

Menstrual equity in Canada: Current knowledge and future research directions

LITERATURE REVIEW

Menstrual Cycle Research Group

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Women and Gender
Equality Canada

Femmes et Égalité
des genres Canada

We would like to acknowledge that Douglas College campuses, where we live, learn, work and play, are located on the unceded traditional territories of the Coast Salish Peoples of the QayQayt and Kwikwetlem First Nations.

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INTRODUCTION

INTRODUCTION

The following report, prepared for Women and Gender Equality Canada (WAGE), provides a review of literature reflecting current knowledge about menstrual equity, the extent of period poverty in Canada and future research directions. The report also includes a summary overview of key terms and concepts, frameworks and context factors relevant to the present study. Analysis was guided by the PROGRESS-Plus approach (1), which serves to ensure an equity lens in research. The current report is one of three submitted to WAGE: Literature review, Qualitative research, and High-level environmental scan.

Menstruation is an everyday experience for women and girls, trans and non-binary individuals. Even though demands for menstrual equity are growing around the world, periods remain a site of taboo and stigma, and menstruators experience a range of menstrual related inequities at both an individual and systemic level. Period poverty refers to the barriers impacting access to menstrual supplies, water, sanitation and hygiene (WASH), as well as education, support and services. Period poverty also highlights the systemic factors impacting menstrual health outcomes, e.g. poverty, and across intersecting social factors, e.g. age, Indigeniety, disability, housing status. Menstrual equity includes the removal of barriers to the access of period supplies, in addition to challenging stigma and shame. It also includes the improvement of support for reproductive health and addressing related structural forms of inequity that contribute to period poverty.

Research examining menstruation, the menstrual cycle and the lived experiences of menstruators has been historically marginalized (2). Recent years have seen a proliferation of research and literature; however, primarily within global public health or countries outside Canada (3). Here in Canada, we are just beginning to understand the differential impacts of period poverty on vulnerable and marginalized groups, as well as the range of systemic factors that shape menstrual inequities. Existing Canadian scholarly and grey publications reflect the nascent character of menstrual equity knowledge in Canada, while acknowledging the importance of key frameworks for directing future research.

Recent reports from the not-for-profit sector have begun to fill the knowledge gap related to the prevalence and extent of period poverty in Canada (3–6). Period poverty is exacerbated for populations confronting intersecting inequities, including, but not limited to, youth, new immigrants and refugees, people who are housing insecure or homeless, trans and non-binary menstruators, people living in isolated communities, First Nations, Inuit and Métis individuals, as well as people with disabilities (3,7). Existing research also highlights work happening in the not-for-profit sector to address period poverty, the challenges faced and insights into the path forward for programming and policy (3,8).

Even though there are many evidence gaps and much work to do, there is also a wealth of knowledge and expertise to help lay a solid foundation for the future. The push for menstrual justice involves strengthening actions that are both local and global; and, notably, the announcement of the national pilot for the Menstrual Equity Fund marks an important moment for the Federal Government of Canada to enter the discussion and take concrete steps to support menstruators, as well as individuals and groups that are working to advance menstrual equity.

REPORT HIGHLIGHTS AND QUICK REFERENCE GUIDE

Report sections are detailed in the Table of Contents; however, recognizing the comprehensive nature of this report, we have provided a quick reference guide to assist the reader in navigating directly to the information they seek.

Data points specific to the Canadian context, including high-level data points reporting extent of period poverty, refer to the tables below for an overview:

- Table 2, Scholarly literature, [pp. 31](#)
- Table 3, Grey literature, [pp. 35](#)
- Narrative summary of scholarly and grey literature, [pp. 39](#)

Literature related to menstrual stigma and taboo, refer to the relevant section:

- what is menstrual stigma? [pp. 42](#)
- intersectional impacts of menstrual stigma [pp. 44](#)
- summary of considerations for programming and policy [pp. 45](#)

Research into the intersectional impacts shaping menstrual inequity reported through the PROGRESS-Plus framework, as well as an additional section on period poverty and the COVID-19 pandemic:

- navigate to the specific PROGRESS-Plus section, as listed in the Table of Contents, e.g. Place of residence, Occupation
- each section contains key program considerations and evidence gaps

KEY TAKE-AWAYS

Knowledge about period poverty and menstrual equity, including the intersectional impacts of period poverty on vulnerable and marginalized populations, is increasingly well-documented in many parts of the world.

More research is needed to fully understand the prevalence and impact of period poverty in Canada, especially the intersecting impacts of menstrual inequities. Reports from the Canadian not-for-profit sector provide key insights into the **extent of period poverty**, as well as intersectional impacts, through **documenting lived experience**.

Existing frameworks, such as intersectionality, gender equity, menstrual health, human rights, decolonizing menstruation and cultural reclamation, and sustainability, identified across menstruation studies literature can be built upon, as programming, education, research and policy expand in Canada.

Menstruators experience impacts of menstrual stigma within **day-to-day life** and **across society**; menstrual equity demands concrete steps to meet **immediate needs** and **support long-term systemic change**.

In Canada, **menstrual equity advocacy is growing** and many advocacy groups are engaging in research as part of addressing period poverty.

There is a growing body of literature and research that focuses on decolonizing menstruation and cultural reclamation. The importance of acknowledging that knowledge and traditions are distinct within Indigenous groups is vital. Literature, programming and advocacy in this area is of particular relevance to Indigenous peoples in the Canadian context, but can also relate to groups impacted by the effects of colonialism on menstrual health knowledge and practices, e.g. racialized menstruators.

Research has documented a range of negative impacts on menstruators, including the exacerbation of menstrual inequities, during the **COVID-19 pandemic** such as period supply shortages as well as reduced programming within the community sector. Research highlights the importance of sustainable and lasting change to support menstruators; for example, embedding menstrual equity initiatives within policy and/or legal frameworks and providing adequate and sustained funding to programs.

SUMMARY LIST OF FUTURE RESEARCH DIRECTIONS

The menstruation studies field is broad and there is much to be learned. Below, we have highlighted a list of key points to consider for future research directions:

- » Document extent of period poverty across Canada to allow for regional comparison and identification of differences between **rural, suburban and urban experiences**;
- » Ensure **disaggregated data points** to reflect distinct experiences and identify intersectional impacts of period poverty;
- » Document **lived experiences of period poverty** through an intersectional lens; case studies and program evaluations of existing initiatives;
- » Identify **impact of menstrual stigma** on individuals through an intersectional framework; document sites where **menstrual stigma** is reproduced at the individual and systemic level; evaluate existing programs and initiatives to address and disrupt menstrual stigma;
- » Specific populations where further knowledge and understanding is needed include: Indigenous peoples (ensuring respect for diversity of traditions within and between nations, role of Elders and Knowledge Keepers), people with disabilities (including physical, mental), migrants, refugees and new immigrants, trans and non-binary menstruators, as well as experiences of menstruators within carceral settings;
- » Research documenting **factors impacting menstrual supply use**; evaluate distribution strategies for delivering menstrual supplies to menstruators and effectiveness of different menstrual supplies for addressing period poverty;
- » Research documenting the **intersection of culture and menstrual health knowledge**, especially for menstruators impacted by colonialism; knowledge gathering and cultural revitalization can support reclamation of traditional practices;
- » Document and research **existing educational initiatives and programming, as well as advocacy efforts** (menstruation and related areas), including **impacts of**;
- » Document and research **existing policy** (menstruation and related areas) at a local, national and international level including impacts of.

NOTES FOR THE READER

Throughout this report, we employ the term **menstruators** to acknowledge that not all people who menstruate identify as women or girls, and that not all women and girls menstruate, unless it is a direct quote.

In order to disrupt the commodification and gendering of menstruation, we employ the term **menstrual** or **period supplies** instead of menstrual products or feminine hygiene products, unless it is a direct quote.

For the purposes of this report, we understand **menstrual supplies** as a range of devices and techniques that menstruators employ to manage menstrual blood. This could include reusable supplies, such as period underwear/briefs, pads, liners or menstrual cups. This could also include disposable supplies, such as pads, tampons and liners. This could also include techniques, such as free bleeding or allowing menstrual blood to flow without obstruction. We also identify that menstruators employ other items, such as hormonal contraceptives and hormonal intrauterine devices. Menstrual supplies could also include items used during menstruation to manage pain or discomfort, e.g. hot water bottles. Where appropriate, we refer to the specific item(s) in question, e.g. disposable tampon, period underwear, hot water bottle.

KEY TERMS & CONCEPTS

In the following section, we provide working definitions of key terms and concepts that are used frequently across the menstrual equity movement and throughout this report. These definitions were taken **verbatim** from the Glossary for the Global Menstrual Movement, a comprehensive resource developed by a social enterprise, Madami, and the US-based non-profit organization, Period.org (9). We encourage the reader to consult this resource, which contains many other useful definitions, as well as suggestions for additional reading.

Menarche: The first menstruation, or the onset of the menstrual cycle. The age at which menarche occurs is affected by genetic and environmental factors, and usually occurs between 10-16 years of age.

Menstrual Equity or Period Equity: The affordability, accessibility and safety of menstrual products for all people, including laws and policies, that acknowledge and consider menstruation.

Menstrual Equity Activist: A person who works in a professional or volunteer capacity to campaign for social and political change around menstrual health.

Menstrual Health: A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in relation to the menstrual cycle.

Menstrual Health Advocacy: Actions by individuals or organizations that promote menstrual health and influence menstrual-related considerations and decisions within political, economic or social institutions.

Period Poverty: The limited or inadequate access to menstrual products or menstrual health education as a result of financial constraints or negative sociocultural stigmas associated with menstruation.

Period Stigma (Menstrual Stigma): A mark of disgrace associated with a particular circumstance, quality or person related to their menstruation or menstrual experience. This includes the social stain and/or perceived loss of status due to menstruation. Through the process of stigmatization, menstruators often become socially stained or discredited because they hold a characteristic that is classified as unacceptable or undesirable.

Water, Sanitation and Hygiene (WASH): A key public health issue within international development that focuses on universal, affordable and sustainable access to water, sanitation and hygiene.

KEY FRAMEWORKS

KEY FRAMEWORKS

In the following section, we introduce key frameworks across menstruation studies literature:



Intersectionality



Menstrual equity and gender equity



Menstrual health



Menstrual equity and human rights concern



Decolonizing menstruation and cultural reclamation



Sustainability

This list is a recommended starting point and is not meant to be exhaustive.

Intersectionality

Originating in the work of Black-American feminists (10,11), intersectionality identifies the ways that gender intersects with race and class, as well as other forms of systemic marginalization. The advancement of menstrual equity, which acknowledges that not all menstruators are impacted in the same way, nor require the same things, demands an intersectional lens.

In Canada, and around the world, period poverty is a gendered issue that disproportionately impacts women and girls (3). And yet, menstrual inequities are shaped by gender and gender identity, religion, socio-economic status, race, immigration status, geographic location, age, ability and more. Intersectional programming and policy responses would be attuned to the diverse and distinct needs of menstruators, would work to address immediate needs, e.g. need for access to menstrual supplies, would work towards cultural change within daily life and institutions and would reduce the systemic factors that lead to inequities, e.g. poverty, transphobia, housing precarity. Programs and policies that are informed by intersectionality would move beyond

a one-size-fits all approach.

For example, there is a recognized need for free disposable menstrual supplies in public spaces, such as community centres and post-secondary campuses, as leaks, spills and stains of menstrual blood are common (12) and emergency supplies in restrooms will support many menstruators (4). However, such an approach only meets one kind of need within one specific site and for one group of menstruators. If the provision of free disposable menstrual supplies in restrooms is not matched with deeper work to address systemic causes, the impact will be limited, and may even lead to further marginalization. For example, menstruators facing housing precarity and homelessness experience severe difficulties in accessing menstrual supplies in private and public, as well as WASH facilities.

Underlying systemic issues include poverty (13) and may be compounded by mental health (14) as well as a range of other systemic factors. For example, trans and non-binary menstruators are often left out of distribution strategies within public sites, wherein supplies are only placed in woman-identified restrooms. Fully meeting the needs of gender-diverse menstruators would involve a multi-layered approach, ensuring needs that extend supports beyond restrooms to changes that include the lack of gender-inclusion across a range of sectors, such as design and language related to menstrual supplies, knowledge gaps of healthcare providers, and additional programming around education and mental health and well-being (15).

Research informed by intersectionality has the capacity to play a pivotal role in shaping knowledge about menstruators and informing programming and policy. Research that is not intersectional can reproduce a one-dimensional account of menstruation and the needs of menstruators. Hennegan et al. have highlighted that current population surveys tend to capture the experiences of 'wealthy, urban, educated' menstruators (16). Disaggregated quantitative data sets and in-depth qualitative research are key for the development of programming and policy informed by intersectionality.

Menstrual equity and gender equity

A gender equity approach to menstrual equity identifies menstruation as a site for substantive change in the status of historically marginalized populations through key areas, such as law and/or policy (17,18) and related areas, such as education and health. Menstrual equity, as tied to gender equity, has emerged as the dominant framework in the American context (15,19,20). Social policies that seek to address menstrual-related inequities may do so with the aim of improving the status of women, girls, and gender-diverse menstruators.

For example, in Canada, up until recently, a federal tax was imposed on menstrual supplies. Activists and advocates mobilized to remove the tax, citing the fact that menstrual supplies are necessary to manage a natural and uncontrollable phenomenon; and, therefore, that the law unfairly penalized menstruators (18,21), reflecting a form of gender inequity. As a result, Canada removed the tampon tax in 2015 (22), joining many other countries such as Kenya (23), parts of the United Kingdom (24) and certain parts of the United States (25–27). Internationally, advocacy to lift sales taxes on menstrual supplies has seen increased momentum and such campaigns often cite improving gender equity as a justification (28). It is worth underlining that tax exemption is not the only site of gender inequity. Other groups are targeting tariffs on menstrual supplies.

Gender equity framing is used by many recent campaigns demanding free disposable menstrual supplies in public restrooms (29). A gender equity framework informed by intersectionality is particularly important for identifying inequities within menstruators as a group, and ensuring changes to policy or law address the fullest range of needs. A gender equity framework can also identify future sites for substantive change, including menstrual health education (30), as well as the inclusion of cis men and boys within campaigns to destigmatize menstruation.

Menstrual health

The menstrual cycle is a vital indicator of health, fertility and general well-being; however, menstruation and the menstrual cycle do not currently receive adequate recognition or attention within the medical field or public health. In recent years, menstrual equity has increasingly been part of policy discussions related to public health and well-being for individuals and populations (31).

As the profile of menstrual equity rises, there is a growing need for definitions of key terms, such as menstrual health. While we provided a cursory definition from Period.org in the previous section, a recently published article has developed this key framework further. The authors highlight that a unified understanding of key terms and concepts will support consistency across the development of policy and practice, and foster sustainable change for menstruators and those seeking to advance change. The definition of menstrual health developed by the Terminology Action Group of the Global Menstrual Collective is as follows (32):

“Menstrual health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle” (33).

The group further specifies the need for information, capacity to access all supports needed, access to healthcare and services, a social and cultural environment that supports menstruation and menstruators and, finally, the absence of menstrual-related restrictions and the capacity to determine one’s participation or not within social life as a menstruator. Such an all encompassing definition highlights the importance of understanding health, including menstrual health, as connected to physical and mental experiences, as well as shaped by social factors and forces.

Through a menstrual health framework, menstrual inequities can be understood as part of broader work to support reproductive justice and acknowledge the social determinants of health. Menstrual health can highlight the impact of key areas, such as public health and the need to include unique experiences of individual menstruators, such that related inequities can be more fully addressed (34). It can also identify the need for culturally-sensitive and gender-inclusive menstrual health education as part of training for healthcare providers and community support providers (35). A focus on menstrual health can also highlight the need to attend to the menstrual cycle across the life course, from puberty to menopause (36). A menstrual health focus can also highlight knowledge and awareness gaps in relation to reproductive health, such as heavy menstrual bleeding, dysmenorrhea or endometriosis (37).

Menstrual equity and human rights

Across the menstrual equity landscape, another key framework identifies menstruation related restrictions and impacts through a human rights lens. The United Nations states that, ‘Human rights are rights inherent to all human beings, regardless of race, sex, nationality, ethnicity,

language, religion, or any other status.' Winkler (2019) identifies three main themes that relate to menstruation and menstruators:

- 1. Human rights requires us to understand and address the lived experiences of all menstruators shaped by marginalization, discrimination and inequalities;*
- 2. They require us to look beyond access to products and menstrual hygiene to address menstrual stigma; and*
- 3. They require us to address the underlying structural causes of unmet needs (38).*

Many advocates employ a human rights framework to articulate the consequences of period stigma and poverty as a violation of the fundamental human right to dignity, health and well-being (39). A human rights approach is particularly impactful for identifying menstruation as a site for global solidarity and activism, as well as action at the level of international institutions and organizations.

Decolonizing menstruation and cultural reclamation

In Canada, Indigenous peoples, including First Nations, Métis and Inuit, continue to experience the impacts of colonialism. In addition to forcible displacement and dispossession of territory, colonialism led to the destruction of traditional knowledges, practices and ceremony. For many communities, within families and for individuals, traditional ways of honouring women, girls and Two Spirit peoples were replaced by European practices and rigid gender hierarchies (40). Today, many Indigenous individuals and groups are actively engaged in efforts to reclaim knowledges, practices and ceremony related to life stages, including menarche, menstruation, and menopause, specific to their nation (41). That said, Indigenous peoples in Canada are not a homogenous group and there are significant differences within and between nations and groups, including menstruation practices and the impacts of colonialism.

Broadly speaking, decolonizing menstruation highlights how attitudes toward menstruation and menstruating bodies have been shaped by a broader colonial mentality, wherein the female body is seen as dirty, disgusting and/or abhorrent. Focusing on decolonization as part of menstrual equity also highlights the ongoing impacts of colonialism on Indigenous menstruators. The cost of menstrual supplies in northern regions of Canada is disproportionately high, as compared to other parts of the country (42,43). In addition, the use of reusable menstrual supplies is curtailed by an

ongoing lack of access to clean water. Knowledge of unique traditional practices has been erased. Acknowledging that many groups continue to live with the legacies of colonialism, decolonizing menstruation foregrounds the experiences of menstruators who identify as Indigenous, Black and People of Colour (IBPOC) (44).

Anderson underlines that a pan-Indigenous approach would fail to honour the incredible diversity in traditions related to menstruation (41). To this end, cultural reclamation, including the revitalization of lost knowledges, practices, and ceremony, extends beyond simply including Indigenous peoples in a one-dimensional fashion as part of distribution of menstrual supplies.

Decolonizing menstruation and cultural reclamation have been focal points in Australia (45–47) and New Zealand (48,49) across advocacy, policy and community organizing. Equally, the 2022 Menstrual Health Hub, Global Forum, focused on Decolonizing Menstrual Health. The group explains the importance of decolonization to advancing menstrual equity:

“The intention of this project is to center the marginalized voices of those working on menstrual health and to better understand the ways in which Indigenous wisdom and practices can inform the current direction of the global menstrual health sector in a more meaningful way” (50).

Sustainability

In the contemporary context, across Canada and around the world, many groups are actively engaged in work to reclaim traditional knowledge, practices and ceremony, including practices related to menstruation. As policy grows in Canada, it is vital that dialogue, conversation and meaningful engagement occur as part of policy development with Indigenous women, girls and Two Spirit menstruators, as well as Elders and Knowledge Keepers.

In Canada, and around the world, sustainability has long been an important element of menstrual equity advocacy. It is worth underlining that, historically, menstruation would have been managed by supplies that were homemade, handmade, washable and reusable. The advent of disposable pads dates back to the early part of the 20th century, alongside the emergence of menstrual supply brands such as Kotex and Always (2). Today, in Canada, most menstruators employ disposable supplies to manage and capture menstrual blood (5,51). Nevertheless, reusable

menstrual supplies, such as the menstrual cup and washable cloth pads, have been available for decades and are experiencing a resurgence. In Québec, there are a growing number of companies manufacturing a range of sustainable menstrual supplies, such as Mme L'Ovary, Ora Protections, Eliza and Vita Protection. The initial cost of purchasing reusable menstrual supplies is off-set by subsidy programs operating at the municipal level (52), which we discuss further in the Promising Initiatives Report. The push to bring sustainability to the forefront of menstrual equity discussions has also led to collaborative work across sectors. For example, the not-for-profit organizations Period.org and Green Period, and the social impact company Aisle, have carried out research to quantify savings related to reusable menstrual supplies (53). The group has also created an educational guide to inform menstruators about sustainability and menstruation (53). Diva Cup engages in a range of advocacy efforts, including the provision of free menstrual supplies to community organizations, which are then distributed directly to menstruators (54).

Spotlight on research into menstrual equity and sustainability

Menstrual equity and sustainability are increasingly common focal points of advocacy and research. Reusable menstrual supplies address a range of harmful ecological and health impacts stemming from disposable menstrual supplies. Each year, 30 billion pounds of waste is created by 26% of the global population due to use of disposable menstrual supplies (55). In contrast, reusable menstrual supplies offer a long-lasting low waste alternative. Recent research by Peberdy, Jones, and Green (2019) identified that the majority of menstruators are unaware of the harmful toxins or amount of plastics in disposable menstrual supplies (56). The authors highlight the need for further research into the impacts of disposable supplies on menstruators and the environment, as well as understanding cross-cultural differences in terms of knowledge about menstrual supply options. They also identify the need for greater education and awareness across social space in the form of educational curricula, better labelling and public awareness campaigns.

In addition to environmental impacts, research has emphasized the potential for reusable menstrual supplies to support menstrual equity in a variety of ways. For example, boxer brief style period underwear for gender-diverse menstruators can eliminate the need to purchase disposable menstrual supplies on a month-to-month basis and also provide a gender-affirming menstrual supply. Period Promise (2021) indicated in their initial findings that reusable menstrual supplies can be a powerful tool for empowering menstruators facing various forms of marginalization and

precarity as the individual owns the supply and does not need to rely on organizations for access on a month-to-month basis (3).

A recent survey of post-secondary students in Canada found that 80.4% of respondents would be interested in taking up a free trial of reusable menstrual supplies if it were available (25). Further, 17% reported cost as one of the key barriers in not switching to reusable menstrual supplies (51). Farley et al. identify that the government plays a significant role in influencing menstrual supply choice through policies that regulate the flow and cost of materials, such as tariffs and taxes, as well as structural restrictions and omissions, such as failure to include reusable menstrual supplies in policies and programs (57). They encourage the inclusion of sustainability as a core value within policies that seek to advance menstrual equity.

As noted in the Qualitative research report, several menstrual equity advocates we spoke with identified a demand for reusable menstrual supplies among the populations they support. Menstrual equity advocates shared a number of barriers, which are echoed in research, such as the up-front costs, stigmatization related to period blood and the use of supplies that require insertion or manipulation, as well as the initial learning curve for use or maintenance (53). In addition, reusable menstrual supplies require access to clean water and, in some cases, laundering facilities, highlighting the importance of addressing underlying structural inequities alongside distribution programs.

In this section, we have provided a high-level overview of key frameworks reflected in the menstruation studies literature. The frameworks presented indicate possible starting points for informing future research initiatives, as well as key issues to consider. We now turn to the broader context shaping advocacy for menstrual equity and period poverty in Canada.

MENSTRUAL EQUITY IN CANADA – FROM GLOBAL TO LOCAL

MENSTRUAL EQUITY IN CANADA – FROM GLOBAL TO LOCAL

In Canada, until recently, menstruation has not been identified as a key site for policy intervention. In contrast, within the global population and public health agenda, menstrual related policies have proliferated with a view to advancing gender equity, population health and poverty reduction (58). Scholarly and non-scholarly research has examined, across the Global South, the range of impacts on menstruators (59,60), long-term health effects of existing menstruation management practices (61), structural causes of menstrual inequities, such as poverty (62,63), access to education (64) and shame and stigma (65,66). Many programs and initiatives exist that seek to build lasting change through education, policy and research, involving a range of local and national partnerships. Recent mobilization for menstrual justice in Canada is part of and connected to this much broader global movement, and specifically, calls to acknowledge menstrual injustices within the Global North. Period poverty exists in Canada, even if it is not widely recognized as a social issue.

An overview of menstrual equity advocacy in Canada

In Canada, large-scale political advocacy related to menstruation dates back to the removal of the tampon tax in 2015 (67). At the provincial level, following pressure from menstrual equity advocates and organizations, several provinces have introduced policy or taken action to make period supplies free within public schools in the K-12 system (68,69). At the local level, many municipalities have brought in programs or trials to offer free menstrual supplies within public buildings and, in some cases, have supported distribution programs to address period poverty (70–72).

In Canada, student-led activism has been a defining feature of much recent menstrual equity advocacy (73). In the post-secondary sector, student mobilization has led to changes on specific campuses and a rising awareness of menstrual equity as a concern for student unions.

The British Columbia Federation of Students voted to endorse the Period Promise campaign in 2019 (74), and many campuses are now adopting programs to offer free menstrual supplies campus-wide in all restrooms, including the University of Toronto (75) and McGill University (76). Several student unions are also exploring subsidy programs to off-set the purchase of reusable menstrual supplies in an attempt to address gender inequities, period poverty and sustainability goals.

At the Université Québec à Montréal (UQAM), a recent initiative announced by l'Institut Santé et Société and the Collectif Genre, santé et environnement, focuses on engaging the university community in a public awareness campaign related to sustainability and menstruation. The program includes the possibility of free reusable menstrual supplies for UQAM students and menstruators facing period poverty. Outside of formal policy initiatives, the growing movement for menstrual equity has led to actions by individuals in their communities in more informal and indirect ways (77). Grassroots initiatives are becoming more prevalent, such as the installation of period supply libraries or drives to gather supplies and donate to local groups and organizations.

In Canada, there are a growing range of individuals, groups and organizations engaged in menstrual equity advocacy, many of whom are detailed in the High-level environmental scan. Monthly Dignity, a not-for-profit organization in Montréal, has been distributing menstrual supplies to those in need since 2017 (78). United Way's Period Promise (79) is based in British Columbia and engages in menstrual supply collecting and distribution, community mobilization and policy advocacy at local and national levels. Moon Time Sisters has chapters in Ontario, Saskatchewan, Manitoba and British Columbia, and focuses on providing menstrual supplies to Indigenous peoples in northern and remote communities (80). There are many more individuals and groups engaged in the work to end period poverty in Canada and the list is growing everyday. Partnerships between advocacy groups have been key to the mounting pressure for formal policy responses to improve the state of menstrual equity in Canada.

As menstrual equity moves into the formal policy realm, there is a danger that the work of advocates and grassroots activists, many of whom have built the foundation for the movement, may be appropriated, sidelined or devalued. As we discuss in the High-level environmental scan, the British Columbia Period Poverty Task Force includes community groups and organizations as part of building programming and distribution strategies and as representatives on the task force. Similarly, the Réseau Québécois d'Action pour la Santé des Femmes (RQASF) reflects a research-based approach that is grounded in and responsive to broader work related to knowledge

mobilization and community engagement through their Campagne Rouge. Findings from our research with menstrual equity advocates highlighted that greater support, in the form of funding and infrastructure, is needed to allow advocates and organizations to continue doing good work. Further, we heard from many advocates that programs and initiatives that build off of existing strengths and partnerships within the community are key to building sustainable and long-term change in support of menstrual equity, an observation echoed in the literature (81).

Access to menstrual supplies in Canada

Menstrual equity and period poverty are increasingly common framings related to menstrual justice in Canada. At present, many initiatives at local and national levels are focused on eliminating barriers to menstrual supplies, whether by increasing access in public spaces (e.g. federal workplaces, schools, post-secondary campuses), eliminating structural constraints that impact cost (e.g. price standardization, taxes, tariffs) or providing supplies on a monthly basis directly to individuals in need. Even so, access to menstrual supplies in Canada is still largely controlled by market forces, and menstrual supplies remain commodities for purchase. To this end, menstrual supplies, like other necessities, could be part of healthcare plans, such as contact lenses or glasses. In addition, one of the benefits of reusable menstrual supplies, historically, has been that people can make their own low-cost or homemade/handmade supplies. The cost of menstrual supplies is not inevitable and is shaped, in large part, by social forces that can change drastically over time and across space.

Choice is also a key factor in shaping menstrual supply use; different individuals use different menstrual supplies. This can change across the life course and is impacted by a range of factors, such as body shape, personal preference and comfort. A Québec research study found that 86% of respondents reported the use of disposable supplies (82). Canada-wide studies reported that the menstrual cup was the most commonly used reusable menstrual supply (51,82). The aforementioned Québec study also found that 8.2% of respondents used the pill continuously, and a further 8.4% employed the hormonal intrauterine device (p. 8) to impact the degree and frequency of menstruation.

Well-rounded policy responses will consider the range of supplies used by menstruators to support menstruation management and the various factors which impact choice. Below, we provide a brief overview of some key considerations for broad categories of menstrual supplies.



Reusable menstrual supplies

- for example, menstrual cup, washable pads, liners, tampons, period underwear/briefs;
- up-front cost is higher, but can be reused each month; individual owns the supply for long period of time;
- knowledge of how to use/comfort with menstrual blood can be significant barriers; connected to menstrual stigma, culture and knowledge;
- require access to clean water, soap and/or laundering facilities for washing;
- not easily distributed within restrooms (see subsidy programs in Québec municipalities as optional model) (52);
- addresses health and environmental concerns associated with disposable menstrual supplies;
- increased production of reusable menstrual supplies, especially period underwear, has not always resolved health and environmental concerns, highlighting importance of regulations and guidelines for production, e.g. Thinx lawsuit (83).



Disposable menstrual supplies

- for example, tampons, pads, liners;
- up-front cost is low, but have to be re-purchased each month;
- easily purchased in most stores, but high variation in costs and availability;
- support emergency needs, e.g. leaks, spills, overflow; easily distributed in restrooms and other public sites; often shared between menstruators;
- public visibility of supplies ties to many instances of the reproduction of menstrual stigma, including stigma related to packaging, e.g. pink, and language, e.g. feminine hygiene;
- growing number of Canadian companies manufacture organic versions that have low or minimal impact on health, body and environment;
- important to consider health impacts related issues of waste-management and sustainability.



Hormonal contraceptives

- for example, oral contraceptive pill, hormonal intrauterine device;
- used by many for management of menstrual blood, cessation or reduction of menstruation, and related menstruation experiences, e.g. flooding, pain;
- regulated through medical system and healthcare providers;
- knowledge, awareness and understanding of different possibilities will be impacted by social determinants of health;
- covered by medical insurance for some, but those in precarity may not have access to reliable coverage or healthcare providers;
- can be tied to reproduction of many menstrual-related stigmas, including the medicalization of menstrual cycle.

In this section, we have provided an overview of a range of context factors that have shaped and are shaping recent advocacy for menstrual equity and period poverty in Canada. We now turn to the methodology guiding the literature review search.

METHODOLOGY

METHODOLOGY

In this section, we present the methodology that guided the literature presented in this report, which included both scholarly research in peer-reviewed publications as well as grey literature reports (in French and English). The search was originally limited to articles published after 2015 and the following search terms were used: (menstrual or menses or menstruation or period) and (precarity or poverty or cycle or management or equity or health or stigma) and (Canad*).

Menstrual health research is often interdisciplinary and multidisciplinary so, for this reason, we searched both clinical databases as well as databases from social science for relevant articles. Databases searched included: CINAHL, PSYCINFO, MEDLINE, JSTOR & Sociological Collection Proquest. We added to the original findings through targeted searches for key areas related to the intersectional impacts of period poverty, such as Indigenous experiences of menstruation, disability and menstruation and experiences of menstruation in carceral settings. In total, we found 105 items, including articles, book chapters and books that were relevant to the present study.

Before beginning this report, we had an existing bank of grey literature reports from within and outside Canada. We added to this bank by manually searching for reports in Google, tracing backwards from policies that had already been made. For example, we searched for research reports from Scotland using the following search terms: (menstruation, menstrual equity, period poverty, research report). We also reviewed available reports on the Menstrual Health Hub. We limited our search to the following countries: Canada, the United States, Australia, New Zealand, the United Kingdom (Scotland and England). We also included commonly cited international reports or key documents from a range of non-governmental organizations, UNICEF, Plan International, the World Health Organization, and Days for Girls. In total, our search yielded 27 research reports. The breakdown by country (or global, where appropriate) is listed in Table 1 below, with Canadian studies broken down by province.

Country	Number of reports
Canada n = 10	
Canada	5
British Columbia	2
Québec	2
Ontario	1
Outside Canada n = 17	
Australia	4
New Zealand	1
United Kingdom	4
United States	3
Global	5

Table 1: Breakdown of grey literature retrieved by location

To ensure consistency, two researchers, Lisa Smith and Zeba Khan, completed the data extraction from the selected articles and reports. Analysis involved a detailed descriptive review of each item, noting the location, focus of research, main findings and population for research. In addition, analysis was guided by a modified version of the PROGRESS-Plus framework, which is ‘an acronym used to identify characteristics that stratify health opportunities and outcomes’. In line with the PROGRESS-Plus framework, results are presented using the following categories:

- Place of residence
- Race, ethnicity, culture and language
- Occupation
- Gender
- Religion
- Education, socio-economic status and social capital
- ‘Plus’ refers to additional context specific factors, e.g. age, disability

The PROGRESS-Plus framework was developed to ensure that an equity lens is applied in research (1). To reflect the current context, we included an additional section reporting findings related to period poverty and the COVID-19 pandemic. We also carried out additional levels of analysis to pull out themes related to stigma, sustainability and menstrual equity advocacy, all of which are reflected across various sections of the report. In the presentation of results, we included all Canadian scholarly and grey literature. For the remaining literature, we reported on a selection, using the PROGRESS-Plus categories as a guide. Wherever possible, we have foregrounded Canadian data points or findings.

LITERATURE REVIEW FINDINGS

LITERATURE REVIEW FINDINGS

In this section, we present the findings from the literature review search. We begin with a summary overview of existing scholarly and grey literature on menstrual equity and period poverty **specific to Canada**. Findings from these Canadian articles and reports are also integrated into the body of the literature review. We then present the main findings from the literature review, including menstrual stigma and menstrual equity, through an intersectional lens, PROGRESS-Plus and a final section on the impacts of the COVID-19 pandemic on period poverty. Key program considerations and evidence gaps are presented for each PROGRESS-Plus category.

Scholarly literature

The **scholarly literature in Canada** is in a nascent stage. Our search yielded **five articles** (67,84,85) that are relevant to existing knowledge about menstrual equity and period poverty in Canada. **Two book chapters** feature recently published scholarship from Canadian scholars (86,87). In addition, **two books** (40,41) were identified which highlight research documenting Indigenous experiences of menstruation, specific to the Canadian context. The table below outlines relevant findings from these currently published, or soon to be published, works.

TABLE 3: SUMMARY OF PEER-REVIEWED RESEARCH IN CANADA

Citation	Keywords	Relevant findings	Lived experience
Anderson, K. 2011. Life Stages and Native Women: Memory Teachings and Story Medicine. University of Manitoba Press.	teachings of Elders; life stages for Métis, Cree, and Anishinaabe girls and women	Collection of teachings and stories related to life stages and Indigenous women and girls Highlights impacts of colonialism on knowledge of traditional menstrual practices, as well as related life stages Documents knowledges through story, experience, and literature	'Perhaps it was because the old way of being put out on the land for your first moon cycle was no longer practised when I was young, at least not in my community. And perhaps because the old woman whose job it was to put us out were no longer able to do that, and so our 'period' was dealt with by our Catholic mothers who shamefully whispered the barest of information and the whole thing was kept a secret where once it would have been a time of rejoicing and celebration' (p. xvii).
Anderson, K. 2016. A Recognition of Being: Reconstructing Native Womanhood, 2nd ed.. Canadian Scholars.	as above	as above	'Ojibway Grandmother Vera Martin remembers once having to correct a Sun Dance leader who was explaining that menstruating women are "dirty." Native people have always thought about menstruation as the sacred manifestation of a woman's power, which is why we must abstain from participating in certain practices and ceremonies while "on our time." Although few Native people would make the mistake of calling a menstruating woman "dirty" these days, Martin's example shows how our traditions can get distorted, filtered or interpreted through Christian notions of sin as it relates to womanhood' (p. 37).
Friesen, L., Brito, A. 2022. Flowing with Tech: Bringing an Intersectional Lens to Menstruation Technologies. In Gender, Sex, and Tech! An Intersectional Feminist Guide, J.J. Fellows and L. Smith (eds). Canadian Scholars/ Women's Press: Toronto, pp. 47-63.	menstruation technologies; intersectionality	Examines gendering of menstruation technologies Highlights need to bring menstruation supply development into broader discussions about technology and equity	
Lowik, A.J. 2020. 'Just because I don't bleed, doesn't mean I don't go through it': Expanding knowledge on trans and non-binary menstruators. International Journal of Transgender Health, 1408-1422.	transgender; non-binary; menstruation; reproductive health	Qualitative study focused on trans and non-binary menstruators Highlights the need for research that centres the experience of trans and gender-diverse menstruators	Participant quote: 'When I'm menstruating now, as a man, I definitely feel the inconsistency of my existence more sharply than I do usually and it definitely brings a lot of stuff to the surface. It's important for providers and caregivers to have a lot of compassion around that and to accept the fact that it's weird being a dude and having a period. For me it can trip into some dysphoria and for a lot of guys I know it's that time where you feel extra vulnerable' (p. 1414).

		<p>Identifies impacts of 'cis-, repro- and transnormativies on access to reproductive healthcare' (p. 11)</p> <p>'...there is a pressing need for comprehensive guidelines, standards of care and physician training which do not assume a one-size-fits-all approach to menarche, menstrual management, and suppression' (p.11)</p>	<p>accept the fact that it's weird being a dude and having a period. For me it can trip into some dysphoria and for a lot of guys I know it's that time where you feel extra vulnerable' (p. 1414).</p> <p>Participant quote: 'If I have a period unexpectedly and I happen to have a pad or tampon, then let me shuffle something kind of gross in my pocket and casually put that in a men's bathroom trash can while I'm walking out, which is not my favourite situation' (p. 1415).</p>
<p>Polzer, J., Sui, A., Ge, K., Cayen, L. 2022. Empowerment through Participatory Surveillance? Menstrual and Fertility Self-Tracking Apps as Postfeminist Biopedagogies.. In Gender, Sex, and Tech! An Intersectional Feminist Guide, J.J. Fellows and L. Smith (eds). Canadian Scholars/Women's Press: Toronto, pp. 163184.</p>	<p>menstrual and fertility-tracking apps; post-feminism</p>	<p>Analysis of popular menstrual and fertility-tracking devices</p> <p>Highlights new form of surveillance and relevance to feminisms, in terms of apps designed to manage menstruation and fertility</p>	
<p>Scala, F. 2022. Menstrual Activism, Insider-Outsider Alliances and Agenda-Setting: An Analysis of the Campaign to End the "Tampon Tax" in Canada. Journal of Women, Politics & Policy, p. 1-17.</p>	<p>menstrual activism, agenda-setting, insider-outsider alliances, feminist policy studies, Canada</p>	<p>Qualitative research with individuals involved in the campaign to eliminate the 'tampon tax'</p> <p>Highlights importance of framing in advancing menstrual equity, policy change</p> <p>Highlights collaboration between activists and 'political insiders'</p>	<p>Participant quote: '...three times I introduced the private members bill and each time had to make the usual statement about how this was a discriminatory tax, ... it had to be removed because it was an unfair tax on women who were being taxed by virtue of their ... normal functions to give ... birth, of our reproductive capacity. Yeah, so ... each time. there's no debate. It's set for first reading, there's no debate and everybody says (clapping) good, okay' (p. 10).</p>
<p>Scala, F. 2020. The gender dynamics of interest group politics: The case of Canadian Menstruators and the 'Tampon Tax'. In The Palgrave Handbook of Gender, Sexuality, and Canadian Politics, edited by M. Tremblay and J. Everitt, 379-398. Palgrave.</p>	<p>menstruation, Canadian policy, tampon tax</p>	<p>Policy analysis of movement to change tampon tax</p> <p>Documents work of Canadian Menstruators, one of the first national groups to address menstrual equity at the federal policy level</p> <p>Highlights challenges facing women's and LGBTQ2+ groups to lobby for change</p> <p>Tampon tax reflects an instance where LGBTQ2+ and women's groups were successful</p> <p>Media interest, support from parliament and other influential allies, framing of issue played a key role in success of campaign</p>	

<p>Smith, L, Gacimi, R. (2022). Bloody Burdens: Post-secondary students and menstruation on campus. <i>Atlantis: Critical Studies in Gender, Culture, and Social Justice</i>, 43(1): 32-44</p>	<p>menstrual equity; post-secondary students; policy</p>	<p>Qualitative study focused on post-secondary students and menstruation on campus, document lived experience and political context</p> <p>Highlights activism on campuses, situated within individual experiences and impacts of menstrual related stigma.</p> <p>Highlights need for change that extends beyond free supplies on campus</p>	<p>Participant quote: 'When I finished my morning class, I started to feel cramps and dizzy. So, I went to the washroom to check if I'm on it and I did have my period. I checked my bag if I had brought extra pads but, I didn't so I started freaking out. In the end, I had no choice but to use toilet paper as temporary pads and they were uncomfortable to be in. When I got out of the washroom I hurriedly went off campus to go buy pads at the store because I didn't know that Student Union and bookstore had them on campus' (p. 38).</p> <p>Participant quote: 'I am often prepared as I keep my menstrual cup with me and have simply been lucky in that it has always begun between classes. I have never been disrupted mid-class due to menstruation' (p. 37).</p>
<p>Smith, L., Gacimi, R., Adolph, N., Hope, J., (forthcoming). Flow of inequity: Period poverty and the COVID-19 pandemic. <i>Navigating Mental Health, Wellness, and Social Challenges during COVID-19</i>, Shaheen Shariff (ed.). Peter Lang.</p>	<p>period poverty, COVID-19 pandemic, organizational responses</p>	<p>Outlines impact of the COVID-19 pandemic on two Canadian organizations seeking to address period poverty</p> <p>COVID-19 pandemic intensified the scope of period poverty in Canada (e.g. greater numbers of vulnerable populations, panic buying of essential supplies)</p> <p>Organizations had to adapt and shift support strategies (e.g. address increased needs for menstrual supplies, shut down of distribution and access points)</p> <p>Local sites became key for continued distribution, but also a flexible approach that was cognizant of essentials (e.g. need for menstrual supplies AND personal protective equipment-cloth masks)</p>	

Grey literature

There is a growing body of **grey literature reports in Canada** which have emerged from the work of menstrual equity advocates and organizations, such as Period Promise, Changing the Flow, Free Periods Canada, as well as the Menstrual Cycle Research Group. Our scan yielded **10 reports**. Key findings and high-level data points from these reports are provided in Table 4.

TABLE 4: SUMMARY OF GREY LITERATURE IN CANADA

Citation	Location	Key findings	High-level data points
Changing the Flow. 2021. Menstruation in Waterloo Region: Insight into Experiences, Attitudes, and Advancements.	Ontario (Waterloo Region)	<p>Original research</p> <p>Assess menstrual equity and period poverty in Waterloo region; survey of people living and/or working in Waterloo Region (N=238)</p> <p>Intersectional elements included in analysis, e.g. poverty/carceral settings; data set is not disaggregated</p> <p>Report directed towards influencing stakeholders</p>	<p>'26% of people have struggled to afford period products' (p. 5).</p> <p>'96% of people have gotten their period in public when they were not prepared; 94% of people have gotten their period when they were not prepared; 85% of people have gotten their period at work when they were not prepared' (p. 6).</p> <p>Strong support from study participants for free supplies in public spaces, schools, workplace, post-secondary institutions (p. 7).</p> <p>'Since period poverty is an extension of wherever poverty already exists, the need to provide access to period products is that much more when considering the affordable housing crisis in Waterloo Region as it relates to the amount of those living in poverty' (p. 9).</p>
Farley, K., Tariq, M., Giesinger, K. 2020. Barriers to Choosing Reusable Menstrual Products in Canada. Report prepared for Mapping the System contest.	Canada	<p>Original research (review of existing policies, two qualitative interviews, review of available menstrual supplies in Canada)</p> <p>Identifies importance of government in facilitating access to menstrual supplies, and specifically RMS</p> <p>Identifies actions that can be taken by government to address barriers to use of RMS (stigma, education, affordability, supply transparency, funding for education/ research, public washrooms)</p>	<p>'...the importance of governments taking an active role in promoting the use of reusable products. While the Health Canada website contains information on tampons (Government of Canada, n.d.), no information is provided about menstrual cups or other reusable options' (p. 14).</p> <p>'...minimal studies exist which have researched restrictions to menstrual-related issues in Canada, with none solely focusing on barriers to reusable products or product development' (p. 16).</p> <p>'need for the federal and provincial governments to provide funding for menstrual product development in Canada' (p. 16).</p> <p>'...government ...the most influential actor for menstruators' choice of reusable products' (p. 17).</p>

Jacob-Wagner, S., Provençal, M-H., Julien, M., Legault, M-H. 2021. Faciliter l'accès aux produits menstruels. Mesures Possible. Conseil du Statut de la Femme.	Québec	<p>No original research (summary and literature review)</p> <p>Identifies context factors related to menstruation, e.g. taboo/stigma, access to supplies (disposable and RMS)</p> <p>Highlights elements of intersectionality - gender, socioeconomic status, incarceration, impact on work</p>	<p>Summaries of programs from inside and outside Canada (see pages 37-49).</p> <p>Assessment of existing initiatives across Canada (see pages 43-59).</p>
Khan, Z., Oveisi, N. 2020. Let's Talk About Periods: A Critical Analysis of Menstrual Inequities in Canada. Free Periods Canada. Report prepared for Mapping the System contest.	Canada	<p>Original research (qualitative interviews and survey)</p> <p>Examines a range of identity and context factors, e.g. work, sport, overall well-being</p> <p>Highlights need for addressing immediate needs, e.g. supplies freely available in restrooms, as well as structural intervention, e.g. education, policy change, long-term investment through funding/ resources</p> <p>NOTE: One of few existing reports that provides a comprehensive account of the Canadian context, identifies issues and a path forward</p>	<p>'67% of students shared that a lack of menstrual products has led them to miss or has negatively affected their ability to fully participate in an academic or extracurricular activity on campus (p. 5).</p> <p>'Lack of access to menstrual supplies places those who menstruate at a disadvantage. The impact of this is higher amongst marginalized groups such as refugees, menstruators who are homeless, sex-workers, trans and non-binary menstruators, Indigenous communities, people living in rural areas, and people without access to WASH' (p. 4).</p>
Oveisi, N., Khan, Z. 2021. Supporting Menstrual Health and Equity in Post-Secondary Institutions with Reusable Menstrual Products. Free Periods Canada.	Canada	<p>Original research</p> <p>Survey of Canadian post-secondary students (N = 470)</p> <p>Identifies current practices for menstrual supply use; assesses barriers to use of RMS; identified actions to be taken at individual, community, and policy level</p>	<p>Steps can be taken at the individual, community, institutional level to increase knowledge, awareness, and access to reusable menstrual supplies (p. 11).</p> <p>'80.4% of participants indicated that they are either extremely likely or somewhat likely to take up a free trial of RMS if it were available to them' (p. 10).</p>
Maru Matchbox. 2022. Menstruation in Canada: Views and Realities. Plan International Canada.	Canada	<p>Original research</p> <p>Survey of women, girls, and people who menstruate (N = 1,074); men and boys (N = 731)</p> <p>Provides high-level data points related to attitudes and behaviours of Canadians; access/affordability; support for free supplies; menstrual stigma</p>	<p>'21% of those who menstruate have struggled to afford products for themselves or dependents and have been forced to ration products because they could not afford more' (p. 4).</p> <p>'74% of those who menstruate feel the need to hide menstrual products as they go to the washroom' (p. 7).</p>

<p>NANOS. 2019. Female and Male views on Menstruation in Canada: Survey. Plan International Canada.</p>	<p>Canada</p>	<p>Original research</p> <p>Survey of Canadian women and girls (N = 2,028)</p> <p>Provides high-level data points related to menstruation experiences (e.g. taboo, stigma); documents extent of period poverty; elements of intersectionality - gender, youth, socio-economic status; assesses impact on activities related to access to menstrual supplies, e.g. school, workplace, activities; menstrual attitudes and impact on girls and women</p>	<p>'27% have had to sacrifice something in their budget to afford menstrual hygiene products; 8% have done so regularly; more likely to impact younger women (47%) and girls 14 - 17 years of age (37%)' (p. 8).</p> <p>'Over one in three Canadian girls and women report they have been teased occasionally by a male about being on their period' (p. 8).</p>
<p>Period Promise. 2021. United Way Period Promise Research Project Final Report. United Way.</p>	<p>British Columbia</p>	<p>Original research</p> <p>Survey of British Columbians (N = 1,654); agency survey with community services providers (N = 12)</p> <p>Assesses the extent of menstrual precarity in BC; identifies existing strategies employed by community organizations, and assesses a pilot project providing supplies</p> <p>Elements of intersectionality - gender, gender identity, Indigeneity, race, immigration status, language, disability, mental health, income, education, geographic location</p> <p>Recommendations, see pages 92-93; Suggested areas for further research, see pages 94-95</p> <p>NOTE: One of few existing reports that provides a comprehensive account of the provincial context, data insights into extent of period poverty, but also experience of organizations seeking to support populations in need</p>	<p>Out of 10 community organizations: 4 identified period poverty as common in their community, 1 identified period poverty as very common in their community, and 5 identified period poverty as extremely common</p> <p>High impact on participation in daily life, provision of supplies led to feelings of greater well-being and reassurance, particularly for those most vulnerable, see, for example, p. 30 and Table on p. 31</p> <p>'51% of respondents have struggled to purchase product for themselves; 26% of respondents have gone through a period without having menstrual products available to them; Not having menstrual products is an isolating factor: 18% of respondents have missed school, 22% work, 27% social events.'</p> <p>'95% of community organizations are asked for free menstrual products on a regular basis, and more than 80% of those that give them out are dependent on donations.'</p> <p>Percentage of respondents who have gone through a period without menstrual products: All respondents (26%), Indigenous (47%), physical and mental disability (50%) (p. 61).</p> <p>'As an Indigenous youth (17), fresh out of foster care, I am struggling to finish high school when 'independent livin' (aka welfare) demands WORK over education. This means that I have to FIGHT for the right to finish my grade 12. But with less than 500\$ a month to live on, I can't afford period products and the bus pass I need to get to school. So I steal napkins, paper towels, and toilet paper to use for my period, but those are precarious so I stay home when I'm bleeding. I miss tests, I miss valuable education. I am ashamed and humiliated so I don't tell (mostly male) teachers when they single me out and punish me for missing classes' (p. 72).</p>

Fontaine, E., Doudenkova, V., Doudenkova, E. 2021 Résultats de l'enquête "Portrait du vécu des menstruations au Québec". Réseau québécois d'action pour la santé des femmes (RQASF)	Québec	<p>Original research</p> <p>Survey of menstruators in Québec (N = 3,013)</p> <p>Key data points: extent of menstrual precarity, medicalization and the menstrual cycle, menstrual taboo</p> <p>Elements of intersectionality - gender, socioeconomic status</p>	<p>'48.7% of respondents find that menstrual products are not affordable' (p. 7).</p> <p>'81.2% of respondents reported that their employer or educational institution do not provide free menstrual supplies' (p. 7).</p> <p>'30.4% of respondents acknowledge missing 2 days or more of work, school, or leisure activity'; '50% of participants do not feel at ease informing their superior—professor, teacher, or other, the reason for their absence' (p. 8).</p>
Tribe, S. and L. Smith. 2021. Post-secondary Periods: Access to Menstrual Supplies on Campus and Impacts on Students. Douglas College Menstrual Research Group.	British Columbia	<p>Original research</p> <p>Survey, post-secondary students (N = 370); Audit of 1 college campus, Lower Mainland</p> <p>'Documents existing access to menstrual supplies and the impacts on students capacity to pursue their education and participate in campus life' (p. 4).</p>	<p>'28% of campus vending dispensers malfunctioned, either empty or broken' (p. 4).</p> <p>'68.2% have started their period unexpectedly while on campus; 62.8% experienced a spill, leak, stain or overflow of menstrual blood while on campus; 49.0% missed, had to leave, or arrived late for class because they did not have the menstrual products they needed readily available' (p. 4).</p> <p>'Existing restrooms on campus do not adequately support the management of menstruation; Existing access to menstrual supplies on campus negatively impacts students and disrupts educational pursuit and participation in campus activities. (p. 5).</p>

Overview of existing research in the Canadian context

The Canadian-specific scholarly and grey literature search indicates that there is a growing body of research emerging from the community, not-for-profit and government sector that seeks to document the current state of menstrual equity in Canada (7). As noted earlier, scholarly literature is in a nascent stage and reflects a range of themes that are merely starting points. Across the literature, links can be found to key frameworks identified in the literature, especially the importance of intersectionality. In addition, several reports highlight the need for more research that centres sustainability, decolonization and cultural reclamation. Scala's work highlights the connection between the work of advocates and recent policy changes, which is helpful for considering the importance of how policies are framed, but also the incremental nature of social change.

Most reports are focused on existing access to menstrual supplies and impacts on menstruators, broadly conceived. There is also a growing body of research that seeks to document the extent of period poverty at a local, provincial and national level, as well as causes and impacts (3–6,88), including an identification of the impact of intersecting social identities and the ways community service providers are seeking to address period poverty (3). For high-level data points, see Table 4.

Several studies include data on current cultural and social attitudes towards menstruation, as related to reinforcing menstrual stigma and inequalities (6,88). Two research projects have examined the negative impact on educational access due to existing access to menstrual supplies on campus for post-secondary students at the national (7) and local level (12). Two research studies have focused on barriers to the use of reusable menstrual supplies and ways to centre sustainability (51,57).

Across the grey literature reports, authors highlight individual factors and experiences that shape menstrual supply use, as well as structural barriers (e.g. physical, governmental) that negatively impact menstruators. It was frequently cited that data about menstruation and menstrual supplies is lacking in the Canadian context: 'Aucune étude particulière n'a toutefois été repérée sur l'utilisation des produits menstruels par les Québécoises' (82). Similarly, Khan & Oveisi report, 'Menstrual equity advocacy currently lacks research that applies to the current landscape of

policies, period poverty and its effect on marginalized populations, sustainable menstrual supplies and the economic effects of menstrual inequities in Canada' (51). The Changing the Flow (2021) report also states the need for prioritizing 'research centering menstruation for incarcerated individuals'. The Period Promise report identified many directions for future research, including, identifying and tracking new and developing initiatives, the role of sustainable menstrual supplies in supporting marginalized and vulnerable populations and assessing different models for supply distribution (4).

Within the grey literature, research is often directed toward guiding the development of programs and initiatives. The Period Promise (2021) research project emerged from an observation that community organizations reported being asked for period supplies on a 'regular basis' (3). The report goes on to note that '...the vast majority claimed they had no budget to purchase products to support their clientele but were entirely dependent on physical donations from the public'. The report highlights the current context and recommends ways to strengthen partnerships between distribution and community service providers (12). In other instances, research highlights the need for Canadian post-secondary institutions to 'adopt a commitment to menstrual health in order to support students and eliminate barriers to education that arise from the poor availability of menstrual supplies'. Khan & Oveisi state, 'Interventions need to be designed and implemented with an 'equity lens' to ensure that benefits reach the most hard-to-reach segments of the population and to avoid intergeneration-generated inequalities' (7). Still others highlight the need to centre sustainability as a core issue in relation to menstrual equity (51,57).

Aside from published and publicly available reports, several organizations are engaged in further data analysis and information gathering related to programs and initiatives across and outside Canada as part of programming and advocacy. In addition, much research carried out within the community sector is informal and will likely remain unpublished or, if published, is not widely available.

BREAKING THE SILENCE: UNDERSTANDING MENSTRUAL STIGMA

BREAKING THE SILENCE: UNDERSTANDING MENSTRUAL STIGMA

What is menstrual stigma?

In many societies, including Canada, menstruation is highly stigmatized (89). Menstruation, along with its associated physical processes--pain, discomfort, reproductive health conditions, menstrual blood, menstrual supplies--are meant to be kept private (90). As Chrisler identifies, menstrual stigma is key to understanding the ways that the menstruating body is perceived as defective or a site of disgust and shame in a fashion that is unique to 'women's bodies' (91). Taboos related to menstruation dictate the conduct of individuals, as well as societal processes and structures, and contribute to a range of negative impacts (92).

At an **individual level**, menstrual stigma shapes conduct, language, behavior and interactions, and impacts physical and mental health and well-being in the short and long-term (93). Expectations for menstrual concealment often lead to the exclusion of menstruators from public spaces (94). Key findings from Fontaine et al. provide insight into the prevalence and nature of menstrual stigma in Québec (82):

- *51.8% of respondents reported having felt stigmatized or criticized because of their menstruation;*
- *18.8% of respondents felt comfortable discussing menstruation with their employer or colleague, and only 3.7% felt comfortable discussing menstruation with their professor or trainer;*
- *13.6% of respondents would feel uncomfortable discussing menstruation with children.*

Notably, 77.9% of respondents did not find that menstrual blood was disgusting, suggesting that menstrual stigma does not extend to all areas, and even that it is potentially changing.

Within accounts of menstruation, research has revealed that secrecy, shame and embarrassment figure prominently (89,94,95). Jackson & Falmagne (2013) found that girls learn to practice 'menstrual secrecy' early on, and 'experience a heightened sense of shame and humiliation and a persistent fear of leaking' (96). The pressure to hide menstruation and the ensuing shame is highlighted in research findings reported by Smith & Gacimi (8). A student participant at a Canadian post-secondary campus shared:

'I felt blood beginning to leak through my pants but told myself I would finish the exam first before taking care of it. I used my jacket to cover the stain that was slowly forming on my pants so my peers wouldn't notice it when I got up to hand in my exam.'

In the above-noted experience, the student reported remaining in place, despite the need to address menstrual blood. Even when menstruation is being managed, menstrual supplies are kept hidden and menstruation is considered an inappropriate topic of conversation in general company (58). Discussion about menstruation is strictly policed along gendered lines, where women and girls are perceived as insiders and men and boys as outsiders.

At a **societal or structural level**, menstrual stigma shapes:

- **knowledge and representation of menstruation and menstruators**, e.g. cultural representations of menstruation, e.g. advertisements, e.g. exclusion of menstruation and menstrual supplies from sexual health curricula and education;
- **physical supports** that are provided in public spaces and deemed essential, e.g. access to menstrual supplies for purchase and WASH facilities;
- **technologies** that are developed to manage menstruation and the values that underpin supply development and distribution, e.g. menstrual supplies often emphasize capacity to conceal menstruation (86), e.g. lack of availability and knowledge about reusable menstrual supplies;
- **laws and policies** that govern menstruating bodies, e.g. lack of menstruation policies relates to silencing of menstruation (15), e.g. neglect of needs of menstruators within carceral settings.

Research conducted by Davies et al. on menstruation and Twitter reported that negative views of menstruation extend beyond physical spaces, such as classrooms, and are reproduced within online spaces (97). Examples of menstrual stigma in Tweets and reported in their research are cited below:

- *'Winter in Canada is like your period. You think it's finally gone and let your guard down and then bam! it's back.'*
- *If sponge bob is a absorbent and lives in bikini bottom, does that make him a tampon?*
- *Giiirl!! Are you on Your Period Cuz you are Ovary Acting!'*

Thus, as much as digital spaces can be a site for education and awareness, menstrual stigma is often reproduced online.

Menstrual stigma remains a significant barrier to fully addressing and realizing menstrual equity. And yet, menstrual stigma is a social construction, meaning it can change and is not the same in all societies or across time. Further, menstrual stigma is shaped by intersecting inequities; it is not experienced in the same way by all menstruators.

What are the intersectional impacts of menstrual stigma?

Menstrual stigma leads to a compounding of the negative effects of menstrual inequities. Gender identity impacts the nature and experience of stigma (84,98). Gender-diverse individuals in need of a menstrual supply in a men's restroom will not be able to rely on socially accepted methods of gender-aligned support (e.g. asking a stranger for a menstrual supply). Within educational settings, power dynamics between students and teachers mean openly speaking about menstruation is forbidden (99) and asking for accommodations is perceived as off-limits (12). Recent research has identified a close relationship between menstrual stigma and stigma related to sexual activity, noting differences between ethnic groups (100).

For those individuals living in poverty or facing housing precarity, lack of access to menstrual supplies and WASH facilities has been identified as an added layer of stigma (13,101). Reports also highlight the heavy burden of stigma on menstruators living with disabilities (66). Research into immigrant and refugee experiences of sexual and reproductive health identified that immigrant status and cultural identity shape perceptions of the secret, shameful and embarrassing nature of menstruation (102–105).

Addressing menstrual stigma is part of decolonizing menstruation and the work required to reclaim lost cultural practices. Existing research supports the disruption of the Euro-centric narrative of menstrual taboo and stigma as universal. As Baldy highlights, current knowledge related to menstrual stigma reinforces colonial processes that homogenize the gendered body and have led to the elimination and suppression of traditional knowledge systems for Indigenous women, girls and Two Spirit folks (106). Similar to Krusz (45) and Anderson (40,41), Baldy identifies the importance of reclamation of traditional menstrual practices and the disruption of narratives that frame traditional Indigenous menstrual practices as promoting menstrual taboo. Baldy also highlights the specific nature of cultural teachings and knowledge to unique Indigenous groups. She writes:

“The Hupa also had many ways to talk about menstruation, although one term in particular demonstrates how Hupa people conceptualized menstruation not as a ‘taboo’ but instead as an important part of their spirituality and culture. Tim-na’me means ‘at the lucky spot–she bathes.’ The tim is ‘a bathing spot for menstruating women’ but also ‘any place you train for good luck or power’ (106).

Similar work to reclaim culturally informed menstrual practices is reflected in research from Australia (47).

Breaking the silence around menstruation is not universal, even if there may be similarities between groups and individuals, and common framings or trends within society as a whole. Failure to fully grasp the broader sociocultural context, but also the unique identity factors influencing an individual’s experience, can lead to solutions that are one-dimensional, potentially further exacerbating, as opposed to resolving inequities.

Policy, menstrual stigma, and the path to menstrual equity

As social products, policy responses are part of the cultural stories that are told about menstruation (67). Policy can also be part of transforming the way that menstrual stigma is experienced and circulates. In Canada, existing policy work is occurring within a cultural context where menstruation is highly stigmatized. As such, there is a risk that programs or initiatives aiming to advance menstrual equity may inadvertently reinforce menstrual stigma.

As Cousins observes, eliminating taxes or providing free supplies is important; however, alongside such work, stigma must be addressed (30). Examples of approaches that fail to transform stigma could include: provision of free supplies in restrooms that emphasize the need to conceal menstruation or fail to provide any signage or explanation; provision of free supplies in women's restrooms, but not men's or accessible stalls, excluding gender-diverse individuals and some menstruators living with disabilities; provision of free supplies only in public spaces that have limited access, excluding vulnerable and marginalized populations in need. Recognizing the historical role of many menstrual supply companies in reinforcing menstrual stigma, distribution strategies that rely on corporations that are disconnected or far-removed from the broader menstrual movement can also reinforce menstrual stigma by broadening the reach of the messaging (107). For this reason, research has identified the B-corp, for profit companies that centre social and environmental considerations, as a key partner in addressing period poverty (108).

Key areas identified in the research include the need for broad and comprehensive menstruation education as a way to address stigma (109,110). Research indicates a need for individuals and agents across sectors to support broader structural transformation and work to eliminate menstrual stigma (36,51,111,112). Current literature acknowledges the importance of the internet and social media as potential vehicles for the continuation of stigma (97), as well as a site for collective mobilization and education. Research also highlights collective action to advance menstrual equity or reproductive health rights, more generally, as contributing to disrupting menstrual stigma (81,91,113).

In this section, we have provided an overview of existing research related to menstrual stigma. We now turn to the presentation of literature review findings related to the PROGRESS-Plus framework.

APPLYING AN INTERSECTIONAL LENS TO MENSTRUAL EQUITY IN CANADA

APPLYING AN INTERSECTIONAL LENS TO MENSTRUAL EQUITY IN CANADA

In this section, we present results from analysis guided by the PROGRESS-Plus framework to identify current knowledge about menstrual equity and intersecting impacts (1). We also include a section on the impacts of the COVID-19 pandemic on period poverty. For each section, we highlight key program considerations and evidence gaps. The PROGRESS-Plus framework is helpful for placing a focus on the context and impact of a given factor, as well highlighting important factors to consider when designing programs, policy and research. Wherever possible, we indicate key research findings specific to the category, as well as highlight connections between categories.



Place of residence

Broadly, place of residence identifies where people live and could refer to urban, rural or suburban settings. Period poverty intersects with place of residence through specific geographical contexts and inequities within certain spaces. Research from British Columbia has found that period poverty disproportionately impacts Indigenous peoples (First Nations, Inuit and Métis). The disparity can be partially attributed to the place of residence, which determines the cost and accessibility of period supplies. Various news articles suggest that the cost of period supplies can be up to \$17.00 in many Indigenous communities (114). Further research on the impact of period poverty on Indigenous peoples across Canada is sparse.

Similarly, individuals experiencing housing precarity---living in shelters, temporary housing, experiencing homelessness--are also disproportionately impacted by period poverty (13). In addition to the affordability of period supplies, individuals living in these circumstances often do not have access to toilets, clean water, or the laundering and health services that are imperative to menstruation management. This also means that these individuals may have difficulty employing reusable menstrual supplies, which require reliable access to WASH facilities.

Experiences of incarcerated menstruators in the United States have been documented by a limited number of studies. Although sparse, the data available suggests that many incarcerated menstruators struggle to access menstrual supplies (115). This can be attributed to the power imbalance that exists in these establishments, wherein the incarcerated individual is vulnerable, cannot change their circumstances and the authorities have the ability to provide or withhold access to menstrual supplies. Others have suggested that restricting access to menstrual supplies is driven by the institutional fear that they may be soaked in flammable materials and used as weapons in a riot (17). Furthermore, incarceration comes with many additional costs for individuals and limited income sources. Individuals whose friends and families struggle to support them financially are unable to purchase menstrual supplies due to the high cost in correctional facilities (115).

Prisons are a significant policy and research gap for addressing menstrual equity (17). Further, rates of incarceration are higher among women with low socioeconomic status and who are racialized. As Goldblatt & Steele emphasize, power relations are key to understanding the experience of menstruators in carceral settings, where access to reproductive health care is not formalized or is excluded from policy and practice (17).

KEY PROGRAM CONSIDERATIONS

Place of residence is a key consideration for programs aiming to distribute menstrual supplies. The Period Promise (2021) research report identified that if free period supplies are placed in public spaces that are not often visited by clients, it is difficult for them to justify making a trip to acquire free period supplies due to the costs associated with travelling the distance (3). In other words, the proximity to the client's place of residence and the ease of access to physical spaces that dispense free menstrual supplies is an important consideration of any program that aims to reduce menstrual inequity. Similarly, programs that aim to distribute reusable menstrual supplies should also ensure that appropriate WASH facilities are available to the intended clients. Geographic disparities and power imbalances within specific sites are also important considerations for programs aiming to distribute menstrual supplies.

EVIDENCE GAPS

- **identify** access points for menstrual supply distribution that preserve the autonomy of clients; examples suggested by Period Promise (2021) report in British Columbia include schools, post-secondary institutions, workplaces, government managed washrooms, pharmacies and other publicly accessible WASH facilities (3);
- **understand** more fully the impact of location on the likelihood and nature of period poverty, as well as other forms of menstrual inequity, e.g. access to health services or supports; explore and test various program models tailored to the specific needs of the local community and circumstances of individuals residing in sites.



Race, ethnicity, culture, and language

Menstrual inequities are shaped by race, ethnicity, culture and language. Race here refers to 'racialization', and is important for identifying systemic patterns of inequity for IBPOC (Indigenous, Black, People of Colour) menstruators. Existing research has emphasized the importance of acknowledging that menstrual inequities are not experienced in the same way by individuals from different racial, ethnic or cultural groups (115). However, the intersection of race, ethnicity and culture, as related to menstrual equity, remains understudied in the Canadian context. The Period Promise report found that Indigenous peoples experienced significant challenges in accessing menstrual supplies that were affordable (4). Priority groups for the recent task force initiative in British Columbia identified a need for project proposals that are Indigenous-led and highlighted the importance of programming that is 'culturally relevant' (80). The latter extends to additional equity-deserving groups as well, such as refugees, migrants and other groups who have been historically marginalized.

As noted previously in the report, many Indigenous cultures recognize menstruation as a spiritual and celebratory experience through coming of age ceremonies and rituals (106). Menarche's association with power and responsibility is central to many Indigenous beliefs and practices; however, traditional knowledges, practices and ceremony related to menstruation has been replaced by Western colonial narratives of menstrual taboo and stigma. Preliminary research into Indigenous experiences of menstruation, as well as recommendations for programming, highlight that cultural reclamation, which avoids pan-Indigeneity and engages Elders and Knowledge Keepers, alongside actions that address related systemic inequities, are key (48,106).

In a study that explored period poverty amongst college students in the United States, it was found that period poverty was reported more frequently by Black and Latina women, as compared to their white counterparts (116). This study also found that those born outside the United States were more likely to experience period poverty. Similarly, it was found that low-income African-American women reported less knowledge of menstruation, as compared to the general population, and, as a result, held inaccurate and negative beliefs and attitudes (117).

To date, our literature search has not yielded any findings that speak specifically to the impact of language on access to menstrual supplies. Research from across Canada has tended to be collected and published in either French or English, but not both. In addition, key linguistic communities in Canada are not currently reflected in programming or research about the extent of period poverty.

KEY PROGRAM CONSIDERATIONS

Programming and policies that promote menstrual equity must be attuned to the ways that race (racialization), ethnicity and cultural identity shape understandings of reproductive and sexual health, and, by extension, the impacts of menstrual related inequities. There is a need for culturally sensitive distribution of menstrual supplies and menstruation education. Inclusion of IBPOC menstruators within research and programming is identified as key. For example, a group of Australian researchers formed a partnership with Aboriginal and Torres Strait Islander peoples to identify the menstrual health needs in their communities (45). Together, they were able to identify menstrual health needs that were specific to their locale, and explored culturally safe options to address those needs, as well as related systemic factors that required action.

More information is required about the needs of key linguistic communities in Canada; however, at a base level, knowledge mobilization related to programming ought to ensure materials are available in both official languages, as well as a range of languages specific to key linguistic groups in Canada.

EVIDENCE GAPS

- **explore** more fully the extent of period poverty and specific needs facing menstruators from diverse races, ethnicities and cultural backgrounds in the Canadian context;
- **identify** the unique menstrual health challenges of populations from diverse races, ethnicities and cultural backgrounds in the Canadian context;
- **identify** the nature of menstrual stigma as it intersects with race, ethnicity and culture in the Canadian context;
- **assess** existing programs and initiatives and identify if race, ethnicity and culture (including linguistic differences) are considered;
- **identify** ways to respectfully engage with and include menstruators and communities with various cultural backgrounds; identify the key features of culturally sensitive menstruation education.



Occupation

Several studies and surveys have reported that menstruators miss school and work due to the inaccessibility of period supplies or the discomfort associated with menstrual cycles. The experiences of students in school or university settings have also been well-documented (51,99). The experiences of menstruators in military and combat settings have been documented in a systematic review that highlighted restrictions in Canada and the United States. For instance, menstruators in the United States army, military nurses, low-income women and transgender men stated that the inaccessibility or lack of adequate WASH facilities is a significant restriction that contributes to menstrual inequity (118). Port-a-potties, which are often the only WASH facilities available for military personnel in fieldwork, are not adequate to manage menstruation (116).

Research into the experiences of physicians in the United Kingdom indicated that managing menstruation was challenging due to a variety of factors, such as long working hours (119).

“Imagine this: it’s the 11th hour of a busy shift. Whenever you start reading the notes of the next patient, you’re pulled away to some more urgent task. You’ve barely had time to gather your thoughts, never mind change your tampon.”

Healthcare providers who work long hours prefer menstrual cups, which can be used for up to 12 hours. Menstrual suppression, in which hormonal contraception is used to reduce or stop menstrual bleeding, has also been employed as a strategy by menstruators in the military, healthcare, and within elite sport and training (116,119,120).

The Canadian Labour Program published a notice of intent in 2019 to amend Part II of the Canada Labour Code. The proposed amendment would make it a requirement for all employers to provide free menstrual supplies in the workplace (83). A community consultation through a survey took place following the notice of intent, which found that participants were generally supportive of the proposal. In addition, many participants expressed their support for earth-friendly menstrual supplies and supplies that are free of toxins. Those opposed to the provision of free menstrual supplies in the workplace (71%) cited a variety of concerns. For example, some shared that they believed free menstrual supplies would lead to misuse (83).

KEY PROGRAM CONSIDERATIONS

Current evidence suggests that menstruation management is a concern in many workplaces, particularly ones that require menstruators to work long hours or without ready access to standard WASH facilities. Improved access to menstrual supplies can reduce the barriers to workplace participation and promote gender equity. Implementation of any program that promotes menstrual equity will require active employer engagement, as well as strategies to address the knowledge translation required to support change. Based on the findings of the Canadian Labour Program's survey, it is also imperative to address concerns around financial implications, as well as misconceptions surrounding misuse of freely available menstrual supplies.

EVIDENCE GAPS

- **assess** the economic impact of menstrual inequity in Canada;
- **identify** experiences of menstruators across a range of sectors to understand differential impacts based on type of work and employment; evaluate existing pilot initiatives that provide free menstrual supplies in workplaces to assess cost, as well as strategies to address misconceptions around misuse.



Gender

Menstrual inequity is connected to structural forms of discrimination and systemic barriers experienced by menstruators. In Canada, 10% of women live on low incomes (121). Indigenous women, girls, and Two Spirit folks, people living with a disability, racialized, or who are single mothers are more likely to face poverty and, by extension, period poverty (3). Similarly, gender-diverse individuals, and youth in particular, are at greater risk for poverty and housing precarity (122). Research within the Canadian not-for-profit sector has identified that period poverty is a gendered issue. The Period Promise report indicates that 26% of respondents have gone through a period without menstrual supplies. Approximately 1 in 5 (21%) menstruators have 'struggled to afford products for themselves or dependents'. A further 22% indicated they have rationed the supplies 'because they could not afford more' (4).

Period poverty is also about an added burden of responsibility and care related to dependents who may be in need of menstrual supplies. In Canada, inequities related to care work and labour continue to disproportionately impact women. As one research participant shared:

"I have needed in the past to go to foodbanks when my 3 daughters were teenagers and we desperately needed menstrual pads and tampons for them. They would only give us 3 pads. That's all for three menstruating women!! If they even had any, as they told us they were rarely donated. It was no wonder they are shoplifted so often." (3)

In addition to poverty, preliminary research has begun to explore the connection between menstrual precarity and gender-based violence, which includes impacts on mental and bodily health and well-being, as well as sexual violence. For example, the withholding and control of funds within the context of intimate-partner violence impacts access to necessities, which may include menstrual supplies. Research into carceral settings highlights instances of 'transactional sex' for menstrual supplies (123). And, while we did not come across research studies specifically assessing need within shelters related to gender-based violence, research has identified menstrual supplies as a neglected need within treatment centers (124), and community service providers supporting vulnerable and marginalized populations have indicated a broad need within the community (3).

Generally, the experiences of trans and non-binary menstruators have not been included within research into menstruation leading to significant gaps in understanding and, by extension,

knowledge, services and support (84,125). In Canada, as in other parts of the Global North, use of restrooms is divided along the gender binary. Men's restrooms are currently understood as spaces not designed for menstruation or menstruators. At a structural level, policy interventions often fail to fully include or identify the needs of gender-diverse menstruators, leading to ongoing gaps in adequate access to gender-affirming menstrual supplies, healthcare and services. As we noted earlier in the report, another key gap identified in the literature is the knowledge and education of community service and healthcare providers, many of whom are often not equipped to provide gender-affirming support and care.

Broadly, research has identified social context for the knowledge men and boys acquire about menstruation within the family and through close peer relationships (126). Recent research into attitudes and beliefs along gender lines has highlighted female and male views on menstruation in Canada (127). Findings indicate that, 'Seven in ten Canadian men and boys say they are comfortable or somewhat comfortable overhearing conversations about menstruation in public spaces'. In addition, 'Just over two thirds of Canadian men and boys say they feel prepared or somewhat prepared to have conversations about menstruation' (88). Highlighting the pervasiveness of menstrual stigma, as it intersects with gender identity, Macleod et al. indicate that denigrating menstruation has been found to bolster conventional expressions of masculinity. Within educational programming, menstruation education, across a range of curricula and within online spaces, are identified as important sites for addressing menstrual stigma across society (97,111,128).

KEY PROGRAM CONSIDERATIONS

Menstrual equity is intimately tied to broader systemic forms of gender discrimination, as well as intersecting patterns of inequity, such as experiences of menstruators, attitudes of men and boys, poverty, care work and responsibility for dependents, experiences of precarity, and exclusion of trans and non-binary menstruators. There exists widespread support for free menstrual supplies, across a range of sites, both public and private, to support gender equity; however, surface level responses that fail to address underlying causes of gender-based inequities can potentially further exacerbate the circumstances of vulnerable and marginalized populations.

EVIDENCE GAPS

- **assess more fully** the impacts of menstrual related restrictions on gender equity, e.g. workplace, health and safety, through an intersectional lens;
- **identify** connections between period equity and related fields, e.g. gender-based violence, childcare, access to reproductive health;
- **identify** attitudes and views of men and boys in relation to menstruation and gaps in existing educational curricula, as well as sites outside of schools for promoting change; deepen understanding of experiences and needs of trans and gender-diverse menstruators, e.g. supplies, education, systemic changes within healthcare provision, services and support.



Religion

Religion plays a role in shaping cultural views, beliefs, and attitudes towards menstruation and menstrual health. For example, the origins of menstrual stigma can be linked back to menstrual blood as a site of impurity and taboo within many major world religions (15). Religion has often been a means through which women and girls are excluded or marginalized, especially during menstruation; however, there is considerable variation within and across religious traditions. Static examinations of menstrual stigma and taboo within religious texts and traditions offer some insight into existing attitudes and beliefs related to menstruation and menstrual stigma; however, there is a tendency to reinforce one-dimensional views about the impact of religion on experiences of menstrual health and well-being.

Formal religious affiliation is declining in Canadian society and Young has identified that religion does not necessarily determine sexual health practices (129). Research indicates stronger religious affiliation amongst newer immigrants and, for many immigrant populations, religion may play a role in experiences of sexual and reproductive health (130). Drawing from global research, speaking to the importance of a biocultural approach to menstruation management, Tan et al. observe:

“Considering the increasing ethnic mixture of women seeking medical help in most countries and the globalization of current clinical practice, it is important that health care providers are cognizant of extant cultural and social views and attitudes regarding the menstrual function. The ultimate goal is to provide women with culturally sensitive and medically appropriate treatments for menstrual disorders. In view of the great variations in the experience of menstruation in women around the world, this biocultural approach to menstruation management is desirable.” (131)

When adopting an intersectional lens as part of menstrual equity, religion and religious identity ought to be included.

KEY PROGRAM CONSIDERATIONS

Religion is one of many factors that shape experiences of menstrual inequity, as well as attitudes and beliefs related to menstruation. Programming and policy responses aiming to address menstrual inequities must be attuned to and reflect cultural sensitivity, including religion. For example, sexual health curricula that include discussions about menstruation can and should provide space for individuals to speak to the impact of religion, as well as the choices they make regarding menstruation management. Improving healthcare and service providers' understanding of the impact of religion on sexual and reproductive health experiences and views more broadly is worth more examining.

EVIDENCE GAPS

- **increase knowledge** about the relationship between religion and menstrual equity for a range of groups in Canadian society;
- **identify** forms of exclusion within menstrual equity programming that would eliminate menstruators that identify with specific religious communities;
- **assess** existing sexual health curricula with attention to religion, religious attitudes, views and beliefs, i.e. Is religion included and, if so, in what way?;
- **assess** existing practices for healthcare and service providers and identify barriers or gaps in knowledge and practice as related to religion and religious identity.



Education, socio-economic status & social capital

Research that examines the link between education and an individual's experiences of menstruation or period poverty in Canada is scant. Out of the limited data available, the Period Promise (2021) research report cited that participants who did not complete elementary or high school education struggled to access menstrual supplies at a higher rate than those who had completed high school or a Bachelor's degree (1). The impact that lack of access to menstrual supplies has on participation in education has been widely documented within research. Not having access to menstrual supplies has been associated with missing school, leaving early or arriving late (99). A study that explored the relationship between menstrual supply access, absenteeism and academic performance in schools found that 92.35% of the participants needed access to a new pad or tampon in school. Additionally, 64% of the participants shared that they sometimes bring toilet paper to school to manage their periods (61).

The American Psychological Association defines socio-economic status as the 'social standing or class of an individual or a group' (132). Research from Canada, the United States and the United Kingdom has demonstrated that period poverty disproportionately impacts individuals of lower socio-economic status (3,94,101). Education, income and occupation are all part of socio-economic status, and each relates to the capacity to regularly purchase menstrual supplies.

Lack of access to period supplies has been demonstrated to lead to menstruators staying at home, missing work and appointments (1). The impact of poverty on the experience of menstruation is clearly depicted in the quote below:

"I grew up in poverty. I did not have access to menstruation products very often as a teenager. I was reduced to using very unhygienic alternatives that did not work and I now know were a major risk for infection. I was very ashamed of my family's low income and that I could not afford such a basic item. It greatly affected my self esteem and sense of self worth. I could never ask for help directly because of these feelings and thoughts of inadequacy and insecurity... I'm now in my 30's but I still carry a lot of the shame of growing up in poverty. It's something I work on every single day. This issue especially made me feel ugly and dirty and unworthy." (1)

The impact of period poverty on socio-economic status is cyclical and leads to a compounding effect overtime. For example, if an individual is unable to afford period supplies and, as a result, chooses to stay home/miss work, their income may be further reduced and their ability to afford menstrual supplies further jeopardized.

Social capital refers to the value that can be derived from an individual's social networks and relationships. For example, peers or family members, such as mothers and sisters, are key sources for menstruation education and/or provision of menstrual supplies (133). Increasingly, online spaces have become extended spaces for social network building. Many individuals, especially youth, turn to online networks and sources to learn about menstruation in the absence of, or in addition to, peers and family members (97,134). A community of care is often developed in such informal spaces, which highlights the opportunity to improve access to menstruation education, even if it can sometimes be a site for the amplification of stigma, as noted in the previous section.

KEY PROGRAM CONSIDERATIONS

Period poverty disproportionately impacts individuals who are of lower socio-economic status. As such, programs and initiatives seeking to advance menstrual equity ought to prioritize menstrual supply access, but also menstruation education initiatives. In addition, there is an opportunity to utilize social media platforms and private groups, such as those on Facebook, to disseminate menstruation education and reach individuals who may not be receiving it from peers or family members.

EVIDENCE GAPS

- **examine** more fully the relationship between socio-economic status and impacts on the experience of period poverty, as well rates of menstruation education;
- **identify** impact of distribution strategies in the K-12 system at provincial level on access to and participation in education;
- **explore** opportunities in social media and non-formal education programs to reach underserved populations experiencing period poverty.



Plus (age and disability)

The final category for PROGRESS is 'Plus,' which refers to 'personal characteristics associated with discrimination,' which can include factors such as age, family and social context, household composition, disability and more. As stated in earlier sections of the literature review, age, family relationships and community context impact a menstruator's access to menstrual supplies, as well as knowledge and understanding about menstruation. For the purposes of this report, and with a view to identifying priority groups, we chose to focus on age and disability. Existing research has identified both identity categories as factors impacting period poverty (3). Further research could expand on the Plus analysis and add additional detail and context.

Research has not definitively identified age as a determining factor in access to menstrual supplies. However, research in British Columbia, reported that a significant number of 'people aged 41-60 and 61 or older who have struggled to purchase product for a dependent' (3). Adolescence has been identified as a time when experience of menstrual stigma is heightened, which is compounded for young people in low-income families and communities (49,135,136) and Indigenous youth (34,49). Youth also report relying on caregivers, especially mothers, for the purchase of menstrual supplies (and knowledge) (137).

Research from British Columbia has identified that menstruators with disabilities are more likely to experience period poverty (1). In addition, different disabilities lead to distinct needs for menstruators, e.g. visual impairment, neuro-divergence (138). Menstruators with disabilities 'face a double stigma due to both social norms around gender and menstruation and having a disability' (66,139,140).

In addition, 'women who are disabled may be perceived as not being able to manage menstruation, or placing an additional 'burden' on their caregivers to help them manage their periods' (140). Research has highlighted the importance of increasing capacity and understanding of caregivers (141), building knowledge and awareness amongst healthcare and support professionals, and general awareness raising and sensibilization as key to effective support for menstruators living with disabilities (140). Initial insights from research indicate that different menstruation management strategies can increase autonomy, choice and control, but, overall, the intersection of menstruation and disability remains understudied.

KEY PROGRAM CONSIDERATIONS

When assessing the impacts of personal characteristics associated with discrimination, menstruators will experience varying degrees of choice, autonomy and capacity to control how they access and use menstrual supplies. Overall, there is a need for policy solutions to be attuned to the particularities of day-to-day needs and circumstances, many of which are tied to relationships that impact menstruators in a range of ways, e.g. dependent status, ability, age.

Menstruators with disabilities face a compounding of menstrual stigma and stigma associated with disability. Knowledge about the diversity of needs is currently lacking (138,140). Programs and initiatives must include menstruators with disabilities, as well as caregivers, and be attuned to and reflect physical impairments (e.g. mobility, vision), as well as mental disabilities. Knowledge dissemination efforts ought to reflect an awareness of the dual nature of stigma facing this population - i.e. disability and menstruation - and seek to increase public awareness and individual capacity and knowledge through a broad lens.

Existing guidance for menstrual supplies for people with physical disabilities in public spaces, include:

- free menstrual supplies, e.g. disposable tampons, pads, liners in all restrooms, including stalls intended for people with disabilities;
- access to different kinds of menstrual supplies based on need, comfort, personal preference and circumstances, e.g. disposable, reusable;
- ensure universal design is considered in any changes to physical structures, e.g. WASH supports (soap, menstrual supply dispensers, sinks) placed 'at a height that can be reached by girls and women using wheelchairs'; suggested height is 600mm to 700mm above the floor) (66).

EVIDENCE GAPS

- **understand** the extent to which age is an indicator of period poverty; factors that lead to diminishment or shifting over time;
- **identify** experience of families; impact on caregivers and dependents; experiences of intergenerational period poverty (also, ties to gender);
- **increase** understanding of experiences and needs of menstruators with disabilities;
- **assess** existing supports and knowledge dissemination strategies, e.g. education and curriculum); Are they inclusive of menstruators with disabilities?;
- **assess** impact of different kinds of menstrual supplies on offering greater autonomy, comfort and different distribution strategies, e.g. disposable, reusable; identify support needed for caregivers, for dependents and for menstruators with disabilities.



Period poverty and the COVID-19 pandemic

The final section of the literature review results provides an overview of the impact of the COVID-19 pandemic on period poverty. Following the initial series of COVID-19 related shutdowns, Plan International released a global report, 'Periods in a Pandemic: Menstrual hygiene management in the time of COVID-19' (6). The report highlighted challenges facing menstruators during the pandemic and emphasized the parallels between access to sanitation and menstrual supplies, both of which are essential for health, safety and mobility.

The findings of the report are echoed within recent scholarly work (142), as well as anecdotal reports in the American and Canadian news media about the ways the pandemic exacerbated the intensity and scope of period poverty. For example, existing access to free supplies was curtailed due to the closure of institutions, community centres and programming disruptions; access to public WASH was negatively impacted (which continues today); period supply supply chain shortages and panic buying were widely documented, leaving many menstruators struggling to access menstrual supplies (143,144). Similar to the emergence of the 'shadow pandemic', which refers to increases in gender-based violence during the COVID-19 pandemic, the report identifies the importance of understanding the impact of global health crises on existing patterns of structural oppression, such as period poverty.

In Canada, a collaborative research project with two community service organizations, United Way of the Lower Mainland (UWLM) and Aisle International (Aisle), sheds light on the impact of the COVID-19 pandemic on menstruators, as well as how providers responded to new and emerging needs (85). Prior to the pandemic, many Canadian organizations were taking steps to address period poverty through direct action and a range of advocacy initiatives. The COVID-19 pandemic intensified the scope of period poverty and placed great strain on the not-for-profit sector. The use of local sites and hubs for distribution was key to ensuring ongoing support for those in need, especially vulnerable and marginalized populations. The authors also highlight a parallel between menstrual supplies and personal protective equipment; face masks as essential to protect personal and public health and safety and to ensure mobility.

KEY PROGRAM CONSIDERATIONS

The COVID-19 pandemic exacerbated many pre-existing forms of inequity that are tied to period poverty, such as gender-based violence, unfair distribution and care work, poverty. Similarly, systems and programs that seek to address menstrual equity must be responsive and flexible to shifting needs, intensities and contexts, including emergency shutdowns and crises. Working closely with individuals in the not-for-profit sector is key to remaining in touch with changing needs within the community, especially when seeking to support vulnerable and marginalized populations (1). Policy responses that seek to address period poverty need to strengthen the capacity for local solutions, while using legal channels to entrench standardized access (18,85).

EVIDENCE GAPS

- **assess** the impacts of the COVID-19 pandemic lockdowns on menstruators and related issues; in particular, individuals relying on public distribution sites and/or service organizations for access to supplies or WASH facilities;
- **identify** ways that organizations supporting vulnerable and marginalized populations adapted or struggled to continue to provide support to menstruators during the pandemic;
- **understand** more fully how needs for menstrual related support were impacted by the ongoing pandemic, e.g. increased interest or capacity to use reusable menstrual supplies; e.g. impacts on lack of privacy within the home on menstrual supply preference or choice; e.g. impacts on access to WASH.

In this final section of the literature review results, we have summarized research related to period poverty and the COVID-19 pandemic. We now turn to the Conclusion of the report.

CONCLUSION

CONCLUSION

In this report, we have provided a review of literature examining menstrual equity and the extent of period poverty in Canada. Existing research in the Canadian context is sparse, and what exists has primarily emerged from grassroots activists, community organizations, the not-for-profit sector, and, in some cases, provincial government (see, for example, British Columbia and Québec). High-level data points indicate that period poverty is a common experience for many menstruators. Research also indicates that an intersectional lens is key for identifying the range of impacts of menstrual related inequities. Additionally, research has indicated that key areas for intervention include education, policy and capacity building within the community sector. Education – across sectors, for both menstruators and non-menstruators – is a key step for addressing menstrual stigma, as well as knowledge gaps in relation to menstruation supplies, support and services.

While much can be learned from the growing body of research in countries with similar characteristics, there is a need for research that is situated within the Canadian context. Building from existing knowledge, research can consider key existing frameworks reflected in the literature when developing future initiatives. It is key that distribution programs and initiatives, as well as research, are responsive to and cognizant of specific characteristics of menstrual inequities in the Canadian context. Going forward, immediate needs must also be assessed, as well as the factors that can contribute to long-term structural change, across a range of key sectors. The current report leads into two additional reports for this project, presenting qualitative research with menstrual equity advocates and a high-level environmental scan of promising programs and initiatives, inside and outside Canada.

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