



Do You Think About Menstrual Poverty When Discussing Contraceptives with Adolescents?

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Editor's Note: Elizabeth Zeichner is a former high school teacher and third-year medical student at Emory University School of Medicine. -Rachel Y. Moon, MD, Associate Editor, Digital Media, Pediatrics

This week, *Pediatrics* is early releasing “Adolescent and Young Adult Menstrual Poverty: A Barrier to Contraceptive Choice,” by Bronwyn S. Bedrick, MD, MSCI and colleagues from Johns Hopkins School of Medicine ([10.1542/peds.2022-058172](https://doi.org/10.1542/peds.2022-058172)). This thought-provoking article, featured in the new Equity, Diversity, Inclusion, and Justice section, shines light on the “interplay between menstrual poverty and contraception use.”

This article starts with an anecdote of an 18-year-old who is sexually active and not interested in becoming pregnant. When she explores longer-acting contraceptive options, she learns that many can have unscheduled bleeding. Since this unpredictability can lead to more frequent menstrual material use, and she wants to avoid questions from her mother (with whom she shares a fixed supply of menstrual products), she opts to use condoms and emergency contraception. While these methods are more error-prone and less efficacious than other contraceptive options such as long-acting reversible contraceptives, they also do not change bleeding patterns. This avoids the need for potential extra menstrual products at unpredictable times.

The authors define menstrual poverty as the “inability to acquire menstrual materials, including tampons, pads, cups, underwear, and other cloth products such as diapers.” They write that “high rates of menstrual

poverty are a consequence of structural inequities, including systemic racism.” When individuals are menstruating, the lack of access to menstrual products affects their ability to go to work, school, and participate in daily activities. This lack of access is often overlooked when considering contraceptive choices for low-income individuals.

Menstrual poverty is a concept that many pediatricians may have never considered but is another socioeconomic factor that can impact the health of our patients. The authors write that if your patients are experiencing food insecurity, they are likely experiencing menstrual poverty.

The authors offer suggestions about how to promote menstrual equity into clinical practice. For example, when speaking with teens, normalize discussions about menstrual poverty; questions such as, ‘Have you ever missed school or other activities because you did not have enough materials for your period?’ can provide helpful insight.

The authors also challenge us to advocate for universal insurance coverage for continuous-use contraceptives that limit bleeding, as well as providing free menstrual materials to patients and employees.

I encourage you to read this article to learn more about menstrual poverty, contraceptives, and additional ways you can best support your menstruating adolescent patients.

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