

Period Poverty: A Growing Public Health Concern

Introduction

“[Period poverty](#)” is defined as the lack of access to sanitary products, appropriate facilities (securable restrooms with running water), and medically-sound, unbiased information about menstruation. It encompasses the materials, infrastructure, and information that people need to successfully manage their personal hygiene without fear or undue economic, social, or physical burden or exposure. Because menstruation and the management thereof are framed as a private experience and personal responsibility, the inability to access menstrual hygiene products and keep a menstruating body clean, dry, and hygienic can trigger feelings of embarrassment, shame, and powerlessness. Within the human rights framework, a lack of access to menstrual hygiene products can be interpreted as a [violation of the rights to safety, security, and dignity](#).

People experiencing period poverty are more likely to be young, experiencing financial hardship, and are at increased risk of physical health conditions like urinary tract infections and mental health issues like depression. In addition to [creating stigma around the use \(or mere presence\) of these products](#), a lack of access to menstrual hygiene products can lead to health problems such as infections, sepsis, and [toxic shock syndrome](#). Some articles may also suggest using [unsafe products such as socks, paper towels, or cotton balls](#) in lieu of menstrual hygiene products.

ASTHO does not have a policy statement that explicitly addresses period poverty. However, ASTHO does have four policy statements that support state and territorial health agencies wishing to address period poverty, which include statements on [health in all policies \(HiAP\)](#), [reproductive health](#), [adverse childhood experiences](#), and [access to health services](#). Through the juxtaposition of these statements, a clear rationale is articulated for the importance of addressing period poverty and menstrual health. By addressing period poverty through an HiAP approach towards increasing access to health services and products, jurisdictions can reduce adverse childhood experiences and improve reproductive health.

Impact of Period Poverty

[College-aged women who experience period poverty](#) are more likely to report experiencing moderate to severe depression when compared to their counterparts who had never experienced period poverty. Along with impacting mental health, period poverty contributes to absenteeism. According to one study, 84% of students in the United States have either missed class time or know someone who did because they did not have access to menstrual hygiene products.

A recent study found that [nearly two-thirds of low-income women in a large U.S. city could not afford menstrual hygiene products](#) such as tampons or pads in the previous year. Additionally, there are clear racial disparities among those experiencing period poverty. For instance, one study concluded that one-in-five first-generation college students experience period poverty. The study also found that Hispanic or Latina respondents were most likely to report experiencing period poverty, followed by Black respondents, and other non-White respondents.

While [inadequate access to menstrual hygiene products](#) is an already significant issue, it has been further exacerbated by the COVID-19 pandemic. COVID-19 has disrupted typical access points to tampons and pads, including in schools and public facilities. Although access points have become sparse, the need for menstrual hygiene products has not abated, thus increasing the urgency for public health to address period poverty.

Legislative Action

Several state legislatures have begun to take action to address the issue of period poverty. As of 2018, at least 14 state and local jurisdictions have proposed legislation providing girls in schools with access to menstrual products, free of charge.

Some jurisdictions proposed supportive legislation to promote menstrual equity include Florida, Maryland, New York City, and New Hampshire. Florida introduced the Learning with Dignity Bill (SB 242), while [Maryland passed a bill](#) that would, among other things, require that all county boards of education ensure that each public school provide free menstrual hygiene products in women's restrooms.

New York City was the first city to enact legislation that [provides menstrual hygiene products free-of-charge in public schools, prisons, and homeless shelters](#), acknowledging that menstrual hygiene products should be treated and supplied just like toilet paper, soap, and water. [New Hampshire passed a bill in 2019](#), requiring that all school districts provide “menstrual hygiene products available at no cost in all gender-neutral bathrooms and bathrooms designated for females located in public middle and high schools.”

Bills such as these remove financial burdens for students who struggle to afford period products and mitigate existing stigma. As other states begin to draft legislation, it is imperative to approach the legislative process from an angle of increasing access and promoting health equity.

Recommendations

There are several policies that state and territorial health agencies can implement to alleviate period poverty. These include promoting [policies that provide menstrual hygiene products free-of-charge to public restroom patrons](#), endorsing medically accurate sexual and reproductive health education that includes menstrual hygiene, and leveraging [existing family planning](#), educational, and public health settings and programs to incorporate menstrual health education.

For agencies interested in positively impacting one of the root causes of period poverty, policies that strengthen household financial security are an upstream approach to improving access to menstrual hygiene products. An example of this would be [exempting menstrual hygiene products from sales taxes](#), which has been documented to benefit low-income consumers of menstrual hygiene products.

Conclusion

Period poverty has wide-ranging impacts on a variety of public health issues. The inability to manage menstruation with dignity and privacy has profound implications for individual and for public health. ASTHO continues to monitor legislative and programmatic trends supporting access to menstrual hygiene products. With public health's continued pursuit of health equity through addressing the root causes of illnesses, diseases, and disparities, addressing period poverty takes on an increasing urgency.