

Menstrual Health: Taking Action Against Period Poverty

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Period poverty is the lack of sufficient resources needed to manage menses, such as toilet, bathing, and laundering facilities; general menstrual education or information; and basic menstrual management supplies like tampons and pads.¹ Globally, period poverty and menstrual health and hygiene management have largely been examined in low- and middle-income countries.¹ However, this burden is also present in the United States. It is estimated that about one in four US menstruators will experience period poverty during her lifetime.^{2,3} Despite the prevalence, few understand, recognize, discuss, or study this issue domestically.³ In the United States, the limited existing literature on period poverty has largely noted that low-income and homeless populations in large urban cities, such as St. Louis, Missouri,³ and New York City,^{4,5} are among those most impacted by period poverty. However, period poverty is not limited to only those in “poverty” and can affect menstruators from any background at any time.

The COVID-19 pandemic exacerbated period poverty. In the early months of

the pandemic, there was fierce competition for resources (e.g., toilet paper, soap, wipes) and exorbitant gouging of these bathroom hygiene product prices.⁶ Compounded by increased job losses and unemployment because of the pandemic, fiscal barriers to accessing necessary menstrual products grew. The Coronavirus Aid, Relief, and Economic Security (CARES) Act, passed in March 2020, allowed employed menstruators with a health savings account or flexible savings account to purchase menstrual products with their respective coverage.⁷ But, given the bill's limited scope, it in fact furthered menstrual health disparities, as only 41% of private industry employees had access to a flexible health care spending account in 2019,⁸ and it lacked consideration for the skyrocketing unemployment rates of Americans—particularly among Black and Hispanic women.² Thus, conversations about menstrual products and hygiene needs among the majority of menstruators around the country were largely undiscussed.

The overarching lack of attention to period poverty in society, research, medicine, and public wellness is

attributable to deep-rooted menstrual stigma and shame. Many menstruators tend to conceal their menses out of fear or embarrassment, which yields conditioned self-silencing of their needs and further perpetuation of a generational and societal spiral of silence.⁹

This resounding stigma continually hinders both open discussion and policy engagement on menstrual experiences, management, and hygiene needs.

Therefore, the purpose of this work is to combat this stigma by describing five actionable steps we can all take to begin addressing period poverty.

TALK ABOUT PERIOD POVERTY

Period poverty is a devastating issue that we simply do not talk about enough. One of the first and most crucial steps toward minimizing period poverty is talking openly and honestly about what it is and who it affects, as we cannot start to address an issue without naming it. Compounded in menstrual stigma and shame, simply discussing any aspect of menstruation can be difficult—let alone resource needs or environmental limitations.⁹ Period poverty extends far beyond simply accessing products and includes having the privacy to change products, means of disposing materials, and a place to wash one's body. As such, anyone can be at risk for or experience period poverty. Many who learn of this real and concerning phenomenon are surprised. Thus, the definition of and concepts related to period poverty need to be openly discussed in public forums, such as town halls, city council meetings, and school board meetings—any place where social services and resource limitations are discussed. Local organizations can help spread

awareness through media campaigns and community outreach efforts and begin to engage local government and policy-makers on the issue, to bring attention to the larger structural change needed to alleviate period poverty's burden.

The topic should also be discussed in academic settings. At the university level, student health centers, wellness offices, and other health care access points should provide menstrual products to students at free or reduced cost (as they do with other health products) and make their student body aware of this practice. Residence buildings could carry menstrual products on-hand for residents in need. In the United States, about 85% of colleges and universities provide free condoms to their students,¹⁰ and they ought to do the same with menstrual products. Medical and health professions trainees need to be taught about ways to identify and discuss period poverty with their patients in a culturally competent manner, as well as be in a position to intervene and provide patients with necessary products. This could lead to opportunities to discuss menstrual health more adeptly with patients, with improved attention to cycle characteristics and needs while normalizing menstrual conversations and combating stigma simultaneously. Clinicians and public health practitioners should be made aware of this consequential public health concern, as specific public health education on the topic of menstruation in any regard is currently lacking.¹¹ At the K-12 level, teachers and school administrators need to be aware of period poverty and its impacts on students' wellness and their education, in addition to having products available for menstruators in need.

UNDERSTAND MENSTRUAL INEQUITY

While beginning conversations about period poverty are crucial, they are pointless without full understanding and recognition of the menstrual inequities Black, Indigenous, and other persons of color (BIPOC) face in the United States. Previous research has noted that Black adolescents have, on average, a lower age of menarche than their White counterparts¹² and emphasized the BIPOC students and women tend to have gaps in practical menstrual knowledge¹³ and are left feeling unprepared for menarche,¹⁴ respectively. Overall, period poverty is not a singular concern; it is a multidisciplinary social construct impacted by multiple layers of oppression.

No More Secrets, a Philadelphia, Pennsylvania-based grassroots organization founded and operated by a Black mother-daughter team, is a sexuality awareness organization that has developed the only feminine hygiene bank and in-home delivery service in the Philadelphia region.¹⁵ In response to community needs, No More Secrets has opened a brick-and-mortar location called The SPOT Period, a menstrual hygiene and educational hub—the first of its kind in the nation.¹⁵ The SPOT comprehensively tackles period poverty, serving as a safe and comfortable place with proper waste management, functional toilets and washing facilities, free products, and resources, as well as menstrual hygiene awareness and uterine care educational workshops and programming. Tirelessly spreading awareness about period poverty and advocating for menstrual equity, they launched a new social action campaign, #BlackGirlsBleed. #BlackGirlsBleed

seeks to address systemic racism and oppression in the menstrual health space by amplifying authentic voices of Black menstruators and experiences of BIPOC-owned and -lead organizations addressing menstrual equity—an area historically dominated by White perspectives—to ultimately decrease generational silence and stigma surrounding menstruation in Black communities. BIPOC individuals consistently have their voices muted and ignored, and their own menstrual experiences nullified and rejected; thus, it is dire to acknowledge menstrual equity as an intersectional issue. So, follow, engage, read, and listen to BIPOC menstrual experiences, as true, equitable, menstrual justice cannot be achieved without racial justice.

DONATE MENSTRUAL PRODUCTS

A simple way to directly reduce one aspect of period poverty is to donate menstrual products to local libraries, food pantries, homeless shelters, schools, and churches and ensure physicians' offices and clinics have products on hand. When donating, consider a variety of product types, sizes, and absorbency levels to be as inclusive of the diversity of menstruators as possible. While donation is absolutely necessary, even more important is making the public aware of donation sites and places to receive donations to ensure that all menstruators have products when they need them. Increased public knowledge of menstrual product donation and access sites would bring a greater awareness to the issue of period poverty in general while simultaneously increasing the ease in which menstruators can access products and creating

a resource network. It must be emphasized that donations alone will not address the enormous structural, and inherently discriminatory, problem of period poverty. In the same way that donating food to a pantry cannot alone solve food insecurity, menstrual donations can instead serve as assistance to individuals in need alongside other actions designed to address wider social and structural inequities.

CONDUCT RESEARCH AND ENGAGE WITH THE COMMUNITY

In-depth understanding and research on period poverty remain limited, and further research is needed to better conceptualize the full impact of period poverty in the community. Thus, application of collaborative community-based participatory research (CBPR) is necessary. CBPR is a research partnership approach between the community and the research organization. Ownership over investigation is shared, and the community and participants drive directives. CBPR places emphasis on community-researcher collaboration, which can uncover unique insights into the sociocultural composition of the community.⁹ This partnership-based approach can help to develop a more comprehensive understanding of public health concerns within a specific population, as well as potential solutions.⁹ CBPR may help facilitate and foster new evidence-based understanding of period poverty and can be used to ultimately address menstrual equity.

Moreover, varied research methodologies should be considered and explored. Mixed-methods and qualitative designs have been beneficial to capture the complexity of period poverty thus far. Specifically, qualitative

approaches that encompass participatory methods (e.g., reflective writing and journaling, team-based activities), key informant interviewing, in-depth interviewing among adolescent girls,¹³ and assigned-female-at-birth transgender and nonbinary menstruators,¹⁶ while mixed approaches using in-depth interviewing, field-based audits of toilet facilities, and geospatial mapping have been used to capture the scope of menstrual management among menstruators who are homeless.⁴ Period poverty has multiple layers across the community continuum; thus, research development and engagement need to be done with the persons most impacted at its center and must employ varied strategies to fully understand the stories and lived experiences of persons impacted.

ADVOCATE MENSTRUAL EQUITY POLICY

To address period poverty, we need to eliminate menstrual inequities. E-mail, call, and write to your elected officials at the federal, state, and community levels. Advocate to make products more accessible. Inquire about why diapers are available and covered under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), but tampons are not. Reach out to elected school board members. Ask them to ensure that all schools provide menstrual products in all bathrooms. It is possible to remove these policy-based barriers as several countries worldwide have already done it. Britain has eliminated the “tampon tax” by reclassifying menstrual products as essential.¹⁷ Scotland recently passed legislation mandating the provision of menstrual products to anyone who needs them.¹⁸ New Zealand has also extended an effort to provide menstrual products free of charge

to all primary, intermediate, and secondary state schools, as well as *kura*, Maori-language immersion schools.¹⁷ This effort will continue throughout the 2021 school year and is an expansion of a pilot program that uncovered that nearly 12% of New Zealand students aged 9 to 13 years who menstruate have trouble accessing necessary menstrual products and often miss school as a result.¹⁷

To date, only some US states and select cities have adopted menstrual equity policies, through eliminating taxation on products or reclassifying them. New York City; Los Angeles, California; and Chicago, Illinois have passed bills requiring city-funded homeless shelters to provide menstrual products to shelter residents.⁵ In addition to the aforementioned CARES Act, Grace Meng (D-NY) has made inroads toward legislation at the national level, bringing to the Congress floor the comprehensive Menstrual Equity for All Act.¹⁹ However, to reach the most menstruators, hygiene products need to be covered by government insurance and assistance programs. Thus far, no proposed legislation has come close to filling the period poverty gap in its entirety, leaving many menstruators vulnerable. So, reach out to your legislators. Highlight this critical need. Ask them to join you in a comprehensive stand against period poverty. **AJPH**

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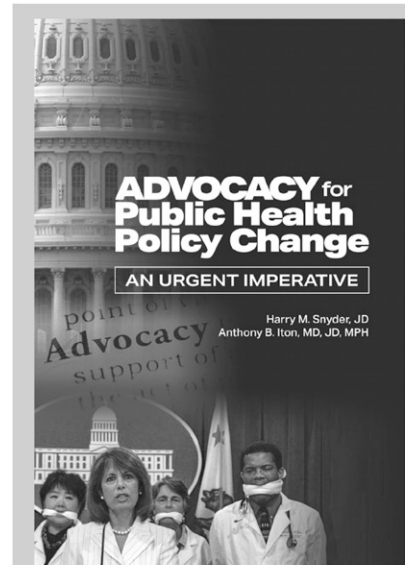
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CONFLICTS OF INTEREST

The authors have no conflicts of interest to report.

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