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CHALLENGES OF MENSTRUAL MANAGEMENT: AN INTEGRATIVE REVIEW

*Desafios da gestão menstrual: uma revisão integrativa**Desafíos de la gestión menstrual: una revisión integrativa***Maria Eduarda Pascoaloto da Silva¹** **Maria Heloísa do Nascimento Silva²** **Sonia Silva Marcon³** **Aires Garcia dos Santos Junior⁴** **Gláucia Maria Canato⁵** **Mara Cristina Ribeiro Furlan⁶** 

RESUMO

Objetivo: To analyze the available evidence in the literature regarding the challenges of menstrual management. **Method:** Integrative literature review conducted in the PubMed, BVS, SciELO, and Mendeley databases, using the keywords "Menstruation," "Menstrual Hygiene Products," and "Health," to answer the guiding question "What are the difficulties and impacts encountered by individuals in managing their menstruation?" **Results:** Seventeen studies were included, allowing the construction of an infographic that highlighted the main challenges of menstrual management: cultural and social barriers, access to menstrual hygiene products, adequate infrastructure and environments, education and awareness, and health and well-being impact. **Final considerations:** cultural barriers, lack of menstrual education, and limited access to products and infrastructure negatively impact women's health and well-being, affecting their daily activities, both in educational and/or professional settings. Recognizing these issues is crucial for proposing interventions and public policies.

DESCRITORES: Menstrual hygiene products; Women's health; Menstruation; Vulnerable populations; Nursing;

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RESUMO

Objetivo: analisar as evidências disponíveis na literatura sobre os desafios da gestão menstrual. **Método:** revisão integrativa da literatura realizada nas bases de dados PubMed, BVS, SciELO e Mendeley, utilizando os descritores "Menstruação", "Produtos de Higiene Menstrual" e "Saúde", para responder à questão norteadora "Quais são as dificuldades e os impactos encontrados pelas pessoas na gestão de suas menstruações?". **Resultados:** foram incluídos dezessete estudos os quais permitiram a construção de infográfico, que destacou como principais desafios da gestão menstrual: barreiras culturais e sociais, acesso a produtos de higiene menstrual, infraestrutura e ambientes adequados, educação e conscientização, e impacto na saúde e bem-estar. **Considerações finais:** barreiras culturais, falta de educação menstrual e acesso limitado a produtos e infraestrutura prejudicam a saúde e o bem-estar das mulheres, impactando suas atividades diárias, no âmbito escolar e/ou profissional. Reconhecer essas questões é crucial para a proposição de intervenções e políticas públicas.

DESCRIPTORES: Produtos de higiene menstrual; Saúde da mulher; Menstruação; Populações vulneráveis; Enfermagem;

RESUMEN

Objetivos: analizar las evidencias disponibles en la literatura sobre los desafíos de la gestión menstrual. **Método:** revisión integrativa de la literatura realizada en las bases de datos PubMed, BVS, SciELO y Mendeley, utilizando los descriptores "Menstruación", "Productos de Higiene Menstrual" y "Salud", para responder a la pregunta guía "¿Cuáles son las dificultades y los impactos encontrados por las personas en la gestión de sus menstruaciones?". **Resultados:** se incluyeron diecisiete estudios que permitieron la construcción de un infográfico, que destacó como principales desafíos de la gestión menstrual: barreras culturales y sociales, acceso a productos de higiene menstrual, infraestructura y entornos adecuados, educación y concienciación, e impacto en la salud y el bienestar. **Consideraciones finales:** barreras culturales, falta de educación y acceso limitado afectan la salud y bienestar femenino, impactando actividades diarias y profesionales. Reconocer estas cuestiones es crucial para proponer intervenciones y políticas públicas.

DESCRIPTORES: Productos para la higiene menstrual; Salud de la mujer; Menstruación; Poblaciones vulnerables; Enfermería.

INTRODUCTION

Menstrual hygiene refers to the set of practices and care carried out by women during the menstrual period to ensure cleanliness and comfort, thus promoting physical, emotional and social well-being.¹ This includes the use of appropriate menstrual pads, regular pad changes, hand and genital area washing, and proper disposal of materials used during the menstrual period.² In the context of female intimate hygiene, menstrual management plays a fundamental role, intrinsically linked to female dignity and the basic right of women, being influenced by cultural, historical and social factors, often passed down from mother to daughter.^{1,2}

Menstrual management is an essential aspect of female health and has a significant impact on women's physical, emotional and social well-being. Menstrual precariousness, or menstrual poverty, is a reality for millions of women around the world, resulting from a lack of adequate access to basic sanitation, toilets and menstrual hygiene items.³

These challenges are exacerbated in underdeveloped and developing NP, where lack of access to clean water and adequate sanitation facilities creates additional barriers to proper menstrual management. Myths, taboos and socio-cultural factors also make it difficult to obtain accurate information about menstruation, limiting women's routine activities and affecting their self-esteem, reproductive health and schooling.⁴

Notable neglect is observed in various regions of the world, spanning social, economic, health and political spheres.^{5,6} Globally, it is estimated that around 500 million women and girls

face menstrual challenges due to a lack of adequate structures and equipment for menstrual management.⁷

Although it is not yet law in many countries, in recent years there has been an increase in government initiatives to promote equity and improve menstrual health.⁸ In Brazil, Law No. 14.2149, enacted in 2021, was an important milestone in this regard, and was regulated by Decree No. 11.432 in March 2023. This legislation guarantees the free distribution of pads and other menstrual health care throughout the country.⁹ However, there is still a lack of comprehensive public policies to ensure proper menstrual management, since pads are not the only resource needed for menstrual hygiene.

Access to a safe, clean and private space to manage menstruation with dignity is a human right and an essential public health issue.¹⁰ Understanding the difficulties and impacts faced by women in managing their menstruation is crucial to developing effective public policies and programs that guarantee the management of menstrual management for women and girls.⁸

In this regard, it should be noted that health education for adolescents is somewhat neglected by health professionals on the grounds that, as a rule, they only seek health services in cases of illness.¹¹ However, it is fundamental and needs to be aimed at general well-being and necessarily include sex education and all the aspects involved. Professionals therefore need to be trained and develop different skills to enable them to find ways of approaching this public.¹² It should be noted that the school environment is a very promising alternative for adolescent health education, especially when it involves joint planning and action by school and health professionals.

These actions can help clarify doubts and sensitively address the needs experienced on a daily basis, including menstrual management. These actions will contribute to health promotion in general and specifically to the self-esteem and sexual health of girls and boys in their pre-adolescence and adolescence, with the potential to be reflected even in adulthood.

In view of the above, this study aimed to analyze the evidence available in the literature on the challenges of menstrual management.

METHOD

This is an integrative review conducted in accordance with the following stages: 1) elaboration of the research question - includes definition of the objective, and identification of the key words to be used; 2) Sampling or literature search - definition of the inclusion and exclusion criteria, the databases to be consulted and the selection of studies; 3) Categorization of the studies - extraction, organization and summarization of the information and formation of the database; 4) evaluation of the studies - critical analysis of the selected studies; 5) Interpretation and discussion of the results - recommendations for future research; and 6) presentation of the review with synthesis of the available evidence.¹³

The research question was structured according to the PICo method. Thus, 'P' (population) refers to menstruating people, I - phenomenon of interest - menstrual management, and Co - context - difficulties and impacts faced in menstrual management. The research question was outlined as: What evidence is available in the literature on the difficulties faced by people in menstrual management?

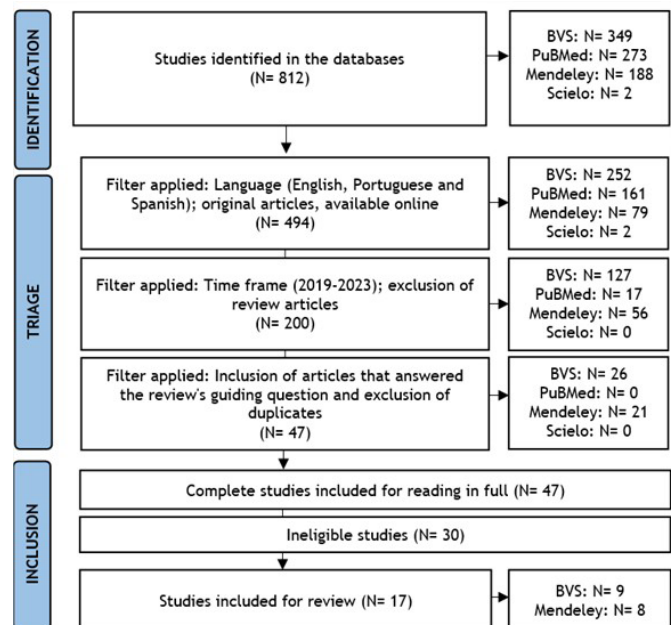
The literature search was carried out in August 2023 and updated in January 2024 in the databases: National Library of Medicine - PubMed, Biblioteca Virtual em Saúde Brasil - BVS, Scientific Electronic Library Online - SCIELO and Mendeley. The descriptors used were: "Menstruation", "Menstrual Hygiene Products" and "Health", selected by DeCS and MeSH, combined using the Boolean operators AND and OR, in order to broaden the possibility of locating studies that answered the review question.

After carrying out the search for studies in each of the selected databases, the inclusion and exclusion criteria were applied in three stages. In the first stage, articles in Portuguese, English or Spanish and available online were considered. In the second stage, only articles that directly addressed the central question of the review were included, and duplicate articles were excluded. In the third stage, systematic, narrative and integrative review articles were excluded and only articles published in the last 5 years were included. The decision to establish a time frame was motivated by the need to focus on the most recent studies that could accurately reflect contemporary trends, advances and practices in the rapidly evolving field of menstrual health.

To select the studies, two independent reviewers read the titles and abstracts of all the studies identified. Disagreements between the reviewers were resolved at a consensus meeting, with the presence of a third reviewer. The selected studies were then read in full, resulting in the final selection of those that made up the review's final sample. It should be noted that the references of the included studies were screened, resulting in the non-inclusion of additional studies.

The selection of included studies followed a flowchart adapted from the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) recommendations, shown below in Figure 1. Due to the nature of the integrative review, this study was not submitted for evaluation by a Research Ethics Committee.

Figure 1 - Flowchart of the process of identification, selection, eligibility and inclusion of studies, adapted from PRISMA recommendations). Três Lagoas, MS, Brazil, 2024.



Source: Own elaboration.

RESULTS

Initially, 812 studies were identified in the databases. After the first selection stage, 494 studies were obtained, of which 200 were submitted to the second evaluation stage. After applying the inclusion and exclusion criteria, 47 studies were selected for a full reading. Of these, 17 were considered pertinent to the subject under study and made up the corpus of the research.

Of the eight journals in which the studies were published, two had an impact factor less than or equal to 1, three had an impact factor greater than or equal to 2 and the others had an impact factor between 4 and 8. The journals' areas of knowledge included women's health, therapeutic medicine,

community medicine, public health and global health. Among these journals, only one concentrated studies carried out in a specific location, i.e. Africa, while the others presented studies at an international level.

After systematizing the data, the following information was extracted: authors/year and location of the study, objective of the study/sample (n) and main results, described in two tables: Table 1, presenting 10 studies of a quantitative

nature, and Table 2, comprising seven mixed or qualitative studies, as detailed below.

When characterizing the articles analyzed, five crucial themes emerged in the discussion about the challenges related to menstruation and its management. These themes are interconnected and play a fundamental role in understanding the obstacles faced by the populations studied when it comes to menstrual management, and are represented in Figure 1.

Chart 1 - Characterization of the quantitative study articles included in the integrative review on the impacts and challenges of menstrual management for women. Três Lagoas, Mato Grosso do Sul, Brazil, 2024.

Authors/ year and place of study	Study objective/Sample (n)	Main results (%)
Deepa et al., 2019. ¹⁴ Bengaluru, Índia.	To assess awareness, perceptions and practices in relation to menstruation and its associated factors among young men (372) and women (386) at a university.	57% are unaware of the origin of menstrual blood, 75% believe it to be poisonous. 62% consider activities such as running or dancing to be harmful. 78% of men and 48% of women have negative attitudes towards menstruation and 54% report the internet as their main source of information. 97% use disposable pads. 31% report severe abdominal pain and 28% miss school. In addition, 5% report a urinary infection during this period.
Sivakami et al., 2019. ¹⁵ Chhattisgarh, Maharashtra e Tamil Nadu, Índia.	To identify challenges related to menstruation and facilitators of menstrual management in adolescent girl students (3,617).	93% received information about menstruation, 68% from their parents. 51% know someone at school to discuss menstrual hygiene. 95% use disposable pads and 81% cloths. 73% have inadequate sanitary facilities. 88% reported religious restrictions and 83% related to exercise. 36% report menstrual pain, 36% worry about the smell and 15% about blood stains at school. 16% reported feeling unwell, tired, dizzy, weak or uncomfortable.
Ali et al., 2020. ¹⁶ Karachi, Paquistão	To determine the level of knowledge, beliefs and practices related to menstruation in women in the general population (176) and health professionals (177).	28.9% know about menstruation before menarche and 71.95% avoid showering during their period. Disposable pads are the most commonly used, but 35.5% face difficulties because of the price and 40% because of the discomfort. Fear of evil spirits is reported, 53% restrict activities and 46.5% food. 23.3% report infections, 36.9% skin rashes, 47.7% fatigue and 48.6% mood swings during menstruation.
Mukherjee et al., 2020. ¹⁷ Katmandu, Nepal.	To assess sociocultural perceptions of menstrual restrictions among urban Nepali adolescents and women (1342).	45.4% consider menstruation a "nuisance" or a "curse". 72.1% are encouraged by their mothers to follow menstrual restrictions and 52.1% do not talk openly about the subject. 66.1% were told about menstruation by their mothers. 83.1% cannot pray during menstruation, and 66.1% perform rituals to purify the kitchen, bed and other household utensils on the fourth day of the menstrual cycle.
Rajavardhana et al., 2021. ¹⁸ Ananthapuramu, Índia.	Estimating knowledge about menstrual hygiene. Adolescent girls (500)	88% use disposable pads. 37.2% were informed about the importance of intimate hygiene. 60.8% reported dysmenorrhea. 36.9% received information before menarche, with the mother being the main source. There are religious (55.6%) and food (38.8%) restrictions and 62.8% face poverty.

Shibeshi, Emir e Asresie, 2021. ¹⁹ North Wollo, Etiópia.	To evaluate and compare menstrual hygiene management practices between rural (539) and urban (539) students.	90.6% received information about menstrual hygiene, 66.6% from their mothers. 71.8% use disposable pads. Students informed about menstrual hygiene before menarche tend to adopt better practices in this respect. 90.5% report a lack of water at school and 77.2% uncomfortable school toilets.
Emanuel e Yawson, 2022. ²⁰ Gana.	Determining menstrual management status among adolescent girls (209) in Accra.	76.1% had a private bathroom to use, and 63.6% always had water to wash with. 39.2% reported pain and 20.6% severe pain. 13.9% missed university due to menstruation.
Shumie e Mengie, 2022. ²¹ Mekdela, Etiópia.	Identifying the knowledge and practice of menstrual hygiene and associated factors among school adolescents (441)	77.8% described menstruation as a physiological process and 10.7% as a curse from God. 69.4% received information before menarche and 62.4% practiced good menstrual hygiene. 54.6% use pads and 59.2% don't shower during menstruation. 23.4% don't use disposable pads due to the high cost.
Hassan et al., 2023. ²² Cisjordânia, Palestina.	Investigating aspects of menstrual health and hygiene among young female university students (400) at Birzeit University.	30.5% did not know about menstruation before menarche. 74.1% were sourced from family members. 86.5% use disposable pads. 14.5% found the products expensive and 13.8% used them for longer than recommended. 95% were afraid of leaks, 98.3% reported menstrual pain, 78% tiredness, 64% sensitivity, 55.3% irritability, 45.3% sadness, 22.8% unusual vaginal discharge, 14.5% inflammation, 13% rash and 8.8% shame.
Mulugeta et al., 2023. ²³ Gursum, Etiópia.	Investigating menstrual hygiene management practices and determining factors among adolescent female students (1,152).	Average menarche 14 years and 9.12% received information about menstruation before. 63.95% use disposable pads, 31.54% store them in a hidden place. 13.17% reported vaginal infections and 58.41% unsafe menstrual practices.

Chart 4 - Characterization of the mixed or qualitative study articles included in the integrative review on the impacts and challenges of menstrual management for women. Três Lagoas, Mato Grosso do Sul, Brazil, 2024.

Authors/ year and place of study	Study objective/Sample (n)	Main results (%)
Hennegan et al., 2020. ²⁴ Distrito de Mukono, Uganda.	Exploring the menstrual experiences of adult working women (35).	Menstruation, although natural, is often associated with dirt and shame, leading to secrecy and the use of coded language. Women prepare to avoid leaks and prioritize personal hygiene, even in the face of limited sanitary facilities. Religious restrictions, social taboos and concerns about witchcraft are common. Mood swings, weakness and intense pain are reported, leading to the use of painkillers. Some face reduced tasks at work due to menstruation, often influenced by the workplace infrastructure.
Mohammed et al., 2020. ²⁵ Kumbungu, Gana.	To examine menstrual knowledge, sociocultural constraints and barriers to menstrual hygiene management among adolescents (280) and teachers (5).	50.9% had their mother as a source of information about menstruation before menarche. 60.7% use disposable pads and 54.2% reusable cloth pads. 81.6% see menstruation as a physiological process and 73.2% consider it impure. 36.4% are forbidden from discussing menstruation and 85.7% from carrying out religious activities. The schools do not have basic menstrual hygiene resources, and 46% did not purchase sanitary pads due to the cost of the product.

Crankshaw <i>et al.</i> , 2020. ²⁶ Sedibeng, África Austral.	Explore access to sanitary products and the needs and challenges of menstrual management for schoolgirls (500).	86% use disposable sanitary pads, 21.7% are unable to manage their menstrual flow and 41.4% keep dirty products to dispose of at home. There is a lack of information about the origin and meaning of menstrual blood. 95% are black. Pain is a common challenge (57%), and 44.8% don't have enough menstrual products. Sanitary facilities are inadequate in schools. 21.5% are distracted in class and 26.1% are absent due to menstruation.
Kpodo <i>et al.</i> , 2022. ²⁷ Kpando, Gana.	Examining sociocultural factors associated with menstrual hygiene knowledge, attitudes and practices among adolescent high school girls (480)	80% have menstrual knowledge and 82% have good menstrual hygiene, although some associate menstrual blood with impurity due to superstitious beliefs. 95% use disposable pads. Students from private schools had lower adherence to menstrual hygiene. There are religious restrictions, limitations on cooking and social interactions during menstruation.
Mudi, Pradhan e Meyer, 2023. ²⁸ Odisha, Índia.	Provides an insight into menstruation and menstrual hygiene practices among the women of the Juang tribe (360).	85% wear old clothes, 53% change the cloths they use only once and 81% sanitize them only with water, washing them privately near the river and drying them hidden inside their huts because of shame. There is no money to buy disposable pads. 85% have religious restrictions, 75% food restrictions and 94% social restrictions during this period.
Nabiryo, Ondia e Izudi, 2023. ²⁹ Luzira, Uganda.	To explore the behaviors and practices in relation to menstrual hygiene management of incarcerated women (15) and female prison officers (5).	Due to the lack of sanitary pads in prison, they use cloths from their uniforms, facing a lack of privacy and poor sanitary facilities. They resort to dirty river water when there is no clean water. Frequent pad changes are necessary, but product shortages are a problem. Poor quality materials lead to improper use and possible injuries. Lack of privacy and shame are common, with reports of genital infections due to inappropriate practices.
Assumah <i>et al.</i> , 2022. ⁶ Savannah, Gana.	To evaluate the perceived factors influencing menstrual hygiene management among adolescent schoolgirls (18) and mothers (6).	The adolescents had superficial knowledge about menstruation before menarche, with information coming from mothers, friends and teachers, but some mothers reported that information from friends was misleading. They used disposable pads, cloths, tissues and absorbent cotton, but shame led them to sanitize the cloths inappropriately. They faced restrictions and feelings of impurity, influenced by religious beliefs. The difficulty in obtaining disposable pads and cultural and religious restrictions made menstrual management difficult.

Figure 1 - Infographic of the themes connected with menstrual management in the population of the studies analyzed. Três Lagoas, MS, Brazil, 2024.



Source: Own elaboration.

DISCUSSION

The studies analyzed show a series of challenges that girls and women face in managing menstrual management, which involve more than practical issues such as access to appropriate products and sanitary infrastructure. They also encompass deep-rooted cultural beliefs and social constraints that significantly impact the way people experience and cope with menstruation.⁶

Cultural and social beliefs play an important role in how menstruation is perceived and experienced. The association of menstruation with impurity, a curse or taboo is common in many cultures, as observed in studies carried out in India, Pakistan, Nepal and Ethiopia. These beliefs lead to restrictive practices, such as a ban on cooking, sharing meals with family members at the same table, consuming certain types of food and taking part in family gatherings, as well as attending places of worship or practicing any religious activities during this period.¹²⁻¹⁴

Religion can influence decisions related to gynecological health, demonstrating a strong correlation between religious beliefs and health care behaviors.^{3,17,28} The different religions, such as Hindu, Muslim, Christianity, Islam, African traditional religion, Catholicism and Buddhism mentioned in the studies analyzed, had an impact on the menstrual management of women and girls.^{6,14,30} Some activities such as purifying the kitchen, bed, sheets or other household utensils during menstruation were also mentioned.¹³

The lack of adequate menstrual education and awareness about menstrual health also contributes to the challenges faced by women and girls. In some communities described by the studies, menstruation is perceived as a curse from

God, a poisonous, impure, dirty, uncomfortable and even shameful phenomenon.^{12,13,15,24,31}

Although the majority of girls receive information about menstruation, mainly from their parents or guardians, there is still a proportion who have no knowledge of menstruation before menarche.^{21,27} Furthermore, the information available is often inaccurate, stigmatized or insufficient, which can lead to harmful practices and the perpetuation of myths and taboos surrounding menstruation.¹⁷

Several authors point^{13,16,25,26} to mothers as the main source of information about menstruation before menarche. This highlights the importance of the maternal role in menstrual education, which is crucial for ensuring safe and healthy practices during menstruation. Research shows that adolescent girls who have open conversations about menstruation with their mothers tend to feel more prepared to experience this period.^{17,28}

Limited access to adequate menstrual hygiene products is a recurring problem in many parts of the world. Among the selected studies, it was observed that disposable pads are widely preferred by women, with an adoption rate ranging from 45% to 96.9%.^{12,14,21,30} However, other studies such as those by Mudi, Pradhan and Meyer and Mohammed et al. highlight that a considerable proportion of women still use other types of materials, such as cloth or used clothing, due to the lack of access to or the high cost of disposable pads.^{14,27} This practice not only increases the risk of infections and health complications, but also contributes to the stigmatization and social exclusion of women during menstruation.^{21,25}

Among the studies analyzed, challenges related to sanitation infrastructure in various contexts stand out, including schools, workplaces and even prisons. These challenges have

a direct impact on people's health, well-being and full participation in education and the workforce.^{19,31} However, the study conducted by Emanuel and Yawson in Ghana with school students presented a significant finding: the majority of girls had access to a private bathroom and water for personal hygiene, differing from other studies where water shortages and uncomfortable sanitary facilities were prevalent.^{18,19,25-27}

The situation worsens when we consider that, due to the lack of adequate disposal and changing facilities, girls and women prolong the use of sanitary pads beyond what is recommended, facing difficulties in maintaining proper hygiene.^{18,25,26} In the case of incarcerated women, the situation is even more critical, with a lack of privacy, poor sanitary facilities and water scarcity, leading them to resort to contaminated river water for personal hygiene when clean water is not available.¹⁹

From the increased risk of infections and health complications to the emotional stress caused by stigmatization and social exclusion, the challenges faced during menstruation can have lasting consequences for the general well-being of women and girls.^{18,27} The study by Mulugeta et al. found that 13.17% of girls developed vaginal infections during menarche, while only 9.12% received information about menstruation before this period.²³ In turn, Hassan et al. observed unusual vaginal discharge, inflammation and vaginal rashes in 30.5% of girls without prior information.²² Other studies corroborate these findings, highlighting reproductive tract infections and rashes in the pubic region due to inadequate intimate hygiene practices.^{19,21}

The symptoms faced by girls and women during menstruation cover a wide range of experiences. According to Hennegan et al, women often describe intense pain, mood swings, weakness and tiredness during this period.³¹ In the study by Mohammed et al, 98.3% of girls reported menstrual pain, while 85% expressed concern about leaking and 14.5% mentioned vaginal inflammation.²⁷ Dysmenorrhea emerges as a common main symptom reported by participants in the selected studies, standing out as one of the main challenges in menstrual management.^{12,18,25,29,30}

School absenteeism was reported by 28.1% of the girls in the study by Deepa et al. and was influenced by several factors, including abdominal pain, fear of odor, concern about staining clothes, lack of proper disposal methods and traditional restrictions.¹² Reduced mobility and comfort, affecting everyday activities such as sitting, walking and cycling, is also a consequence reported by participants in one of the studies.³⁰

In the workplace, women also face challenges due to menstruation. Menstruation can lead to absences or reduced tasks at work, with workplace infrastructure playing an important role in women's menstrual experience.³¹ In addition, girls and women face absences from school and university due to menstruation. Crankshaw et al. reported that 26.1% of girls missed school due to menstruation, while Kpodo et al. found a 13.9% university absence rate for this reason.^{26,27}

Missing school during menstruation is directly related to the severity of menstrual symptoms; girls with more severe symptoms, such as abdominal pain and severe headaches, tend to miss more

school.²⁷ In addition, lack of access to adequate menstrual products also contributes to school absenteeism during this period.³² On the other hand, girls who have access to adequate menstrual products and sanitation facilities are more likely to attend school regularly and perform better academically.⁶

The challenges faced by girls and women in menstrual management demand an approach that goes beyond practical issues such as access to appropriate products and sanitation infrastructure.³³ It is also essential to address the cultural beliefs and social restrictions that perpetuate the stigma around menstruation. This holistic approach is key to promoting better understanding of menstruation, enabling women and girls to experience this natural aspect of their lives with dignity and respect.³⁴

Menstrual education programs that address biological, social and cultural aspects of menstruation are extremely important and should involve not only girls, but also boys, parents, teachers, adult women and community members to promote a holistic and taboo-free understanding of menstruation.⁶ Open conversations about menstruation in families, schools and communities are essential to eliminate the taboo and promote a culture of acceptance and support.

Approaching menstruation as a natural event faces barriers, perpetuating stigma and negatively impacting community participation and gender equity.³⁴ In this context, it is crucial to recognize the fundamental role of health professionals in tackling menstrual poverty. The training of health professionals is essential to deal with menstrual management and offer adequate support to health users on this issue.⁵ They need to be sensitized and prepared to address this issue properly, integrating it into preventive health care and promoting actions to mitigate the impacts of menstrual poverty on the health and well-being of women and girls.

A limitation of this systematic review is that it did not use specific terms to include transgender people in the search strategy. However, if articles were found that addressed this issue, this would not be considered an exclusion criterion. Another limitation identified is related to the geographical distribution of the studies included. Most of the studies analyzed were conducted in regions of underdeveloped countries, limiting the generalizability of the results to other geographical and cultural realities. In addition, few studies were carried out in developed countries, and these did not address the specific theme of this review.

It is important to note that the publications analyzed in this review focused on international scenarios, with emphasis on African and Asian countries. This highlights the urgent need to carry out more research in other locations, including Brazil, in order to gain a comprehensive understanding of the challenges and impacts of menstrual management in diverse contexts and enable the development of more targeted and effective interventions and policies.

Despite these limitations, it is worth noting that the study presents a robust methodology, following the steps recommended for literature reviews. This increases the reliability and replicability of the results. The inclusion of multiple sources in the literature

search, along with the use of broad descriptors, helped to increase the likelihood of identifying relevant studies on the topic, offering a comprehensive view of the challenges in menstrual management. In addition, the synthesis and categorization of the results of the included studies were positive points, highlighting crucial themes related to the challenges faced in menstrual management and facilitating the understanding and interpretation of the information presented in the researched articles.

FINAL CONSIDERATIONS

The literature review carried out in this study comprehensively addressed the main challenges and impacts faced in menstrual management, fulfilling its objective. The results highlighted five crucial themes that emerged in the discussion of menstruation-related challenges: Cultural and Social Barriers, Access to Menstrual Hygiene Products, Infrastructure and Suitable Environments, Education and Awareness, and Impact on Health and Well-Being.

Cultural and social barriers, combined with a lack of menstrual education, contribute to the stigmatization and exclusion of women and girls during the menstrual period, in addition to practical issues such as access to appropriate products and sanitary infrastructure. Lack of adequate access to menstrual hygiene products and sanitation infrastructure negatively affects women's health, well-being and participation in educational and work activities. Menstrual symptoms, such as intense pain and mood swings, also have a significant impact on women's daily lives, leading to absenteeism from school and work.

Health professionals can play a crucial role in dealing with menstrual management, through educational and social initiatives aimed at disseminating information about menstrual health, self-care and normalizing the menstrual cycle. It is therefore extremely important to recognize and address these issues in order to promote a more inclusive and healthy environment for women and girls, as well as guiding the development of effective interventions and public policies to address the challenges related to menstrual management.

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