expand their social determinants of health assessments⁸ to include menstrual hygiene needs. For example, as a result of this project, we are now collaborating with a local organization to provide menstrual products to patients at our substance use disorder treatment clinic.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Table 1.

Sociodemographic and substance use treatment characteristics of women in outpatient treatment for substance use disorders (n=36)

Sociodemographic and Substance Use Treatment Characteristics	N (%)
Age (mean $\pm$ standard deviation)	34.7 $\pm$ 7.4
Race	
White	14 (39)
Black	18 (50)
Other race or ethnicity	3 (8)
Not reported	1 (3)
Education level	
Less than high school	5 (14)
High school (or equivalency degree)	20 (56)
Greater than high school	11 (31)
Current employment status	
Employed (full or part-time)	6 (17)
Unemployed or on disability	30 (83)
Current marital status	
Single, never married	22 (61)
Married or living with a partner	7 (19)
Separated or divorced	6 (17)
Widowed	1 (3)
Food insecurity* during previous 12 months	22 (61)
Prescribed medication for opioid use disorder (buprenorphine)	33 (92)
Primary substance for seeking treatment	
Opioids	34 (94)
Alcohol	1 (3)
Benzodiazepines	1 (3)

Notes:

* Food insecurity assessed by the question, "In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?"

Table 2.

Menstrual hygiene among women in outpatient treatment for substance use disorders (n=36)

Menstrual Hygiene Characteristic	N (%)
Menstrual poverty [*] during previous 12 months (yes/no)	29 (81)
Frequency of menstrual poverty (n=29)	
Almost every month	6 (21)
Some months, but not all	10 (34)
Only once or twice	13 (45)
Alternative methods for obtaining menstrual hygiene products [†]	
Asked friends or family	25 (69)
Make homemade pad or tampon	17 (47)
Stole menstrual hygiene products	11 (31)
Used donations from community organizations	9 (25)
Went to emergency room	1 (3)
Missed school/work (12 days in 12 months) due to menstrual factors	19 (53)
Specific menstrual factors leading to missed school or work [†]	
Heavy bleeding	19 (54)
Pain or cramping	17 (49)
Not having adequate menstrual hygiene products	9 (27)
Bad odor	5 (15)
Distance to purchase menstrual hygiene products	
Less than 5 miles	20 (56)
5-25 miles	13 (36)
25-50 miles	0 (0)
More than 50 miles	2 (6)
Not reported	1 (3)
Received menstrual hygiene products from substance use disorder treatment clinic	10 (28)
Would like to receive menstrual hygiene products from substance use treatment clinic	23 (66)

Notes:

^{*} Needed menstrual hygiene products but did not have the money to buy them.

[†] Participants could select more than one answer choice, so percentages do not add to 100.