



ACHIEVING EQUITABLE ACCESS TO MENSTRUAL HEALTH CARE AND PRODUCTS FOR ADOLESCENTS AND YOUNG ADULTS

Menstrual health is a significant component of overall health and well-being as women, girls and all other people who experience a menstrual cycle may menstruate for 40 years of their lives. Many people who menstruate, particularly young people, face financial and material barriers to accessing menstrual products and there are disparities in that access.

Known as period poverty, this phenomenon has largely been examined in low- and middle-income countries. In the *United States*, we have only recently begun to acknowledge this issue and its disproportionate toll on Black, Brown and lower-income youth. Several professional medical organizations, including the *American Medical Women's Association*, *American Medical Association*, *American College of Physicians*, *American Academy of Pediatrics*, and *North American Society for Pediatric and Adolescent Gynecology*, have recognized that lack of affordable access to menstrual products and social stigma surrounding menstrual health can lead to negative health implications for young people who menstruate.

Throughout this brief, we refer to youth or people who menstruate, recognizing that not all individuals who experience a menstrual cycle identify as women or girls. The recommendations set forth in this resource seek to eliminate inequity for women, girls and all people who experience a menstrual cycle.



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An estimated 1 in 4 high school students reported being impacted by period poverty in a **2021 survey** commissioned by Thinx Inc., a period solutions company, and PERIOD, a youth-led nonprofit group focused on combating period poverty and stigma. This is an increase from 1 in 5 in 2019. Income loss related to the COVID-19 pandemic was a **strong predictor** of period poverty. Despite the prevalence of period poverty, there are few peer-reviewed studies that examine this issue in the U.S.

In this brief, we review the existing literature on adolescent menstrual health and inequities and propose actionable policy and systems recommendations to address these issues, as well as areas for future research. We also highlight how current practices make it difficult for youth who menstruate to reach their full potential. Menstrual equity can only be achieved when systemic solutions address the societal and financial inequities faced during menstruation.

Contributing to this brief are physicians, researchers, and policy experts at PolicyLab and Children’s Hospital of Philadelphia

(CHOP), as well as community activists and co-founders of No More Secrets Mind Body Spirit Inc. and the nation’s first menstrual hub and uterine wellness center, The SPOT Period. Our combined multidisciplinary work is grounded in the perspectives of youth who menstruate and highlights both the rights of youth that are being challenged and potential solutions to address this.

WHAT THE RESEARCH TELLS US ABOUT MENSTRUAL EQUITY

Menstrual health inequity and adolescent health and well-being

Menstruation can impact a young person’s life through several different pathways, as described in Figure 1. We present available research on some of these pathways in this section and identify areas for future work later in the brief.

Figure 1

MENSTRUATION AFFECTS YOUNG PERSON'S LIVES IN MANY DIFFERENT WAYS

SCHOOL

Lack of facilities or necessary supplies may affect school attendance and concentration.

PARTICIPATION

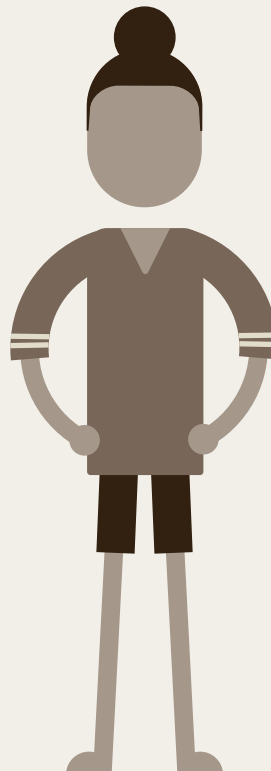
Pain, discomfort, and fear of leaks may be distracting and affect productivity and participation in work and other activities.

RACE AND ETHNICITY

Systemic racism and stigma surrounding menstrual health may exacerbate the menstrual health inequities faced by young people of color.

PHYSICAL AND MENTAL HEALTH

Use of improvised menstrual hygiene materials may lead to urogenital infection and worsening depression or anxiety.



READINESS

Inadequate school health curricula on menstruation may leave youth unprepared for their periods.

GENDER IDENTITY

Lack of inclusive practices and facilities may lead to misgendering or worsening dysphoria among young people who menstruate.

DIGNITY

Period-related discomfort, teasing and shaming may lead to exclusion from everyday activities.

WORKFORCE

Lack of supplies or facilities may affect work attendance.

This figure has been adapted from a model of menstrual health programming designed by Plan International, which can be accessed at: <https://www.planusa.org/menstrual-health-programming>.

Youth seek more menstrual health education

People who menstruate seek more comprehensive, verified and trustworthy *sources of information* about their periods. Youth in particular report that they are not adequately prepared for their periods. In the *2021 survey* of high school students, more than three-quarters reported believing they are taught more about the biology of frogs than the human female body in school. More than half of the 58 *high school students surveyed* in an urban school district indicated a need for more information and education about managing periods and personal hygiene, and nearly 40% shared a desire to learn more about reusable pads and durable products.

Given the limited amount of data on menstruating youths’ needs, a *2022 PolicyLab qualitative study* sought to better understand the experiences of adolescents and young adults in the U.S. who menstruate. The participants were between 13 and 24 years old and had either experienced period poverty or were publicly insured (see Figure 2).

These themes recur in conversations youth are having on social media. A 2022 study of 10,000 tweets that contained at least one menstrual-related keyword found that conversations predominantly *focused on expectations* youth had about their periods and suggest the need for more anticipatory guidance to youth regarding menstruation.

Menstrual inequities impact physical and mental health

People who experience period poverty are vulnerable to harmful physical and mental health outcomes. In the *global context*, inadequate access to menstrual products has been associated with urinary and reproductive tract infections and other illnesses. Period poverty can also be associated with psychological stress, including *shame and depression*.

In the U.S., the available research shows similar findings. In a *2019 study* of 183 people who menstruate and reside in a low-income community, one-third reported using something other than disposable pads or tampons during menstruation, such as strips of cloth, rags, tissues or toilet paper. As identified in research conducted internationally, this put those who

Figure 2

LISTENING TO THE VOICES OF ADOLESCENTS AND YOUNG ADULTS WHO MENSTRUATE

When asked to describe their experiences with menstrual health education, participating youth emphasized the following:

- When youth do not receive adequate education, they are more likely to be afraid of their periods and think of them negatively.
- Youth want more information and education about periods, separate from sexual health education, and at an early age.
- Youth search the internet for education because they are not having conversations about menstrual health elsewhere.
- Social media may provide an equitable alternative to traditional health education and an opportunity for youth to find representation within the medical community.
- Despite that benefit, social media also has the potential to spread misinformation and should be used with caution.

“I feel like I never knew enough, so I was super confused when problems with my period would come up. I’d be like, oh, this isn’t what I learned. I was lucky that I had access to the internet, so I was able to discover some things and feel less alone in my period.”

“I think it’s very important for them to start talking about that kind of stuff in middle school. Because these things don’t just develop in high school. They develop way before high school.”

“Being a young Black girl, you don’t see a lot of young Black doctors...And when you go on YouTube, and you’re able to see somebody that has the same hair texture as you, that has the same skin color as you...it broadens your horizons. It opens you up and it shows you, like, wow, there are more things than just what I see.”

Davies S, Darien K, Bazzyar F, et al. A multimodal qualitative approach to understanding menstrual health equity adolescents and young adults. *Journal of Pediatric and Adolescent Gynecology*. In press, <https://doi.org/10.1016/j.jpag.2023.07.010>.

menstruate at a *heightened risk* for medical issues, including preventable urogenital infections, such as urinary tract infections, yeast infections and bacterial vaginosis. This practice is also associated with outcomes such as skin irritation, vaginal itching and vaginal discharge.

One study estimates that lack of access to menstrual products leads to health issues for *almost 8%* of high school-aged students. Lack of access to menstrual products may also be associated with poor mental health outcomes, such as worsened anxiety, *depression* and distress. The negative impact of *poverty* and *toxic stress* on health is well-described, including for *adolescents*, and period poverty is likely an aspect that is under considered in this research.

“There were times where I kept a pad on longer than it should be. You’re supposed to change them a couple of times a day. I would keep the same one on almost all day, and I didn’t change it. And it was very unsanitary, but I didn’t [want to] waste resources.”

Menstrual inequities have educational and economic consequences

Period poverty affects school attendance, especially as school menstrual hygiene supports often do not adequately meet students’ needs. In one study of students in St. Louis, *17%* of the youth surveyed reported missing at least one day of school because they did not have an adequate supply of period products. In a second study, *33%* of students surveyed reported missing school due to a lack of period products, with *17%* missing one or more days each month due to not having an adequate supply. This is consistent with the findings in international settings, where *qualitative data* shows that lack of effective materials for menstrual hygiene management is a common cause of school absenteeism.

Products provided by schools are frequently low-absorbency and do not adequately meet the needs of youth who menstruate. In these cases, youth go through pads more quickly, wear two pads at one time or use toilet paper in addition to the pads. When schools provide free menstrual products, they are often located within the school nurse’s office, meaning students miss more class time by going to the nurse’s office before the bathroom. When products are available in bathrooms, they may be in coin-operated machines and only in the girls’/women’s bathrooms. Access is often more challenging for *transgender and non-binary students* who face potential misgendering and dysphoria by needing to ask for products.

“They never had my size. They literally have the thin ones. Because they think everybody bleeds little. No, I need the big ones. When I tell them that, they won’t have them so I would have to go home, leave school early and go home.”

Lack of access to menstrual products has also been linked to truancy in school-age youth who menstruate, and in the 2022 PolicyLab research, youth shared how this has in some cases led to legal action or fines.

In addition to their roles as students, *more than half of youth* in the U.S. (55.3%) are employed. Work loss from menstruation—generally due to cramps or heavy menstrual flow—has been *estimated* to be \$1,692 annually per person who menstruates, and this estimate does not account for the additional likely work loss for those with limited access to menstrual products.

POLICY CONSIDERATIONS TO ENSURE MENSTRUAL EQUITY AND ACCESS FOR YOUTH

Existing Policy Approaches

Several policy initiatives underway in the U.S. will help improve menstrual equity, however these solutions have limited reach and may not provide enough support for those most impacted by period poverty, including adolescents and young adults.

State legislative trends include requiring the provision of menstrual products to populations presumed to have limited access to menstrual products and the elimination of taxes on menstrual products. Recent *state efforts* to provide menstrual products focus on settings such as *schools*, homeless shelters,



The Role of Reusable Menstrual Products

We acknowledge that use of *reusable menstrual products* plays a critical role in menstrual equity and has both health and environmental benefits. For this brief, we chose to focus on policy around access to disposable menstrual products.

and correctional facilities or prisons. Of the **21 states and Washington D.C.*** with a policy requiring provision of products in schools, less than half also appropriate funding to school districts, adding to the many competing priorities that school administrators face in their budgets.

Meanwhile, taxation of menstrual products, known as the “tampon tax,” occurs in **20 states**. States may exempt the tax through policy that eliminates the tax or classifies products as a medical necessity. Eliminating sales tax on menstrual products helps advance menstrual equity, but it will not help those for whom the baseline price of menstrual products is prohibitive.

At the federal level, the Coronavirus Aid, Relief, and Economic Security (**CARES Act**) made period products qualified medical expenses eligible for purchase with tax-advantaged accounts (e.g., flexible spending accounts, health savings accounts). The impact of this policy change is limited to those who have private health insurance and tax-advantaged accounts.

Finally, the private sector is also taking steps. For example, **CVS Health** pays the tax on period products on behalf of their customers in 12 states that maintain the tax.

Strategies to Improve Menstrual Equity

Improving menstrual equity, and addressing period poverty specifically, requires leadership by decision-makers involved in education, health and human services and other sectors. Here, we lay out some priority areas for action, grounded in our research and the lived experiences of the youth who menstruate with whom we work. These strategies are not comprehensive and additional stakeholders may need to be involved.

Including menstrual health in comprehensive sexual and reproductive health education

State and local education decision-makers can support equitable access to menstrual health education in schools that is **comprehensive, medically accurate and age appropriate**. Important factors to ensure equity in menstrual health education include providing education to all students regardless

of gender identity, starting menstrual health education as early as elementary or middle school to prepare youth prior to their first periods, and separating it from sex education, as described in the **National Sex Education Standards**.

How education is delivered is as important as what is taught. More than 40% of the students in a **2021 survey** reported that their health teachers appear uncomfortable discussing menstruation. Health educators will be most effective when they model strength-based, trauma-sensitive, resilience-building communication when discussing menstruation, as with all other topics of communication with adolescents.

Health care providers can also play an important role in young people’s education on menstrual health. During medical visits, providers can offer anticipatory guidance for both young people and their **caregivers** regarding normal menstruation and carefully address expectations about menstrual health. They can also connect youth and caregivers to resources on **menstrual cycles** and period products, such as **disposable products** or reusable **menstrual cups** and **underwear**. Further, health care providers can link youth and caregivers with local organizations that offer community educational opportunities, like these **educational workshops** created by the founders of No More Secrets Mind Body Spirit Inc. Continuing education and clinical care resources for providers are offered by **American Academy of Pediatrics, Society for Adolescent Health and Medicine** and **North American Society for Pediatric and Adolescent Gynecology**.

Providing menstrual products free of charge in schools and in multiple locations

When available, students access menstrual products in schools; in both the **2020** and **2021** studies in St. Louis, approximately two-thirds of the participating high school students used at least one of the schools’ resources to obtain period products. State policy can ensure that all youth who menstruate have access to the products they need by requiring and funding schools to provide a variety of menstrual products in both nurses’ offices and bathrooms. Locating the products, along with disposal containers, within the stalls provides privacy for menstruating students that allows them to manage their periods with dignity. As school budgets are typically stretched, and there are great disparities in resources between school districts, **allocating funding** to schools to implement adequate distribution will support equity.

* As of publication (September 2023)



Including menstrual products in income-based public programs

Ensuring that menstrual products are free for anyone who menstruates, but at minimum those at risk of period poverty, will help break the cycle of period poverty.

Public insurance programs and other income-based safety net programs in U.S. do not cover menstrual products but could. For example, federally mandated Medicaid *benefits* could be expanded to include menstrual products. Similarly, nutrition assistance programs, such as the Supplemental Nutrition Assistance Program (*SNAP*) and Special Supplemental Nutrition Program for Women, Infants and Children (*WIC*), could include menstrual hygiene products in the benefit packages or as companion benefits like existing fruit and vegetable incentives (e.g., *farmers market nutrition program, produce prescriptions, nutrition incentives*). In the school setting, the National School Lunch Program (*NSLP*), which provides meals to students who qualify based on categorical or income eligibility, could require period products to be freely provided to all students who qualify for the program and prompt this through the NSLP's *school wellness policy requirement*. The Centers for Disease Control and Prevention could reinforce this requirement in their *guidance*.

Codifying menstrual products as medical necessities may help pave the way for their inclusion in government programs, including Medicaid. For example, *Aetna Better Health of Virginia* offers a \$20 per month stipend to female Medicaid members between 10 and 55 years of age to purchase period products online or over the phone at CVS Health. This stipend should cover the *average monthly cost* of purchasing menstrual products, but not the costs of pain control, laundry services, and lower workforce and academic productivity.

AREAS FOR FUTURE RESEARCH

The available peer-reviewed literature on adolescent menstrual health and inequity is growing, but a more extensive research agenda is needed. At PolicyLab, we are working to understand the intersecting relationship between food insecurity and period poverty and pave the way for expansion of shared-benefit programming. A *seminal 2019 paper* found that people who menstruate while experiencing food insecurity were more likely to struggle with purchasing menstrual hygiene supplies compared to those who were not food insecure. Through an initiative funded by PolicyLab, the Food Pharmacy at CHOP has partnered with No More Secrets Mind Body Spirit, Inc. to expand its capacity to become a menstrual hygiene product distribution site, becoming the first partnership of its kind. We hope to inspire future research and programmatic initiatives that provide more holistic services for youth who menstruate.

In addition to the research we are pursuing, the development of a more comprehensive research agenda on menstrual health is important. Throughout this issue brief, we referenced available research, which is often limited to small samples and geographic representation. Research is needed to expand our understanding of the different pathways that menstruation affects youths' health (Figure 1) to complement *existing domestic and international efforts*.

While continuing to develop the research on menstrual health, equally pressing is an agenda focused on evidence-based solutions. Centering youth who menstruate in this agenda development and research approach is important, while also focusing on the opportunities to help inform policy and investments in menstrual health equity.

CONCLUSION

Access to safe, clean, affordable menstrual products is a basic health care and human right, and it must be treated as such. This basic biological function should not be a barrier to social, emotional, educational and economic opportunities for youth.

Only by working together can youth and education and health care decision-makers create an environment that allows youth who menstruate to reach their full potential in society.

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AUTHORS NOTE: ACKNOWLEDGING POSITIONALITY IN THE MENSTRUAL EQUITY SPACE

Not all initiatives to improve menstrual inequities address period poverty, and the most desirable solutions are those that attempt to break the cycle of period poverty for future generations of youth. Understanding our own positionality can help us identify which interventions will address menstrual equity with or without addressing period poverty. When we acknowledge the limitations and/or privileges in our own experiences, we can create more inclusive spaces for all.

We acknowledge that when we change language to be more inclusive, we must be careful not to hurt others, particularly women and girls who have historically occupied this space and are also vulnerable to prejudice. While not all individuals who experience a menstrual cycle identify as women or girls, it's important to recognize that there is still work to be done to provide adequate menstrual health care for women and girls and we are cognizant of this while aiming to be inclusive of others who experience a menstrual cycle.

When discussing menstruation in the context of positionality and privilege, we would be remiss not to acknowledge the systemic racism in the menstrual health space and the intergenerational silence and stigma around menstruation in Black and Brown communities. The lived experiences of historically oppressed communities have largely been overlooked when talking about menstruation, and the gynecological space has historically been oppressive to these communities. No More Secrets Mind Body Spirit, Inc. has started the #BlackGirlsBleed movement to create a space for open dialogue about menstrual health for Black and Brown people who menstruate.

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The mission of PolicyLab at Children's Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research.

PolicyLab is a Center of Emphasis within Children's Hospital of Philadelphia's Research Institute, one of the largest pediatric research institutes in the country.

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Founded in 2012, No More Secrets Mind Body Spirit Inc. is a sexuality awareness and consultative organization whose focus is to reduce high risk behaviors in vulnerable populations through the development and implementation of sustainable programming and policies.

No More Secrets MBS Inc. intentionally dismantles the myths, stigmas and misconceptions ingrained in our communities and is designed to elicit open communication, promote honest discussions, and provide real life solutions. To address deficits in uterine wellness and menstrual health, they independently opened the nation's first menstrual hub and uterine wellness center—The SPOT Period—in February 2021. Then subsequently launched the world's first mobile menstrual health clinic—The SPOT on the Go—in April 2022.

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