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Communication

Menstrual Health and Endometriosis: An Urgent Issue in Africa

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Abstract: Menstrual health in Africa is often neglected due to stigma, poor access to products, sanitation, and education, disproportionately affecting marginalized groups. Common menstrual disorders like dysmenorrhoea and menorrhagia are frequently undiagnosed. Endometriosis, affecting 5–10% of reproductive-age women, remains underdiagnosed due to healthcare gaps and limited research. Menstrual health inequities are deeply rooted in sociocultural barriers, misinformation, and restricted access to care. The absence of comprehensive menstrual health education in schools and communities fosters stigma and leaves many individuals unprepared to manage their health. In rural and resource-constrained settings, poor sanitation and limited healthcare exacerbate these issues, contributing to school and workplace absenteeism. The economic burden of menstrual health conditions, including endometriosis, further strains affected individuals and their families due to high healthcare costs and lost income. Transgender and non-binary individuals face additional challenges, including systemic healthcare barriers, stigma, and inadequate clinical recognition of their menstrual health needs. A lack of research on their experiences leads to significant gaps in care, further marginalising an already vulnerable population. To address these challenges, a multifaceted approach is required. Improved clinical guidelines, provider training, and culturally sensitive policies are necessary to enhance diagnosis and treatment. Grassroots awareness campaigns can dismantle stigma and improve access to menstrual health education. Enhancing healthcare infrastructure, integrating menstrual health into primary care, and expanding research on menstrual disorders and endometriosis are vital for achieving equity in Africa. Addressing menstrual health inequities and endometriosis in Africa requires urgent, integrated interventions across health, education, and social systems. By prioritising early detection, accessible care, and education, we can mitigate the long-term impacts of these conditions and improve the quality of life for all affected

individuals. Sustainable solutions demand collaboration among policymakers, healthcare providers, educators, researchers, and communities to foster inclusive, evidence-based approaches to menstrual health.

Keywords: menstrual health; endometriosis; dysmenorrhoea; menstrual disorders; stigma; healthcare access; gender equity; africa; transgender health; public health policy

Background

Menstrual health is an urgent issue in Africa due to entrenched stigma, limited access to menstrual products, inadequate sanitation facilities, and insufficient health education. These challenges exacerbate gender inequalities, hinder educational and economic opportunities, and often leave menstrual disorders untreated [1]. Menstrual disorders, including dysmenorrhoea, menorrhagia, amenorrhoea, premenstrual syndrome (PMS), and premenstrual dysphoric disorder (PMDD), are highly prevalent across Africa, yet often underreported due to stigma and inadequate health systems. In Sub-Saharan Africa (SSA), dysmenorrhoea affects between 61-84% of menstruating individuals, with severe pain occurring among 33-56%, impairing quality of life, school performance and economic productivity [2,3]. Endometriosis is not classified as a menstrual disorder, though it is closely linked to menstruation. Endometriosis can lead to severe pelvic pain, particularly during menstruation (dysmenorrhoea), as well as heavy menstrual bleeding, infertility, and other systemic symptoms. While the symptoms of endometriosis often overlap with menstrual disorders such as dysmenorrhoea or menorrhagia, its underlying pathology is distinct, involving ectopic endometrial-like tissue. Menorrhagia, reported by 10–30%, frequently leads to anaemia, while PMS affects 30–80%, and PMDD, a severe form, impacts 3–8% [4]. Amenorrhoea is linked to conditions like polycystic ovary syndrome (PCOS) and malnutrition, with estimates varying regionally [5].

Discussing menstrual health without addressing menstrual disorders and endometriosis neglects significant challenges faced by individuals. These conditions profoundly impact physical, mental, and socio-economic well-being. An integrated approach is essential, combining education, access to care, and stigma reduction, ensuring comprehensive support that addresses both health promotion and the complex realities of menstrual health issues.

Given these complexities, menstrual health inequities—encompassing stigma, inadequate education, and unequal access to menstrual products—disproportionately affect vulnerable populations, including adolescent girls, women, and transgender individuals, which is a growing issue in Africa [6].

Endometriosis, affecting 5-10% of women of reproductive age, is a chronic and often debilitating condition characterised by pelvic pain, infertility, and fatigue [7,8]. Despite its prevalence, endometriosis remains underdiagnosed and under-treated, particularly in Africa, where healthcare access is limited [1]. Endometriosis significantly impacts individuals' quality of life and productivity. Many suffer from severe pain that disrupts daily activities, often leading to absenteeism from work or school [9]. The economic burden is substantial, with high healthcare costs and lost income exacerbating financial strain on families. In Africa, limited awareness and inadequate training among healthcare professionals further delay diagnosis and treatment, leaving many sufferers without proper care [10]. The lack of social support and understanding compounds these challenges, isolating individuals and reducing their overall well-being [11].

Menstrual Health Inequities

Sociocultural barriers, poor menstrual health education, and limited access to healthcare result in delayed diagnosis and treatment. In rural and resource-constrained settings, insufficient sanitation exacerbates the burden, associated with poor school and workplace attendance. Tackling menstrual disorders in Africa requires greater awareness, inclusive research, accessible care, and culturally appropriate interventions to address their personal, social, and economic consequences, ultimately advancing health equity and gender parity. Menstrual health inequities are pervasive, particularly in low and middle-income countries (LMICs). Cultural taboos and myths perpetuate misinformation, leaving many without accurate knowledge about menstruation and related health issues. Inadequate

access to menstrual hygiene products forces individuals to rely on unsafe alternatives, increasing the risk of infections and other health complications [12]. Adolescent girls are particularly vulnerable. The absence of comprehensive menstrual health education in schools leaves young people unprepared to manage their health effectively. This knowledge gap perpetuates cycles of stigma, misinformation, and poor health outcomes [13].

The Impact on Transgender and Non-Binary Individuals

Menstrual health and endometriosis among transgender and non-binary individuals in Africa are under-researched, leading to significant healthcare challenges. Transgender and gender diverse (TGD) people face substantial barriers in accessing timely, culturally competent, and adequate healthcare due to structural and systemic obstacles. A systematic review highlighted the limited availability of health services, inadequate knowledge of TGD healthcare needs among providers, lack of recognition in healthcare settings, stigma, and financial constraints within African TGD communities [14]. Many avoid seeking care due to fear of discrimination or misgendering by healthcare providers. Limited research and healthcare options tailored to their needs exacerbate these disparities, highlighting the urgent need for inclusive policies and practices [15].

Recommendations

1. **Improved Clinical Practice Guidelines:** Improved practice guidelines for menstrual health and endometriosis in Africa must prioritise early diagnosis, provider training, and culturally sensitive care. Integrating menstrual health into primary care, expanding access to diagnostic tools, and addressing stigma is essential. Policies should emphasise inclusivity, ensuring equitable care for all, including transgender and non-binary individuals.
2. **Improved awareness:** In Africa, grassroots awareness campaigns can challenge menstrual health stigma and misconceptions about disorders like endometriosis. Collaborating with community leaders, schools, and healthcare providers to deliver culturally sensitive education, improving access to menstrual products, and leveraging media for outreach are crucial steps towards empowering individuals and fostering informed, inclusive dialogue.
3. **Peer support and social prescribing:** Peer support groups and social prescribing initiatives can establish safe spaces for individuals to share experiences and access support for menstrual health and endometriosis. These initiatives foster community, reduce isolation, and connect people to relevant resources, promoting holistic care and improving mental and physical health outcomes across diverse populations.
4. **Policy Reform:** Governments must prioritise menstrual health by integrating it into national health policies. This includes providing subsidies for menstrual products, ensuring accessible healthcare services, and addressing cultural stigma through public awareness campaigns.
5. **Educational Initiatives:** Comprehensive menstrual health education should be implemented in schools and community programmes. These initiatives should focus on breaking down myths, promoting hygiene practices, and empowering individuals with knowledge about their health [16]. These initiatives can support early diagnosis and thereby improve life-course outcomes.
6. **Improved Healthcare Access:** Investments in rural healthcare infrastructure, mobile health units, and telemedicine can bridge gaps in diagnosis and treatment for endometriosis. Training programmes for healthcare professionals should emphasise early detection and culturally sensitive care [17].
7. **Research and Inclusion:** Expanding research on menstrual health and gynaecological disorders in LMICs and addressing the needs of transgender individuals are essential steps toward equitable care. This includes funding studies exploring innovative solutions for managing menstrual health in resource-limited settings with international collaborations to share best practices, pool resources, and foster partnerships that can accelerate progress. Innovations such as mobile health apps and low-cost diagnostic tools can play a pivotal role in overcoming barriers and ensuring equitable access to care.
8. **Cultural practices:** Acknowledging cultural practices is key to fostering an understanding of menstrual health and disorders. Collaborating with community leaders, respecting traditional beliefs, and integrating culturally relevant education can build trust. Tailored awareness campaigns that balance

scientific knowledge with cultural sensitivity can break stigma, encourage dialogue, and improve health outcomes.

9. **Community Engagement:** Partnering with local organisations and communities can ensure interventions are culturally appropriate and effectively address the unique challenges different populations face. Engaging community leaders can also help combat stigma and promote acceptance of menstrual health initiatives.
10. **Advocacy:** Menstrual health advocacy should focus not just on strategies to demystify menarche but also on bringing about awareness about menstrual disorders and endometriosis to amplify the voices of those affected by menstrual health inequities and endometriosis, pushing for policy changes and increased funding for research and healthcare initiatives

Addressing menstrual health inequalities and endometriosis requires a multifaceted, inclusive approach that recognises the interconnectedness of health, education, and social systems. By prioritising early detection, affordable care, and education, we can mitigate the long-term impacts of these conditions and improve the quality of life for affected individuals worldwide.

Conclusion

Addressing this is vital to improving health, dignity, and socio-economic outcomes. Addressing menstrual health and endometriosis in Africa requires comprehensive research and policy interventions that consider the unique challenges faced by African populations. Improving healthcare access, provider education, and culturally sensitive care are essential steps toward health equity and the well-being of cis, trans-gender and non-binary populations with concerted efforts from policymakers, healthcare providers, educators, and communities.

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