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Black women's menstrual and reproductive health: a critical call for action in the UK

Black women's menstrual and reproductive health: a critical call for action in the UK

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Inadequate menstrual health education in the UK contributes to delayed and poor treatment for menstrual related disorders, such as endometriosis and uterine fibroids, many of which severely impact quality of life.¹ Systemic racism and unconscious bias in healthcare^{2,3} compound barriers to Black women receiving the menstrual healthcare they need. Guided by preliminary results of the ongoing Black Women's Reproductive Health (BWRH) project,⁴ we offer key recommendations to support Black women's menstrual and reproductive health.

Importance of education

Early engagement with menstrual health education, from the first interactions with sexual health education in school, should set the stage for later life. This education should provide an overview of the signs and symptoms of menstrual abnormalities which can be recognised, communicated, and managed upon presentation. For example, teaching that severe period pain or heavy bleeding is abnormal may accelerate diagnosis and access to appropriate care for a menstrual related condition.⁵ Comprehensive menstrual health education should also focus on intersectionality and consider the lived experiences of marginalised populations.⁶ This should improve self recognition of menstrual health conditions. It should equip women with knowledge of when to advocate for their own care, particularly in cases where their symptoms are disregarded by clinicians. This is important since Black women remain largely underdiagnosed with conditions such as endometriosis and are two to three times more likely to have uterine fibroids than White women.^{7,8}

Comprehensive menstrual health education is important for individual patients and forms a fundamental part of their lifetime health education. However, structural barriers compound the impacts of inadequate menstrual health education for Black women accessing menstrual healthcare.

Firstly, there is a lack of funding and research evidence relating to menstrual health and care in marginalised racial and ethnic communities. This limits the development of related health policy and implementation of best practice in clinical care. With limited research on racial inequalities in gynaecological care in the UK, best practice guidelines have yet to be conceptualised for menstrual disorders in Black women. However, the Royal College of Obstetricians and Gynaecologists (RCOG) Race Equality Taskforce and FivexMore have established guidelines addressing elevated maternal mortality rates in Black women, and parallels from such guidelines should be drawn on.⁹

Secondly, access to menstrual and reproductive healthcare is severely impacted by the limited financial and human resources of the NHS, which is responsible for providing this care. Wait times for "non-urgent" gynaecological referral have increased more than any other specialty through the covid-19 pandemic, and an average GP appointment lasts only 9.2 minutes, meaning there is limited capacity for adequate menstrual healthcare within non-specialist NHS services.¹⁰⁻¹² Long wait times delay care, especially for those needing surgery, resulting in prolonged suffering without adequate help for patients. Delays negatively impact primary health outcomes but also reinforce menstrual related stigmas and associated stress, often exacerbating the original menstrual related disorder.¹³

Peer support is an integral tool in supporting Black women's menstrual health, especially given the strain on the NHS. While not a substitute for care, peer support may supplement menstrual healthcare received in medical settings. Often offered by charities, peer support can provide reassurance and coping mechanisms in a safe educational space.¹⁴

Yet few UK charities approach such initiatives from an intersectional perspective, thereby overlooking the intersecting forms of discrimination and marginalisation Black women may encounter. Notable exceptions include Cysters¹⁵ and The Black Women's Reproductive Health project.⁴ Both organisations aim to facilitate spaces for racially marginalised women and increase peer support through a polycystic ovary syndrome (PCOS)/endometriosis group and general reproductive health group, respectively.

However, peer support often relies on the voluntary and unpaid labour of its direct beneficiaries as they take on roles as facilitators and coordinators of support groups. To limit this burden, menstrual health should be addressed by infrastructures, and allies in the menstrual health space.¹⁶

Recommendations to improve outcomes

We suggest four key recommendations needed to support Black women's menstrual health and improve their health outcomes in the UK. Firstly, we call for comprehensive, intersectional menstrual education, beyond menarche, to be included in primary school education curricula. Secondly, we recommend mandatory training for healthcare professionals and those who teach about menstrual health in schools, covering the historical development of current menstrual health knowledge and attitudes, and the pervasive impact on those who menstruate, with particular focus on racially marginalised populations.

Thirdly, research investigating the prevalence and impact of menstrual-health related conditions on Black women should be increased. Governing bodies such as the RCOG must act on emerging evidence when establishing and implementing best practice guidelines. Fourthly, we recommend further development and expansion of peer support offered by charities and other organisations which address gynaecological conditions, menstrual health, or period poverty.

Finally, in response to England's Women's Health Strategy, we join the multiple calls for the government to better recognise and address the intersectional identities that exist under the umbrella category of women.¹⁷⁻¹⁹ It is only through active recognition and scrutiny of the systemic barriers to racially marginalised women accessing care, that we will begin to address the intersectional inequalities. Scotland's Women's Health Plan seeks to address systemic inequalities that pose barriers to care for racially marginalised women and we call on the English, Welsh, and Northern Irish governments to follow suit.²⁰

Competing interests: HS, DP, and VA are volunteers on the Black Women's Reproductive Health project. VG receives royalties for her book *Healers and Patients Talk: Narratives of a Chronic Gynaecological Disease* from Rowan and Littlefield. VG has previously been a member of the ESHRE endometriosis guidelines formation group. AW and VG are co-founders of the Social Sciences Endometriosis Research Network.

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We acknowledge that most research, including this comment, predominantly focuses on cis women and recognise the need for inclusive research for all who menstruate. We also recognise the dangers of "white saviours" approaches within the period poverty movement and draw heavily on diverse expert views where possible.

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