



NASPAG Position Statement: Eliminating Period Poverty in Adolescents and Young Adults Living in North America

Created by Megan E Harrison MD FRCPC, Shelby Davies MD, Nichole Tyson MD, Andrea Swartzendruber PhD MPH, Laura K Grubb MD MPH, Elizabeth M Alderman MD

In collaboration with NASPAG Advocacy Committee members: Rachel Casey MD, Martin Fisher MD, Shaketha Gray MD, Kim Hoover MD, Andrea Huneus MD, Susan Kaufman DO, Andrew Lupo MD, Kate McCracken MD, Seema Menon MD, Diana Robillard MD, Mary Romano MD, Julie Strickland MD, Whitney Wellenstein MD, Noor Zwayne MD

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Despite menstruation being a normal, healthy bodily function for billions of individuals around the globe, menstruation is still a source of deep gender and health inequities [1]. Every month, millions of adolescents and young adults (AYAs) globally experience pain, discomfort, shame, anxiety, and isolation regarding their menstrual periods [1]. On average, a youth's first menstrual period occurs between ages 11 and 14 and continues monthly until their 50s - this means that the average menstruator experiences approximately 40 years of this cycle. New investigations and website calculators estimate that during this time, a menstruator will use greater than 8,000 disposable products including pads or tampons and spend on average \$9 USD or \$12 CAD per month [2–4]; however, the true cost of menstruation is even higher when we consider the costs of pain control, laundry services, and lower workforce and academic productivity [2,5]. This toll also varies based on individuals' menstrual experiences, including age of menarche, frequency of menses, length of menstrual period, quantity of menstrual bleeding, and other symptoms. AYAs often experience heavy, prolonged, and unpredictable menstrual bleeding due to their proximity to menarche and immaturity of their reproductive hormonal axis, which can lead to a higher demand for menstrual products.

Access to menstrual products and proper menstrual hygiene is a basic need globally, yet there is little attention to this issue [1]; moreover, studies have generally focused on lower-income countries. “Period poverty” occurs when financial circumstances or inadequate access to menstrual hygiene education make it difficult or impossible for individuals to access menstrual hygiene products and necessities [6]. Worldwide, it is estimated that nearly 25% of all menstruators, over 500 million people, experience period poverty, though prevalence estimates in peer-reviewed studies in North America are lacking [7]. AYAs may experience difficulty accessing menstrual hygiene products due to their high cost and/or lack of availability in some circumstances. Anecdotally, young menstruators may often resort to proxy materials or measures to absorb their menstrual flow, including prolonged use or unsafe use of pads or tampons. Unsanitary practices may have serious health consequences, such as toxic shock syndrome, lower reproductive tract infections and outer skin infections [8,9]. Lack of access to proper menstrual products may also affect AYA’s social and academic life, as well as mental health and self-esteem [10]. Anecdotal evidence suggests menstruators may take measures that interfere with daily activities, such as missing school or withdrawal from extracurricular activities, when faced with limited access to hygiene products [11,12].

Period poverty is not limited to lower income countries [13–17]. While there is ample evidence to date on the impact of period poverty in developing nations, North American peer-reviewed data is scarce but growing. Period poverty affects menstruating individuals of all ages throughout the United States (U.S.), with lower-income and racialized communities particularly affected [13–17]. Prior to the COVID-19 pandemic, 1 in 5 students in the U.S. struggled to afford menstrual products [14], and this number rose to nearly 1 in 4 by 2021 [13], resulting in menstrual-related school absences or the need to use makeshift menstrual products such as paper or socks. Recent industry reports show that 20% of girls in the U.S. have left school early or missed school entirely because of lack of access to menstrual products [11]. In most states, U.S. government benefits, such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children

(WIC), do not cover the cost of these necessary supplies [16,18]. In Canada, at least one-third of women under the age of 25 say they have struggled to afford menstrual products, and more than half have had to miss out on an activity because of their period and concerns about inadequate access to menstrual hygiene products or proper facilities [12,19]. These problems existed prior to the COVID-19 pandemic, though increased unemployment, poverty, and remote learning have only amplified the impact and scope of period poverty [15], highlighting the financial burden on those who need to purchase menstrual products either for themselves or others.

There is increasing momentum around the world to improve access to menstrual products, with particular emphasis on sales tax. The American Medical Association (AMA) considers menstrual hygiene products as “essential for women’s health” and has called for the elimination of the sales tax [20]. Many countries, including Canada, Australia, Kenya, Nicaragua, Jamaica, Nigeria, Uganda, Lebanon, India, South Africa, Colombia, Malaysia and the United Kingdom have eliminated the tax on menstrual products; although the cost remains relatively high especially for low income, unhoused, and marginalized youth [21,22]. While some U.S. states have abolished menstrual product taxes, the majority continue to tax menstrual products as a luxury or nonessential item [3,21]. Sales tax on menstrual products affects only those who menstruate and is a regressive tax as economically disadvantaged individuals pay a higher proportion of their income than more economically secure and advantaged peers. Further, products marketed towards women already tend to be more expensive than those for men, thus such sales taxes are a form of sex-based discrimination [2].

Many higher-income countries are striving to make menstrual products free or subsidized. In November 2020, Scotland became the first country to make period products freely available to all who need them [23]. Most North American efforts have identified schools as logical places for advocacy. As of this publication, many local and municipal governments have passed bills requiring the provision of free menstrual products in on-site school washrooms (i.e., New York State, Delaware and California, USA; British Columbia and Nova Scotia, Canada; Mexico) [24–32]. Members of the

medical community may advocate for more equitable access to menstrual hygiene products in all schools, as well as other adolescent-centered services, such as youth shelters, pediatric health-care facilities, and juvenile detention centers, but efforts to date have been limited. Also, some hospitals in Canada and the UK provide free menstrual products at no cost [33–35].

Financial barriers are not the single cause of period poverty. Worldwide, there is deep stigma around menstruation and many consider the act of menstruation as dirty, shameful, and indicative of female weakness. Healthcare providers (HCPs) can help shift away from this stigma by discussing menstruation as a natural, normal, and biological event which represents health and fitness. To dismantle systemic stigmatization and discrimination of menstruators, we must provide education for menstruators and non-menstruators. HCPs and educators play an important role by teaching menstruation as a healthy bodily function and not a source of gender shame and burden. The creation of evidence-based menstrual health curricula for youth is important to normalize and destigmatize menstruation.

NASPAG supports local, national, and international efforts aimed at reducing barriers to menstrual hygiene education and product access with greater attention to eliminating period poverty in both low- and middle-income countries. NASPAG outlines the following positions as initial steps in this ongoing process.

1. **UNDERSTAND.** Menses is a vital sign and therefore anything that impacts menstrual health should be of utmost importance to medical providers.
2. **ASK.** Medical providers to have open conversations with their patients about menstrual products and any barriers they experience accessing them.
3. **EDUCATE.** To establish sustainable social change, healthcare providers must focus on education of both menstruators and non-menstruators. Collaborating with youth and their families, community leaders, school administrators and teachers, as well as community-based, hospital-based and school-based healthcare providers, is an

important step in increasing the reach of education aimed at negating menstrual stigma.

4. **LEGISLATE.** Menstrual health advocates must work with local, national, and international governments or other entities to end discriminatory taxes on menstrual products and to make a choice of menstrual products available in schools and public washrooms.
5. **STUDY.** We need more comprehensive, peer-reviewed studies addressing period poverty in young people around the world to elevate diverse youth voices and shed light on their lived experiences.

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