**Lancet Info for Authors**

**Correspondence Requirements**

**250 words max, 5 references max, 5 authors max.**

Must be received within 2 weeks of original publication.

*[All correspondence I can find has the identical title to the article commented on]*

**Title page requirements:**

A brief title, author name(s), preferred degree (one only), affiliation(s), and full address(es) of the authors must be included.

**Title Page Contents:**

**Time to talk about menstruation: #PeriodEmoji**

Julie Hennegan, MSc

Centre for Evidence Based Intervention, University of Oxford

32 Wellington Square, Oxford, UK

Belen Torondel, PhD

Department of Disease Control, London School of Hygiene & Tropical Medicine

Keppel Street, London, UK

Penelope A Phillips-Howard, PhD

Department of Clinical Sciences, Liverpool school of Tropical Medicine

Pembroke Place, Liverpool, UK

Marni Sommer, DrPH

Mailman School of Public Health, Columbia University

722 W 168th St, New York, NY, US

Paul Montgomery, DPhil

Department of Social Policy and Social Work, University of Birmingham

Muirhead Tower, Edgbaston, Birmingham, UK

**Time to talk about menstruation: #PeriodEmoji**

On June 10, The Lancet published an Editorial (p·2264) emphasising the need to talk about menstruation. We applaud the journal for highlighting this neglected issue, to support ‘breaking the silence’1.However, we are concerned that statements made lack substantiating evidence from rigorous studies. These included:

* In India, only 12% of girls and women have access to sanitary products.

A systematic review of 138 studies in India, covering 97,070 school-aged girls, found that commercial pad use had a pooled prevalence of 67% in urban areas, and 32% in rural areas2.

* In the UK, girls were recently found to be missing school because they could not afford sanitary products.

Media outlets reported this based on observations from Yorkshire Police and a school in the area. This anecdotal evidence indicates an urgency to investigate girls’ menstrual needs across a range of contexts, to inform effective responses.

* A UNESCO report estimates that one in ten girls in sub-Saharan Africa miss school during their menstrual cycle—equal to as much as 20% of a given school year.

This figure is unsubstantiated, with no report or published peer-reviewed paper evident. Qualitative studies have supported the assertion that difficulties in managing menstruation negatively impact school participation3, and a growing body of quantitative studies suggest poor menstrual care affects girls’ schooling, health, and wellbeing4,5.

Indeed, it is time to talk about menstruation. To address the needs of women and girls worldwide, this conversation should be informed by a strong cross-sectoral evidence-base, supported by outlets such as The Lancet.

We declare no competing interests.

1 Sommer M, Caruso BA, Sahin M, et al. A Time for Global Action: Addressing Girls’ Menstrual Hygiene Management Needs in Schools. *PLOS Med* 2016;13(2): e1001962.

2 van Eijk AM, Sivakami M, Thakkar MB, et al. Menstrual hygiene management among adolescent girls in India: a systematic review and meta-analysis. *BMJ Open* 2016;6(3): e010290.

3 McMahon SA, Winch PJ, Caruso BA, et al. 'The girl with her period is the one to hang her head' Reflections on menstrual management among schoolgirls in rural Kenya. *BMC international health and human rights* 2011;11(1):7.

4 Montgomery P, Hennegan J, Dolan C, Wu M, Steinfield L, Scott L. Menstruation and the cycle of poverty: a cluster quasi-randomised control trial of sanitary pad and puberty education provision in Uganda. *PLOS ONE* 2016;11(12):e0166122.

5 Hennegan J, Montgomery P. Do Menstrual Hygiene Management Interventions Improve Education and Psychosocial Outcomes for Women and Girls in Low and Middle Income Countries? A Systematic Review. *PLOS ONE* 2016;11(2):e0146985.