Women's health, barriers to healthcare and maternity care

Associations between receipt of physical and provisioning support and women's health outcomes across five contexts

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Humans practice cooperative reproduction which allows mothers to invest in the health and survival of multiple offspring. This involves mothers being helped by others to raise their children. There is considerable focus in the demographic and anthropological literatures on how support (or proxy measures of support like carer's co-residence or proximity) is associated with children's health and survival and women's fertility. Less is known about how this support influences women's own health. We examine whether childcare support is associated with women's physical health across Bangladesh, The Gambia, India, Malawi, and the US, using data collected from 2,030 women. We test whether (i) the number of carers a child has and (ii) the frequency of care provided are associated with mothers' self-reported general health, blood pressure, and body-mass index (BMI). Mixed-effects regression models reveal that mothers receiving more frequent physical childcare support were more likely to report better general health in Malawi, The Gambia, and Bangladesh, while more frequent provisioning support was associated with better self-reported health in the US. No consistent associations were observed between childcare support and BMI or blood pressure, though provisioning support was associated with lower odds of overweight or obesity in India and Malawi. Results suggest support networks may influence perceived health more strongly than objectively measured outcomes, and that associations are context-dependent. It is possible that women in poorer health receive greater support from their networks. Overall, support networks may contribute to women's wellbeing beyond their known effects on fertility, mental health, and child outcomes.

Exploring barriers to cervical screening uptake among Pakistani Muslim women in London: A qualitative study

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Research Question:

What barriers Pakistani Muslim women living in London face in the uptake of Cervical Cancer Screening?

Aim:

To explore the barriers and facilitators influencing cervical cancer screening uptake among Pakistani Muslim women living in London.

Methods:

A qualitative study was conducted using semi-structured interviews with 21 Pakistani Muslim women, aged 25–64 years and registered with NHS primary care services in London, recruited through purposive and snowball sampling. Interviews were analysed using inductive thematic analysis.

Results:

Although majority of these women had attended the screening programmes, several interconnected themes were identified, highlighting a complex interplay of factors. Key barriers were cultural stigma, modesty concerns, practical hurdles (inflexible appointments), and structural issues (lack of female practitioners). A significant finding was the participants' distinction between Islamic teachings, viewed as supportive of health-seeking behaviour, and restrictive cultural norms. Conversely, facilitators were supportive male partners, younger age at migration, and intergenerational educational shifts.

Recommendations and potential application:

These findings provide a roadmap for targeted public health interventions. The potential applications would be arrangement of female-only clinic blocks and flexible booking systems to address modesty and practical

constraints, partnering with mosques and Pakistani Muslim clinicians to frame screening as a religious responsibility, redesigning invitation letters to be linguistically accessible and culturally sensitive, and developing intergenerational workshops that leverage younger, educated women to influence older family members. By addressing the tension between cultural taboos and religious permissions, interventions can more effectively encourage participation in this high-risk population.

Experiences of women with sickle cell disease at home during pregnancy, childbirth, and the postpartum period in Uganda

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Medical advances now allow women with sickle cell disease (SCD) to reach reproductive age and become pregnant. However, pregnancy in women with SCD remains high-risk, with increased maternal and fetal morbidity and mortality, and is often accompanied by significant social stigma. In Uganda, the lived experiences and support needs of these women during pregnancy, childbirth, and the postpartum period are still poorly understood. This qualitative study explored their experiences and the support available to them at home. In-depth interviews were conducted with seven women of reproductive age (15–49 years) who had been pregnant within the previous three years in the Lango sub-region of Northern Uganda. Data were analyzed thematically. Most pregnancies were unplanned, particularly among unmarried women, and often occurred after very short relationships. Biological families typically offered support after an initial negative reaction, recognizing the woman's SCD condition. In contrast, in-laws frequently displayed sustained hostility, pressuring their sons to separate from the women to prevent "spreading the disease" in the family. Many participants also struggled to meet basic needs for themselves and their babies because SCD care competed with maternity-related demands. These findings reveal complex family support dynamics, pervasive stigma from in-laws, and resource challenges that threaten maternal and child well-being. They highlight the need for culturally appropriate family counseling to reduce stigma and promote planned pregnancies, and policy actions that provide material support to affected women. Future research should evaluate targeted interventions to improve reproductive and social outcomes for women with SCD in low-resource settings.

Women's health: Menstrual health

Can group-based menstrual education reduce the impact of period pain on adolescent girls' lives? Evidence from a cluster RCT in Nepal

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Background: Many girls in Nepal reach menarche without prior knowledge of menstruation, reflecting persistent gaps in sexual and reproductive health (SRH) education. This shapes early experiences of menstrual pain and stigma, and contributes to long-term SRHR inequalities by limiting health-seeking behaviours, self-efficacy, and bodily autonomy.

The MeJARa cluster randomised controlled trial evaluated whether a community-based programme of menstrual health and justice workshops could reduce menstrual pain interference, and improve psychosocial functioning and health literacy.

Methods: 1,920 girls aged 13-18 years in two districts were randomised to intervention or control clusters. Girls participated in 12 workshops covering menstrual biology, pain psychoeducation, coping skills, and communication, while caregivers and community members attended supporting sessions. Outcomes were assessed at baseline and post-intervention.

Results: Girls attending all sessions were 35% more likely to report being able to reduce their menstrual pain. Menstrual knowledge also increased significantly among girls who attended all sessions (CACE=+1.22, p=0.001), while depressive symptoms decreased (CACE=−1.79, p=0.007). Effects on pain interference were more modest.

Conclusion: The intervention improved menstrual knowledge, coping capacity, and emotional wellbeing, with

strongest effects among girls who fully participated. Twelve-month follow-up will assess longer-term SRH impacts.

The psychosocial and mental burden of menstruation on adolescent girls in Nepal
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Menstruation is often stigmatized and misunderstood in many societies, including Nepal. Cultural taboos and harmful social norms around menstruation negatively affect the well-being of adolescent girls and women. This paper explores how menstrual experiences shape the mental and psychosocial health of adolescent girls in Nepal.

This paper draws on mixed methods data from adolescent girls aged 13–18 years in Surkhet and Kaski districts of Nepal. Quantitative data were obtained from a secondary survey of 1,920 girls, while qualitative insights were generated from 13 secondary FGDs and 13 primary IDIs. Anxiety was measured using the GAD-7 scale. Qualitative data were analysed thematically, and regression analysis was conducted to examine associations between anxiety and relevant factors.

Findings show that adolescent girls lacked basic premenstrual knowledge, causing fear and confusion. Overall, 28.79% of girls had moderate to severe anxiety. Menstrual problems like pain and heavy bleeding compromised their studies and led to school absenteeism. Severe menstrual pain (OR=2.53, 95% CI 1.86-3.44, p<0.001) and heavy bleeding (OR=1.54, 95% CI 1.22-1.91, p<0.001) were significantly associated with increased odds of anxiety among adolescents. Girls were distressed by the different types of menstrual restrictions imposed on them. Restriction on touching certain people and things was significantly associated with anxiety (OR=1.50, 95% CI 1.21-1.86, p <0.001). The school environment also increased anxiety. Girls reported being denied toilet breaks by teachers, and the pad distribution process was stigmatizing. Fear of teasing and bullying by peers (36%) led to shame, poor concentration, and reduced classroom participation.

This study highlights that menstruation is not just a biological process but also a social experience with significant psychosocial impacts. Broader social change and better menstrual education are needed to reduce these burdens.

Access to menstrual justice in rural Guatemala
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Aim: Despite the large impact that it has on girls' and women's lives, there is little information about menstrual practices and access to menstrual justice in Latin America. This study explores these topics in rural and semi-rural areas of Guatemala, areas with high levels of gender inequality and worrying indicators of sexual health.

Methods: We conducted 37 interviews and focus groups with school-attending girls, community leaders, community members, mothers and fathers.

Preliminary Results: Girls have a pragmatic approach to menstruation management. They all use disposable pads, although a minority is aware of tampons and menstrual cups. There is little interest in trying new methods, as pads are seen as effective enough.

There are several complex conceptualisations of menstrual pain. Some see it as normal, others as an indicator of poor health or nutrition, or as an excuse not to do something. Pain is mostly endured; however, there is a wide variety of self-prescribed natural and pharmaceutical management methods in use.

There are no government or non-government programmes on the subject.

Menarche is not associated with school dropout, although it sometimes affects attendance, especially due to pain.

Mothers are the most important actor in girls' menstruation. They are expected to teach them about it, buy their pads, and manage their pain.

Men are frequently framed as a threat to girls. There is a need to keep menstruation a secret. Even when informants report that boys/men should be more aware of it, they are excluded or self-excluded from any menstruation-related activity.

Inequality's toll on the ovarian clock: Socio-demographic gradients in early menopause across South and Southeast Asia

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Timing of menopause is a key marker of women's reproductive aging, with implications for fertility, later-life health, and population aging. South and Southeast Asia (SSEA) has some of the world's highest levels of premature and early menopause, yet their socio-demographic patterns remain poorly understood. Addressing measurement limitations in prior research, we apply survival analysis to Demographic and Health Surveys data for over one million women across 12 countries to provide the first multi-country assessment of variation in menopausal timing across the region. We found that the average age at menopause rose modestly over the past three decades in most SSEA countries, alongside declining menopause before age 40, but more mixed trends between ages 40 and 44. Lower education, household poverty, and rural residence were associated with early menopause. Contrary to patterns in high-income countries, higher parity was associated with an increased risk of early menopause, especially before age 40. Socio-demographic gradients were more pronounced in Southeast Asia than in South Asia, despite later average menopausal ages. These findings place menopause timing within the study of social inequality and population health in low- and middle-income countries and underscore the need for context-specific frameworks for studying reproductive aging.

Increased lifetime menses - the overlooked impact of fertility transition

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Over the last 200 years, women's reproductive lives have shifted from being dominated by pregnancy and breastfeeding to be dominated by menstruation. In this relatively short time, the complex reproductive system that evolved over 10,000 years has essentially been repurposed. Previous studies estimated total lifetime menses in traditional or historic populations to range between 105 and 160 while women in the UK currently experience, on average, 480 menses during their lifetime (NHS, 2023). There is a need to highlight this 'evolutionary mismatch' (Fathalla, 2019), and this paper will provide historical and multi country evidence.

Demography is the natural home for estimating lifetime menses. The determinants of total lifetime menses are similar to the proximate determinants of fertility: age at menarche and menopause, fertility rate and duration of post-partum amenorrhea (Bongaarts, 2015). This paper will use this proven methodology and apply this to both historical data and more recently available data from 46 Demographic and Health Surveys (DHS), including seven DHS countries with time series data.

Regular and repeated menstruation can impact a woman's physical and mental health each month and across the life course. This in turn can impair her familial, domestic, social, romantic, educational and occupational responsibilities and aspirations (MacGregor et al., 2023). It is time to initiate the evidence base of increased lifetime menses, in order to invite scrutiny of its impact on women's health and lives.