

ORIGINAL ARTICLE

Menstrual poverty: perception of the role of residency and its impact on the health of those who menstruate

HIGHLIGHTS

1. Menstrual poverty is a public health issue.
2. The professionals in the studied residency have limitations in addressing this issue.
3. Menstrual dignity represents a human right.
4. It is necessary to create mechanisms to address the lack of knowledge on the topic.

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ABSTRACT

Objective: To investigate the perception of nursing residents in women's health and obstetric nurses who underwent training in the residency modality regarding the role of residency in minimizing the repercussions of menstrual poverty on the health of those who menstruate. **Method:** Cross-sectional, descriptive, and exploratory study with a qualitative approach, following the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ). The research was conducted with fifteen nurses through content analysis proposed by Bardin. **Results:** The results were divided into six categories, guided by Leininger's Transcultural Care Theory, observing definitions, main complaints, behaviors, impacts, strategies, and the contribution of residency to the care of people who menstruate. **Conclusion:** The health residency makes a significant contribution to the professional development of postgraduates; however, there is a lack of academic discussion on menstrual poverty and menstrual dignity, leading to strongly biologicistic professional behaviors.

DESCRIPTORS: Transcultural Nursing; Internship and Residency; Women's Health; Social Construction of Gender; Menstruation.

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INTRODUCTION

The menstrual cycle is an event that occurs in the life of most people with a uterus who are of reproductive age, triggered by hormonal changes. Menstruation marks the first day of this cycle and generally lasts from three to five days¹. In addition to being a physiological process, menstruation carries symbolic and social values, fueled by gender, race, and class inequality².

Considering that girls, women, trans men, and non-binary people who menstruate face inequality in access to rights and opportunities, ranging from taboos and prejudices related to menstruation to the scarcity of adequate products for menstrual hygiene and the lack of appropriate information on the subject. As a result, the perpetuation of a scenario of exclusion and segregation of these people is observed in different spheres of social life².

Thus, in a patriarchal society like Brazil, gender is a tool that enhances power relations, generating relational hierarchies based on biological sex. From this perspective, women are placed, just like any other form of existence that deviates from patriarchal logistics, in a situation of vulnerability, with menstrual poverty being a major example of this³⁻⁴.

Menstrual poverty is mainly related to the lack of access to resources, infrastructure, and knowledge necessary for menstrual care². This phenomenon occurs every month with about 1.8 billion people who menstruate worldwide, from menarche to menopause⁵. The term "people who menstruate" is used to encompass girls, women, trans men, and non-binary people who have a uterus.

Considering that the development of scientific research addressing menstrual poverty presents an urgent character, weighing the magnitude of the problem, this study sought to generate concerns among participants, as they can act as powerful transformative agents of this reality.

In light of this, it was decided to use Madeleine Leininger's Transcultural Care Theory⁶ as a theoretical framework. This theory is based on the premise that effective health care must be culturally congruent, meaning it must respect the values, beliefs, and cultural practices of individuals. For Leininger, understanding people's culture is essential to provide humanized, safe, and effective care, especially in contexts marked by social vulnerabilities, such as menstrual poverty⁶.

Thus, the following guiding question was formulated: what is the role of nursing residency in women's health and obstetrics in disseminating knowledge about menstrual poverty and strengthening care practices that promote the health of those who menstruate, in light of Madeleine Leininger's Transcultural Care Theory? To address the research question, the study aimed to investigate the perception of nursing residents in women's health and obstetric nurses who graduated from residency about the role of this training in minimizing the repercussions of menstrual poverty on the health of those who menstruate.

METHOD

This is a cross-sectional, descriptive, and exploratory study, with a qualitative approach⁷, following the recommendations of the *Consolidated Criteria for Reporting Qualitative Research* (COREQ)⁸.

The study was conducted in a public hospital institution, at the state level, in the municipality of Recife-PE. Regarding the eligibility criteria, residents in their first or second year of the Women's Health Nursing residency program from the proposing institution, and Obstetric Nurses who completed residency in Women's Health or Obstetrics and have been working in the service for at least 12 months, of both sexes, were included. Professionals who were on vacation, health leave, maternity leave, or award during the data collection period were excluded.

The sample was guided by the theoretical saturation of the data, which is established when it is found that the knowledge formed is adequate to support the researcher in understanding the logic of the studied group⁹. The data was collected through an individual interview, using a semi-structured script composed of five subjective questions. The interviews took place from July to September 2023, in a private location chosen by the interviewee, lasting between 5 and 10 minutes. To ensure the reliability of the responses, the interviews were audio-recorded and subsequently fully transcribed.

The data analysis was conducted through Content Analysis, and the criteria for analysis followed this order: pre-analysis, exploration of the material, and treatment of the results¹⁰. The definition of categories was guided by Leininger's Transcultural Care Theory⁶, allowing for the identification of cultural, symbolic, and structural aspects related to menstrual health and the role of residency in professional training. The categories were developed to highlight culturally sensitive care elements, according to the domains proposed by the theory.

In order to ensure the confidentiality of the research participants, they were identified by the letter "R" representing the word residents, and the acronym "ON" for Obstetric Nurses, both followed by a number for each participant, according to the order in which they were interviewed.

The study respected the guidelines of Resolution No. 510/2016 on the applicable norms for research in Human and Social Sciences¹¹. Data collection occurred after the project was approved by the Research Ethics Committee of the Federal University of Pernambuco, opinion 6.106.850, on June 7, 2023, and upon signing the Free and Informed Consent Form at the time of the research.

RESULTS

The research involved the participation of 15 nurses, with seven being Women's Health residents and eight Obstetric Nurses. The group had ages ranging from 25 to 39 years, predominantly female, accounting for 86.6% of the sample. Of the residents, four were in the first year of the program, identified as R3, R4, R5, and R7, and three were in the second year, namely R1, R2, and R6. Regarding the area of expertise of the Obstetric Nurses, two work in Obstetric Emergency, five in the Obstetric Center, and one in the Coordination of Joint Accommodation.

When working with a qualitative study, one deals directly with the subjectivities of people; thus, it is emphasized that the experiences of the professionals were treated with respect, and through their statements, six thematic categories emerged, described as follows:

Category 1 - Definition of menstrual poverty and menstrual dignity

Based on prior knowledge, the research participants were prompted to define what menstrual poverty and menstrual dignity would be. It was evidenced, through

the participants' statements, a strong connection of menstrual poverty to menstrual technologies. However, it was also possible to identify a broader view of menstrual poverty, linking it to the lack of basic sanitation, the absence of health education, and the inability to guarantee pain relief in case of cramps during the menstrual period.

Menstrual poverty? I don't know. (ON4)

Menstrual poverty would be the lack of access to items like pads and menstrual collectors for hygiene. (R5)

In my view, menstrual poverty involves not only the lack of hygiene resources for these girls, which is the issue of pads and soap, but also the issue of privacy, having a bathroom, having water, which we know that basic sanitation in Brazil is not effective. So, for me, menstrual poverty involves all of this, involves lack of public policy, involves economic factors, social factors, and information. (ON1)

I characterize menstrual poverty not only as a poverty level of the patient's ability to buy a pad and maintain hygiene during that menstrual period, but also as poverty regarding information. (ON8)

Menstrual dignity has been pointed out, in most speeches, as the opposite of menstrual poverty.

Menstrual dignity would be precisely the woman, the girl, the trans, anyone who menstruates having the right to have the resources to take care of their health and also guidance. (ON1)

Menstrual dignity is the opposite of poverty; it is when a woman has the conditions and resources to deal with menstruation. (R1)

Menstrual dignity is precisely having the right to access hygiene products related to menstruation. (R6)

However, some participants did not dissociate menstrual poverty from menstrual dignity, pointing it out as:

Menstrual dignity would be not having that moment to take care of oneself; I do not have the dignity of having an exact place to change my pad, to do my hygiene. (ON6)

Menstrual dignity would be this factor of the woman not having the resources and sometimes using undignified methods or means; you see the issue of female prisoners who use old rags, pieces of newspaper, and so on, to hold and contain this menstruation. (R4)

Category 2 - Main complaints presented by people who menstruate regarding the menstrual cycle to nursing professionals

In this category, participants highlighted the main complaints related to the menstrual cycle pointed out by people who menstruate during nursing care. It is noted that the issues described are mainly related to menstrual flow and pelvic pain.

Generally, the biggest issues of the menstrual cycle are the absence of menstruation. (ON1)

Are there any doubts from the patients regarding the cycle, right? About how their cycle is, menstrual irregularity itself. Patients do not know about the contraceptive

method they will use, and they have doubts regarding the entire cycle. (ON2)

Regarding menstruation, the main complaint from patients is pain. And patients cannot recognize what a regular cycle and an irregular cycle are. They do not know how to recognize what is normal; it is as if they were not taught about this during adolescence, during childhood, regarding this menstrual issue. (ON7)

During my experience, I frequently dealt with patients who sought emergency care with complaints of dysmenorrhea and metrorrhagia, often incapacitating them from performing their work activities. (R6)

Category 3 - Conduct of nursing professionals in addressing complaints regarding the menstrual cycle brought by menstruating individuals

The main actions taken by professionals during care were focused on providing guidance, aiming to clarify the menstrual cycle and provide pain relief for menstruating individuals, but there is a greater concern in ruling out a possible pregnancy and ensuring the availability of contraceptive methods.

In this case, I tried to explain to the patient the issue of pain, cramps, bleeding, and the phase of how this menstrual cycle period is. (R2)

We try to teach, educate, in a way that they feel more comfortable, alternative means for pain relief, and in case of contraception, we recommend birth control or refer them to a doctor. (R4)

First, in our niche, we rule out pregnancy, right? Requests for exams, asking if she is sexually active. (ON1)

Category 4: Impacts of menstrual poverty on the lives of menstruating individuals from the perspective of nursing professionals

Menstrual poverty can have various repercussions in the lives of menstruating individuals; it is observed that these impacts intersect with social issues and health problems.

If she does not have the resources to buy a pad, for example, she cannot go out for fear of getting stained, and if she does not go out, she cannot work, she has no social life. (ON4)

One of the major impacts I see is the psychological issue for that woman, especially adolescents, right? The menstrual phase is still a phase with menstrual disorders, so often there are girls who have a much heavier menstrual flow, who are even embarrassed to go to school, to college, or whatever... So, this brings a very significant psychological impact for those girls who often stop engaging in activities due to financial issues of not being able to buy something suitable for that menstrual flow. (ON8)

In the case of menstrual poverty, we see reports of women who stop working, adolescents who stop studying, stop going to school because they cannot afford to buy pads, for example, and then need to use cloth, bread crumbs, newspapers, things that can even facilitate the development of infections, right? And that prevents this woman from going to the job market, from studying, harming her routine. (R1)

We know that there can be issues, even due to improper use, due to lack of resources, right? Urogynaecological problems can occur, so the impacts are significant even for the woman's life. (ON1)

Category 5: Possibilities for addressing menstrual poverty pointed out by nursing professionals

It was observed, through the reports, that health education linked to the distribution of supplies for managing the menstrual cycle would be one of the main ways to confront menstrual poverty.

The main challenge would be to improve education with this audience, to raise awareness about the topic, even on social media, so that the girls themselves have knowledge of the topic, seek help, and create projects and laws that also guarantee their rights, right? From receiving a simple pad to having instruction and access to health services. (ON5)

The free distribution of pads, especially in schools. To promote the topic more, to talk more about it. Health education is important to demystify the topic, to break down the taboo that exists around menstruation, because it is something natural to the body. (R1)

I think the strategies that are being developed today are already the beginning of the path, as there is currently public policy, including here in the state, regarding the distribution of pads. But, it's not just that, because menstrual poverty is not just about having a pad or not, but I believe it is already an initiative. (ON1)

Category 6: Contributions of professional training in the residency modality in directing health assistance to people in situations of menstrual poverty

When highlighting the contribution of residency to provide assistance focused on menstrual poverty, the group presented itself divided. Some believe that residency contributed significantly, as it allows for a comprehensive and diverse view of the health of menstruating individuals, while others express dissatisfaction with residency in this regard, considering that the discussion of the topic is little disseminated.

It contributes because here we deal with various situations, various people who are in vulnerable situations. So, you start to look at that situation with a different perspective and know how to act, to approach and help. (R2)

The residency process greatly favors this, because as we are more immersed in the environment, we can have various perspectives, with different types of audiences, and we start to try to provide more differentiated assistance for those types of people. (ON8)

The residency sharpened my perspective on this issue, making me more attentive and sensitive to intervene and promote menstrual dignity for people with uteruses. (R6)

I don't think my residency contributed much. In my residency, we didn't talk about menstrual poverty. I think we experience women who live in extreme poverty and misery, but we don't discuss this much. (ON7)

I don't believe that the residency contributed to my assistance with menstrual poverty. I think the residency needs to talk more about the topic of menstrual poverty itself. We should seek to develop a social project that can help these menstruating individuals, seeking partnerships with other institutions that also have social projects, anyway. (R1)

DISCUSSION

In light of Madeleine Leininger's Transcultural Care Theory⁶, menstrual poverty can be understood as a phenomenon that demands culturally congruent care practices, sensitive to the social, economic, religious, and educational contexts of menstruating individuals. This theory guides nurses to recognize and respect the beliefs, values, and cultural practices of individuals, proposing interventions that consider these specificities to achieve effective care.

Defined as a complex and multidimensional phenomenon, menstrual poverty is related to the lack of sanitary infrastructure, menstrual technologies, access to health services, qualified information, and the presence of taboos and prejudices about menstruation. In contrast, menstrual dignity refers to the guarantee of rights for menstruating individuals, promoting safe and humane conditions for managing the menstrual cycle. The absence of these rights, as evidenced in the participants' reports, leads to the use of improvised methods, such as rags or newspapers, increasing the risks of infections, discomfort, and even serious complications, such as Toxic Shock Syndrome²⁻¹².

Although participants recognized some social and emotional dimensions of menstrual poverty, most reported behaviors remain anchored in a model of care centered on the biological and pregnancy prevention, reinforcing the need for transformation of care practices in light of more comprehensive care.

The analysis of participants' statements revealed that, although there is some recognition of the multiple dimensions involving menstrual poverty, such as psychological, social, and biological impacts, behaviors still strongly reflect a biologicistic model. In this context, a trend of pathologizing menstruation was observed, which limits professionals' actions to an integral and culturally sensitive perspective.

Applying the assumptions of Leininger's Theory, the need to transform care practices to incorporate the cultural diversity of menstruating individuals is evident. This includes understanding language barriers, cultural taboos, the symbolic meanings attributed to menstrual bleeding, as well as the available and accessible resources for managing the menstrual cycle.

The emerging categories from the study highlight the need for professional training guided by transcultural care principles. Reinterpreted in light of Leininger's Theory, these categories reinforce the urgency of integrating this approach into nursing residency programs, in order to overcome reductionist care practices. Valuing the cultural specificities of menstruating individuals is essential to promote ethical, empathetic, and equity-centered care, respecting diversities and human dignity, which are essential pillars for comprehensive and transformative health care.

Therefore, it is necessary to create coping strategies to address and prevent problems arising from the lack of menstrual management. Public policies are needed to promote gender equity, autonomy for menstruating individuals, quality health education, review of the taxation on sanitary products, basic sanitation, necessary materials for the menstrual cycle, and expansion of discussions and studies on the topic^{2,13}.

One of the main points highlighted by participants for addressing menstrual poverty was the provision of menstrual technologies, especially through public policies. In Brazil, Law No. 14,214/2021 established the Program for the Protection and Promotion of Menstrual Health, regulated by Decree No. 11,432/2023, which guarantees the free distribution of sanitary pads. In 2024, this measure was implemented through the

Popular Pharmacy Program, benefiting about 24 million people in vulnerable situations, including low-income students, homeless individuals, and detainees, aged between 10 and 49 years¹⁴⁻¹⁶.

Regarding the professional training process, the Nursing Residency is configured as a process of training and professional development that provides an immersion of postgraduates in specialized health services, occurring in connection with proposing institutions that seek to collaborate and assist residents¹⁷.

Reports indicate that the nursing residency significantly contributes to the training of professionals capable of working with vulnerable populations by providing practical experience in various scenarios. However, there is a gap in discussions about menstruation and menstrual poverty, often treated from a pathological perspective, which reinforces stigmas and limits a social and welcoming approach to the topic².

Thus, menstrual education is a way to provide empowerment and improve menstrual health management, enabling broad access to information about the menstrual cycle, favoring knowledge of the physiology of menstruation, emphasizing the importance of menstrual self-care, and dismantling the negative conception that has been culturally associated with this bleeding^{2,4,18}.

This study presents as a scientific contribution the potential to stimulate thematic reflection in the context of professional training in the residential modality, which can trigger proposals to provide and expand such discussion in this pedagogical training environment. Moreover, the limitations of the study include the temporal gap existing in the training of former residents and current residents, as well as the sample size. Additionally, the cross-sectional design of the study does not allow for the extrapolation of data to other realities. Considering that the topic is recent and discussions are still not widely disseminated, it is worth emphasizing the importance of developing new research linked to menstrual poverty.

FINAL CONSIDERATIONS

The findings of the study demonstrate that the nursing residency studied can contribute more to addressing menstrual poverty, but still lacks more in-depth discussions on menstrual dignity, maintaining practices centered on the biological model. In light of Leininger's Transcultural Care Theory, the need to incorporate a culturally sensitive approach in professional training is highlighted, promoting ethical, comprehensive care aligned with the realities of menstruating individuals. It is also emphasized the importance of expanding menstrual education in academic spaces and strengthening public policies such as Law No. 14,214/2021, ensuring equity and dignity in health care.

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Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Lins MEAI, Rocha KAA, dos Santos ECB, Peixoto LC**. Drafting the work or revising it critically for important intellectual content - **Lins MEAI, Rocha KAA**. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Lins MEAI, Rocha KAA**. All authors approved the final version of the text.

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