

Maternal Health and the Pursuit of Menstrual Equity.

Jianan Hu*

Department of Public Health, Harvard University, United States

Menstrual equity is an emerging concept that bridges the gap between menstrual health and overall maternal health. Rooted in the understanding that menstruation is a natural and essential part of life, menstrual equity addresses disparities in access to menstrual hygiene products, education, and supportive policies. In many societies, menstruation remains a stigmatized subject, leaving millions of women and girls without the resources or knowledge they need to manage their menstrual health effectively. These challenges disproportionately affect maternal health, as the lack of menstrual care can have far-reaching consequences on women's well-being, dignity, and access to opportunities. [1].

The intersection of menstrual equity and maternal health is critical because both are fundamentally tied to reproductive health. For women of childbearing age, uninterrupted access to proper menstrual hygiene is essential for maintaining overall health, preventing infections, and avoiding complications during and after pregnancy. Women who lack access to menstrual products may resort to unsafe practices, increasing their risk of reproductive tract infections. These infections can directly impact maternal health, causing complications that could endanger both the mother and child [2].

Education plays a pivotal role in promoting menstrual equity and improving maternal health outcomes. Misconceptions about menstruation often lead to shame and misinformation, preventing women and girls from seeking the support they need. Comprehensive education that normalizes menstruation and highlights its importance in reproductive health is essential. For mothers, understanding their menstrual cycles is a key aspect of family planning, pregnancy care, and postpartum recovery [3].

Economic barriers are among the most significant challenges to menstrual equity. For low-income women, the cost of menstrual products can be prohibitive. This issue is exacerbated in underserved communities, where access to healthcare and education is limited. Policymakers must prioritize affordable and accessible menstrual hygiene products to address this inequity. By ensuring that all women have access to these resources, societies can take a vital step toward improving maternal health and reducing health disparities. [4, 5].

Cultural stigma and taboos around menstruation further compound the problem. In many parts of the world, cultural beliefs restrict women's participation in daily activities during their menstrual cycles, isolating them from education, work, and

social interactions. These restrictions can have a cascading effect on maternal health by limiting women's autonomy and access to critical health services. Breaking these taboos requires community-based interventions that engage both men and women in open conversations about menstrual health. [6, 7].

The workplace is another critical arena for advancing menstrual equity. Lack of menstrual-friendly policies, such as adequate restroom facilities and paid menstrual leave, can hinder women's participation in the workforce. For pregnant and postpartum women, such policies are even more crucial. Inclusive workplace policies not only support menstrual equity but also contribute to maternal health by reducing stress and promoting overall well-being. Healthcare systems play a fundamental role in advancing both menstrual equity and maternal health. Integrating menstrual health services into maternal care programs can ensure that women receive comprehensive support. For instance, antenatal care visits can serve as an opportunity to educate women about menstrual health and address any underlying issues. Postpartum care should also include discussions about menstrual recovery and hygiene. [8, 9].

Innovations in menstrual health products and services offer promising solutions to bridge the gap between menstrual equity and maternal health. Reusable menstrual products, for example, provide a sustainable and cost-effective option for women in low-resource settings. Mobile health applications can also empower women by offering education and tracking tools to better understand their menstrual and reproductive health. Advocacy and policy reform are essential for achieving menstrual equity and improving maternal health. Governments, non-governmental organizations, and community leaders must collaborate to create policies that address the unique needs of menstruating individuals. This includes funding for menstrual health programs, implementing menstrual hygiene education in schools, and removing taxes on menstrual products. [10].

References

1. Valente SM, Bullough V. Sexual harassment of nurses in the workplace. *J Nurs Care Qual.* 2004;19(3):234-41.
2. Sexual harassment a serious problem for california nurses. 2018.
3. Stegen A, Sowerby H. *Nursing in today's world: trends, issues, and management.* Lippincott Williams & Wilkins; 2018.
4. Sexual harassment a serious problem for california nurses.

*Correspondence to: Jianan Hu, Department of Public Health, Harvard University, United States. E-mail: Hu@Jian.12.edu

Received: 01-Oct-2024, Manuscript No. JWH-25-36855; Editor assigned: 03-Oct-2024, PreQC No. JWH-25-36855 (PQ); Reviewed: 17-Oct-2024, QC No. JWH-25-36855; Revised: 24-Oct-2024, Manuscript No. JWH-25-36855 (R); Published: 30-Oct-2024, DOI: 10.35248/2167-0420.24.13.753

Citation: Hu J (2025). Maternal Health and the Pursuit of Menstrual Equity. *J Women's Health Care.* 13(10):753.

Copyright: © 2025 Hu J. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

5. Pina A, Gannon TA. An overview of the literature on antecedents, perceptions and behavioural consequences of sexual harassment. *J Sex Aggress*. 2012;18(2):209-32.
6. Zeng LN, Zong QQ, Zhang JW, Lu L, An FR, Ng CH, et al. Prevalence of sexual harassment of nurses and nursing students in China: a meta-analysis of observational studies. *Int J Biol Sci*. 2019;15(4):749.
7. Lu L, Dong M, Lok GK, Feng Y, Wang G, Ng CH, et al. Worldwide prevalence of sexual harassment towards nurses: a comprehensive meta-analysis of observational studies. *J Adv Nurs*. 2020;76(4):980-90.
8. Ismail MN, Chee LK, Bee CF. Factors influencing sexual harassment in the Malaysian workplace. *Asian Acad Manag J Account Finance*. 2007;12(2):15-31.
9. Bronner G, Peretz C, Ehrenfeld M. Sexual harassment of nurses and nursing students. *J Adv Nurs*. 2003;42(6):637-44.
10. Owoaje ET, Olusola-Taiwo O. Sexual harassment experiences of female graduates of Nigerian tertiary institutions. *Int Q Community Health Educ*. 2010;30(4):337-48.