

Menstrual Changes with Contraceptive Use is NORMAL – Educating Youth in Zimbabwe

Project Overview

Mhuri/Imuli is a USAID-funded project led by FHI 360 with partner Family AIDS Caring Trust (FACT). The five-year project (2018–2023) seeks to improve maternal, newborn and child health (MNCH) and family planning (FP) services in Zimbabwe. In Manicaland Province, Mhuri/Imuli improves demand for, and availability of quality MNCH-FP services and strengthens community systems for integrated MNCH-FP services. A range of community interventions address gender norms and improve linkages to and promote usage of MNCH-FP services, including for members of the Apostolic faith. Mhuri/Imuli also expands access to a full range of FP services in eight provinces in Zimbabwe through mobile FP outreach teams. The mobile FP services provide a platform for health care providers to be certified in long-acting reversible contraception (LARC) method provision by the Zimbabwe National Family Planning Council (ZNFPC). At the national level, Mhuri/Imuli provides technical support to the Ministry of Health and Child Care (MOHCC) and Zimbabwe National Family Planning Council (ZNFPC) to improve the institutions' capacity for MNCH-FP policy implementation.

Problem Overview

In Zimbabwe, and many other settings worldwide, taboos about discussing sexual and reproductive health with young people, coupled with the belief that young people should not engage in sex, lead to social and service-related barriers for young people to get accurate information about contraception (MOHCC, 2016). Similarly, social norms around menstrual health prohibit discussion, and many young people do not have adequate or accurate information about menstruation (Tembo, 2022).

Fears and misconceptions about side effects, including contraceptive-induced menstrual changes, constitute major barriers to use of contraception and contribute to discontinuation and non-use of family planning methods (Sedgh, 2016).

Figure 1. Community-based NORMAL tool (front)

Changes to your monthly periods are NORMAL while using family planning

It is common to have changes to your menstruation (monthly periods)* when you use some family planning methods.**

Review this guide as part of family planning counseling when you choose a method.

N It is **NORMAL** and safe to have changes in your monthly periods when you use some family planning methods.**

O Lighter bleeding or a pause in bleeding** can provide **OPPORTUNITIES** by giving you strength and freedom to go on with your daily activities.

R Your monthly periods and fertility will **RETURN** after you stop using family planning.

M Different family planning **METHODS** can cause different bleeding changes. Talk to your doctor about what you want.

A **ABSENCE** of monthly bleeding by itself does not mean you are pregnant.

L Talk to your doctor if changes to your monthly periods **LIMIT** your activities. There may be treatments that can help.

*See the back page for more information about your monthly periods

**Normal changes in your monthly periods can include lighter bleeding or less bleeding, shorter bleeding, heavier bleeding or more bleeding, longer bleeding, bleeding when you don't expect it, or a pause in your bleeding. Paused bleeding is when your bleeding stops for some or all of the time you're using a family planning method.

Talk to your doctor if you have any questions or concerns at any point.

Logos: USAID, fhi360, psi, ZNFPC

Amenorrhea or reduced bleeding can have important non-contraceptive health and lifestyle advantages, but these potential benefits are often not emphasized in family planning counseling. To address a lack of tools providing information about concerns with contraceptive-induced bleeding changes, FHI 360 and PSI co-developed the NORMAL job aids with funding from the U.S. Agency for International Development (USAID) (Rademacher et. al, 2018; FHI 360 2019).

The NORMAL job aids, which include a counseling tool for both the community and facility setting, are designed to support information-based counseling for both individuals and groups on menstrual changes that commonly occur when using certain family planning (FP) methods. The community-based tool was field-tested with community health volunteers (CHVs) in Kenya who found the tool highly acceptable and felt it was effective in diffusing useful information in the communities they serve (Burke et. al, 2023). The NORMAL tool has also been integrated into national FP guidelines and training packages in both Kenya and Botswana.

In Manicaland Province, Zimbabwe, the Mhuri/Imuli project integrated the community-based NORMAL tool (Figure 1) into an intervention providing reproductive, maternal, newborn and child health information to out-of-school young women and men.

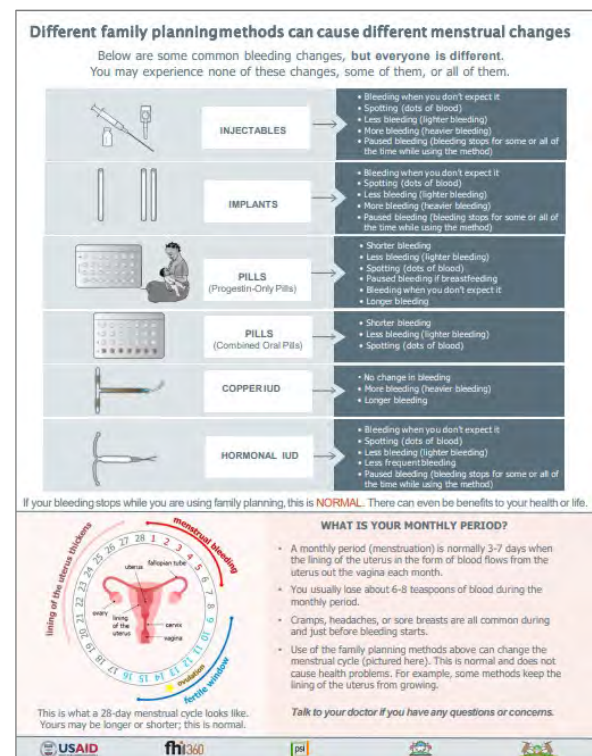
Program Context

The Mhuri/Imuli project provides programs to support people in Manicaland province, including young people, to improve uptake of maternal, newborn, and child health, and family planning (MNCH-FP) services. Modern contraceptive use is lower in Manicaland Province than other provinces in Zimbabwe (57% among married women of reproductive age compared to 66% nationally) (Zimbabwe DHS, 2015/16). According to Mhuri/Imuli program staff and participants, most adolescent girls and young women use condoms or pills and there are strong perceptions that longer-acting methods are not appropriate for young women. This perception is supported by findings from the 2016 Zimbabwe National Adolescent Fertility study, which reports that the most commonly used methods by adolescent girls (age 15-19) in their last sexual encounter was condoms (42%) and pills (39%) (MOHCC, 2016).

NORMAL tool use in Manicaland Province

The NORMAL tool was integrated into the Gender Norms Transformation (GNT) program in Chimanimani, Mutare, and Buhera districts of Manicaland Province. The GNT program uses a model in which out-of-school youth facilitators (ages 15-24) are trained to engage peers on MNCH-FP issues, including FP and sexual and reproductive health, maternal and newborn danger signs, and selected gender norms. FHI 360 and FACT train facilitators to use a GNT Manual, developed by the project, which includes 11 sessions. Facilitators form youth groups in their communities of approximately 20 young women and men, and facilitate discussions/dialogues, guided by the GNT Manual. By integrating the NORMAL tool, facilitators were able to provide information on menstruation and contraceptive-induced menstrual changes, with the hope that as young people better understand these changes, they will be able to make informed decisions about contraception.

Figure 1. Community-based NORMAL tool (back)



From November 2021 to September 2022, 61 trained facilitators reached 2,433 young people (1,565 female, 868 male) who completed the GNT sessions (Table 1).

Table 1. Out-of-school youth reached in GNT sessions incorporating the NORMAL tool, Nov 2021 – Sept 2022, by district

District	Males	Females	Total
Buhera	358	522	880
Chimanimani	281	472	753
Mutare	229	571	800
Total	868	1,565	2,433

Facilitators' reactions to the NORMAL tool

In each district, GNT facilitators were selected through a competitive process where facility nurses and village leaders coordinated to identify potential facilitators who attend local facilities for healthcare services and/or actively support their health facility in community initiatives that promote health issues. Project officers interviewed the potential facilitators to assess their writing and reading skills and gave a passage to read and explain from the GNT Manual. The project officers ranked them by score and invited those with the highest scores to a training, done in each district. GNT facilitators attended a five-day training which included a section that walked through all the components of the NORMAL tool, with a focus on understanding the menstrual cycle. Beginning at the end of 2021, roughly 20 facilitators were trained from each district (Chimanimani, Buhera and Mutare). Facilitators are given a small monthly allowance to cover cell phone and lunch expenses.

Because most facilitators indicated that they had not openly discussed menstruation previously, varied reactions were noted by the Mhuri/Imuli trainers as GNT facilitators were trained on the NORMAL tool. Most facilitators stated that they did not have a full understanding of the menstrual cycle. Some thought the menstrual cycle only included days with menstrual bleeding, some did not know

what caused menstrual bleeding, and others thought that women could lose up to two liters of blood during menstruation. Facilitators also had very little knowledge about the interaction between the menstrual cycle and FP methods, particularly hormonal methods. Related to FP, many facilitators thought that long-acting methods were only for married and older people. After the trainings, facilitators better understood the bleeding changes that can commonly occur due to use of some FP methods, particularly hormonal methods. They also were able to state some potential advantages of



A Mhuri/Imuli youth and gender officer trains facilitators on using the NORMAL tool.

Photo credit: Patrick Makwesera

these changes. Overall, facilitators said they found the NORMAL tool very useful to break barriers around discussions on menstruation, which is normally a taboo topic. Additionally, program staff noted that other concerns and misconceptions were addressed, for example clarifying that FP methods do not cause infertility and young people can safely use long-acting methods.

Reactions to the NORMAL tool by out-of-school youth

The facilitators used the NORMAL tool in a GNT session which focuses on FP. During the session, facilitators used group activities and role plays to share information on a wide variety of FP methods, advantages and disadvantages, where to access methods in the community, and how to talk to a partner about FP use. When possible, a health care provider attended the discussions to help respond to participants' questions.

Facilitators and program staff had positive observations about using the NORMAL tool in GNT discussions, noting that the session broke the ice for the discussion on menstrual health, normally a difficult topic to discuss. Facilitators found it quite remarkable that the NORMAL tool, combined with interactive activities, even allowed for discussion in a group with both young men and young women. The following areas were highlighted by program staff and facilitators which may assist in using the NORMAL tool with young people:

- **The age of participants should be taken into consideration when planning NORMAL tool training.** For those not yet sexually active or not using FP methods that affect menstruation, the training may feel more theoretical, and benefits may relate more to understanding of and breaking barriers in discussing the menstrual cycle. Many participants were not yet sexually active, and those who were sexually active mainly had experience with condoms (which do not result in menstrual changes). The NORMAL tool was thus used more as a health education tool rather than a “how-to” guide.
- **Child-bearing ability and return to fertility associated with long-acting FP methods was a big fear** expressed by participants, particularly young people who had never had children. The NORMAL tool opened the discussion to dispel myths and share accurate information about FP. Facilitators mentioned that in some sites in Buhera district, discussion following the session resulted in referrals to health facilities where participants could access long-acting FP methods.



Photo credit: William Salimu

GNT facilitators at a training in Mutare district, November 2021

Conclusion

Use of the community-based NORMAL Tool with out-of-school youth participants was useful for health education on the menstrual cycle, FP methods, and changes to the menstrual cycle associated with use of certain FP methods. The project reached over 2,430 young people with information on these frequently stigmatized topics. Program staff found that, due to the young age of participants, the NORMAL tool had a strong function of education and breaking taboos about discussing the menstrual cycle. The project is exploring ways to integrate NORMAL tool into programs with other age groups, including married couples, who may be more likely to use hormonal contraception as compared to young people.

Please contact the Mhuri/Imuli project for more information.

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