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## TACKLING PERIOD POVERTY REPORT 2017

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## TACKLING PERIOD POVERTY REPORT

The tackling period poverty report is a qualitative study undertaken to understand the experiences of menstruation as a vulnerable or homeless woman. It is the first of its kind to attempt to understand a breadth of these experiences. It also draws from observations and interviews an understanding of the current facilities and services that exist for vulnerable women that offer sanitary towels and other facilities, such as laundry, clean underwear and showers. This report has a focus on the city of Bristol, with a quarter of respondents from the city of Leicester. **The aim of this report is to inform all stakeholders working with vulnerable women of the lived realities of period poverty in the UK.**

April 2017

## NO MORE TABOO

No More Taboo is a social enterprise who invests 100% of profits into charitable projects that help tackle the taboos surrounding menstruation and sanitation. We aim to empower people who menstruate by improving their menstrual hygiene management and access to sanitation, reducing the environmental impact of disposable sanitary products, and breaking the silence around menstruation.

## ACKNOWLEDGEMENTS

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## CONTENTS

INTRODUCTION .....	5
CONTEXT.....	5
HOMELESSNESS .....	5
POVERTY AND FOOD BANK USE .....	6
THE CONCERN FOR NO MORE TABOO: THE ISSUE OF PERIOD POVERTY .....	6
JUSTIFICATION OF RESEARCH .....	7
METHODOLOGY.....	8
FINDINGS .....	9
AFFORDABILITY .....	9
CHAOTIC LIVES AND DRUG USE.....	9
PAIN AND EMBARRASSMENT .....	10
ROLE OF ORGANISATIONS AND PUBLIC SPACE.....	11
FINANCIAL RESPONSIBILITY.....	13
CONCLUSIONS .....	13
LIMITATIONS.....	14

# INTRODUCTION

## CONTEXT

The austere landscape of modern Britain means that social inequality and injustice is on the rise. With huge cuts to the welfare state and benefit system, the number of people having to access emergency services such as food banks is soaring, as well the number of people finding themselves evicted from their homes or unable to pay the rent. These levels of destitution and poverty are shocking, considering that the UK is the seventh wealthiest country in the world<sup>1</sup>. 1 out of 5 people are living in poverty in the South West region<sup>2</sup>.

## HOMELESSNESS

Increasingly harsh socio-economic conditions have seen a large increase in the rates of street homelessness in the past few years: according to Crisis<sup>3</sup>, the officially estimated national total of rough sleepers has risen by 55% since 2010. However, rough sleeping only represents a small proportion of homelessness in the UK: tens of thousands of families and individuals are considered “statutorily homeless”, meaning that they meet the requirements to be given priority by the local authorities to secure council housing as soon as possible<sup>4</sup>. This, in turn, makes up a miniscule proportion of those who are defined as the “hidden homeless”: individuals or families utilising spare spaces within the homes of family or friends, living in hostels and B&Bs, or other forms of temporary accommodation<sup>5</sup>.

This is a particular concern within the context of Bristol. The scarcity of affordable housing in the city, rising rents and more insecure tenancies have generated a profound housing crisis within the city, and homelessness has risen steeply in recent years<sup>6</sup>. Despite this being part of a national issue, Bristol is the city with the highest number of rough sleepers outside in the London in the UK<sup>7</sup>.

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<sup>1</sup> Cooper N and Dumpleton S (2013) Walking the Breadline: The Scandal of Food Poverty in 21st Century Britain. Church Action on Poverty and Oxfam. <http://policy-practice.oxfam.org.uk/publications/walking-the-breadline-the-scandal-of-food-povertyin-21st-century-britain-292978>

<sup>2</sup> Joseph Rowntree Foundation (2017). Poverty Rate by Area. <http://www.jrf.org.uk/data/poverty-rate-area>

<sup>3</sup> Crisis (2016). The homelessness monitor: England. [http://www.crisis.org.uk/data/files/publications/Homelessness\\_Monitor\\_England\\_2016\\_FINAL\\_\(V12\).pdf](http://www.crisis.org.uk/data/files/publications/Homelessness_Monitor_England_2016_FINAL_(V12).pdf)

<sup>4</sup> Dept. for Communities and Local Government (2016) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/533099/Statutory\\_Homelessness\\_and\\_Prevention\\_and\\_Relief\\_Statistical\\_Release\\_January\\_to\\_March\\_2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/533099/Statutory_Homelessness_and_Prevention_and_Relief_Statistical_Release_January_to_March_2016.pdf)

<sup>5</sup> Watson, S., & Austerberry, H. (1986). *Housing and homelessness: A feminist perspective*. Routledge.

<sup>6</sup> Preventing Homelessness Strategy (PHS) 2013 – 2017. *Bristol City Council*. <https://www.bristol.gov.uk/documents/20182/32779/Preventing%20Homelessness%20Strategy%202013-18%20Main%20body%20document%20190614.pdf/74f02511-3d00-47a9-9b83-c7e735386c08>

<sup>7</sup> Dept. for Communities and Local Government (2016). Rough sleeping in England: autumn 2016. <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2016>

## POVERTY AND FOOD BANK USE

A combination of pernicious factors in the current socio-economic climate have increased rates of poverty and the use of emergency crisis services such as food banks. Unemployment, underemployment, changes to welfare state including cuts to benefits, benefit delays and sanctions and rising costs of living all contribute to an ever declining standard of living within the UK<sup>8</sup>. The Trussell Trust, the UK's largest food bank provider, handed out over 1 million three day emergency food supply packs in the 2015-16 financial year<sup>9</sup>. This number does not include the multitude of independent food banks, faith-based organisations and other organisations such as homeless services and soup runs that also provide emergency supplies of food, toiletries and other essential items such as nappies. It is therefore an underestimation of the true volume of supplies handed out.

## THE CONCERN FOR NO MORE TABOO: THE ISSUE OF PERIOD POVERTY

**"HAVING YOUR PERIOD IS THE WORST TIME FOR A WOMAN TO BE HOMELESS. IT JUST GIVES YOU THAT EXTRA BLOW"**

– Client in a day centre, Bristol

These rising levels of poverty and homelessness are a specific matter of concern for No More Taboo. It is estimated that

the average woman spends around £3500 in her lifetime on disposable sanitary products, a hefty sum for those who have little or no income [No More Taboo calculation]. In 2015, it was reported that one in five working parents in the UK had to choose between buying food and paying an essential bill<sup>10</sup>: when households are so squeezed for cash, where does paying for menstrual products fit into the situation? The need for women to buy these essential products creates disproportionate effects on their experiences of poverty. Despite physical and oral contraception provided free by the healthcare system, sanitary products must be paid for – despite the fact that menstruation is an equally important part of the reproductive process.

The social stigma surrounding menstruation means that the process itself has been cast as dirty and disgusting: a topic to keep hidden from conversation. This adds another hurdle to tackling issues surrounding menstrual hygiene: these silences have meant that the importance of the affordability of sanitary products and adequate infrastructure within cities and public spaces to aid menstruation, such as accessible public toilets, has been disregarded<sup>11</sup>. This has disproportionate effects on financially and socially vulnerable people. Homeless people rely on such public infrastructure to manage their basic sanitation needs. Above all, rough sleepers have a stark lack of access to basic menstrual sanitation through insufficient funds to pay for sanitary products, showers, laundry services and replacement clothing.

With the lack of attention and provisions for menstrual management within cities, many homeless women are exposing themselves to a higher risk of gynaecological complications and infections. It not only is a health issue but an issue of dignity: the ability to manage

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<sup>8</sup> Cooper N and Dumpleton S, 2013

<sup>9</sup> The Trussell Trust (2016). <https://www.trusselltrust.org/2016/04/15/foodbank-use-remains-record-high/>

<sup>10</sup> Presky, N. (2015). <http://www.independent.co.uk/voices/comment/theres-nothing-luxurious-about-my-periods-so-why-is-the-government-taxing-tampons-as-if-there-is-10045629.html>

<sup>11</sup> Lancione, M., & McFarlane, C. (2016). Life at the urban margins: Sanitation infra-making and the potential of experimental comparison. Environment and Planning A, 0308518X16659772.

menstruation in a safe, affordable, prosocial manner is a human right. Nobody should be forced to beg or steal to manage their menstruation. Nobody should be excluded by fee-paying public toilets or suffer due to lack of adequate public infrastructure. Menstruation should be considered a women's health issue alongside sexual health services.

## JUSTIFICATION OF RESEARCH

The main reason for this research was to understand the lived experiences of homeless and low-income women as they attempt to manage the physical and emotional aspects of menstruation. To this date, academic and formal reports that focus on the menstrual experiences for this particular subgroup of women do not exist. Anglo-American academic and professional literature has mainly focused on adolescence, menopause and pre-menstrual syndrome, without unpicking the intersections of class, and there is a rising wave of literature surrounding women and girls in low-income countries.

There has been a proliferation of media coverage on the topic of periods since 2015, when it came to light that sanitary products were being classed as "luxury" items and therefore subject to tax. This gave the impetus for a number of campaigns to break down the stigma surrounding periods, such as #PeriodsAreNotAnInsult, #HappyToBleed, and #FreeTheTampons<sup>12</sup>. Despite, at first, the lack of coverage of vulnerable women's struggles to access menstrual hygiene, countless articles have now sprung up that call attention to these severe issues. There is more awareness in the general public that poor and vulnerable women in low-income countries miss days of education or employment due to lack of menstrual hygiene products and sanitation infrastructure<sup>13</sup>. Awareness has also been raised about the need for menstrual hygiene products within situations of humanitarian crisis and in refugee camps<sup>14</sup>. This awareness was brought a lot closer to home when it was reported that girls in financially vulnerable situations in the UK were missing school due to the lack of sanitary products<sup>15</sup>. This has sparked outrage, leading to increased donations of sanitary products to charities and organisations, and the issue of period poverty has been debated within the House of Commons and House of Lords<sup>16</sup>. Our research is important to add depth to the public's understanding of the issue, and to ensure that the debate on the national stage continues. It is also important to highlight the UK Government's national and international commitments to women's health. This is discussed further in the following section, with a particular focus on the Sustainable Development Goals.

## THE SUSTAINABLE DEVELOPMENT GOALS

The Sustainable Development Goals (SDGs) are a set of universal aims, targets and indicators put in place in order to facilitate active change and improvements to the well-being and inclusion of all. They are meant to guide and inform UN member states as they consider their social development priorities and aid allocations. The SDGs are important for prioritising and supporting development efforts not only in low-income countries but also domestically, here

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<sup>12</sup> Jones, A. (2016). The fight to end period shaming is going mainstream. *Newsweek*. <http://europe.newsweek.com/womens-periods-menstruation-tampons-pads-449833?rm=eu>

<sup>13</sup> There have been a multitude of articles around the topic. See the World Bank's blog (2016) as an example <http://blogs.worldbank.org/education/globally-periods-are-causing-girls-be-absent-school>

<sup>14</sup> For example, this article by The Witness (2017) <https://www.pressreader.com/south-africa/the-witness/20170320/281917362896416>

<sup>15</sup> BBC (2017) <http://www.bbc.co.uk/news/uk-39266056>

<sup>16</sup> The Huffington Post UK (2017) [http://www.huffingtonpost.co.uk/laura-coryton/the-lords-and-commons-are-b\\_15569270.html](http://www.huffingtonpost.co.uk/laura-coryton/the-lords-and-commons-are-b_15569270.html)



in the UK. No More Taboo's work in the UK comes under three specific priorities set out by the SDGs: Water and Sanitation, Gender Equality and Sustainable Consumption and Production. The UK Government reiterated their commitment the SDGs in a recent policy paper<sup>17</sup> (2017), however a large amount of work is needed to be done before the UK fully achieves universal access to water and sanitation, full equality of all genders and the empowerment of the people to consume and produce in a sustainable manner. These priorities are reflected in No More Taboo's UK projects, as we attempt to raise awareness of these issues, provide specific training on menstrual health to homeless organisations and advocate the use of reusable sanitary products where possible. No More Taboo has a commitment to contribute to the building of sustainable, resilient communities across the world – gender equality and health are at the heart of this. As detailed in the Beijing Platform for Action (1995, as a product of UN Women's fourth world conference on women), all women have "...the right to attain the highest standard of sexual and reproductive health". These words spur on our agenda to increase the menstrual well-being of homeless and low-income women in Bristol. In order to understand the current situation, this research study was carried out between February and October 2016.

## METHODOLOGY

The data were collected through informal, semi-structured interviews with homeless women and domiciled women experiencing poverty. Participants were recruited through the collaboration with homeless organisations such as shelters, in addition to informal interviews with staff members and volunteers.

A preliminary study was conducted in two cities in the UK: Bristol and Leicester. 14 women were interviewed, in varying housing situations, ranging from rough sleeper to temporarily-housed. A secondary study was conducted five months later to add breadth to the data, and increase the range of experiences of menstruation. This secondary study was solely located in Bristol, and participants were recruited through seven different organisations, varying in their outreach and services. 23 women were interviewed in this phase, making the total women interviewed in this study 37. All names in the following section are pseudonyms.

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<sup>17</sup>Department for International Development (2017) *Policy Paper - Leaving no one behind: Our promise*. <https://www.gov.uk/government/publications/leaving-no-one-behind-our-promise/leaving-no-one-behind-our-promise>



## FINDINGS

### AFFORDABILITY

The practical considerations of menstruation were a concern that was raised by the interviewees. The commodification of sanitary products within Western, high-income countries means that they come at a cost, a cost that many homeless women, struggling to pay for basic amenities such as food and shelter, may not be able to bear.

*"I haven't used pads, 'cause I haven't had no money. I've had to use toilet paper"*

- Client in a day centre, Leicester

As might be expected, many of the women interviewed were concerned that they would not be able to afford enough sanitary products to last them through their menstrual week, whereas others could not afford any at all. **Half** of the women interviewed reported that sanitary products were too expensive and/or unaffordable, while over **a quarter** reported to having used irregular methods to manage their menstruation, such as toilet paper, ripped up nappies, and even a singular t-shirt.

Female clients of a food bank in Bristol told us that although they could afford sanitary products some months, they were subject to great income volatility due to benefit changes and sanctions. The irregularity of their income meant that they had turned to food banks in order to access the necessities.

*"I use an old t-shirt for the whole week. And then I throw it. And when the next month comes, I use another t-shirt"*

- Client in a night shelter, Bristol

Other participants we spoke to struggled with the relationship between quality and price. Although some sanitary products are available from discount stores such as Poundland fairly cheaply, a client in a shelter in Leicester told us that she buys *"as cheap as you can, really... but you don't want to go too cheap and go value cause then they just leak"*.

### CHAOTIC LIVES AND DRUG USE

*"When you're addicted, the first thing you think about is a drink"*

- Client in a day centre, Bristol

In 2016, **55%** of homeless people using the services of St Mungos had issues with substance use<sup>18</sup>. **Three** women that No More Taboo spoke to openly spoke about prioritising addictions over the need for spending money on menstrual hygiene products. The immediacy of the need to buy

substances to sustain addictions overrides the necessity to save money to buy sanitary products. The mobility and chaotic lives of homeless women mean

*"Because of my alcohol problem, I occasionally lost things - my phone, my keys, my money. I wouldn't be able to access my flat or post to get my benefits..."*

- Client in a shelter, Bristol

<sup>18</sup> St Mungos (2016) *Homelessness Statistics*

[http://www.mungos.org/homelessness/facts/homelessness\\_statistics](http://www.mungos.org/homelessness/facts/homelessness_statistics)

that the benefits of owning a reusable sanitary product, such as a menstrual cup that can be used for up to 20 years, would be null. Despite its known financial benefits, the limited access to washing facilities, the need for money to fulfil immediate necessities and the need to carry it around overrides its utility in this context. There is a severe lack of academic research on the effects of drug use on the menstrual cycle and menstrual health.

## PAIN AND EMBARRASSMENT

*"When I have no energy, I feel drained, I just sit by myself. I get back ache, stress and anxiety – it doesn't help that I'm sitting on wooden benches all day"*

– Client in a day centre, Bristol

Most people suffer from period pains such as abdominal cramps, nausea, fatigue, feeling faint, headaches, backache and general discomfort. These are exacerbated when one is excluded from the facilities and comforts of the home, as they

undermine the ability to self-care and rest to alleviate pains. This physical pain can come coupled with low mood swings and heightened emotions such as irritability, anger or sadness. These symptoms do not affect all menstruators, however they are very common, and can change over time. 87% of the participants in this study reported having painful periods and negative changes to their moods. This affects their coping abilities while having to deal with stressful situations on the streets, exacerbated by mental health issues, drug abuse and social isolation. *"I turn into a psycho-nutcase, basically one minute I'm crying my eyes out and the next minute I could punch whoever walks into the room"* (client in a day centre, Leicester). This participant describes the unpredictability of her emotions, which clouds her judgement and ability to manage her emotions.

*"It's quite tough and it's embarrassing when you think you're smelly and stuff like that. I feel that people know that I'm on, even if I know they don't know, I think they do! [Menstruation] makes me irritable, it makes me tired and it gives me back problems, and I can't move, and obviously in the situation that I'm in in the moment, it's quite difficult"*

– Client in a day centre, Leicester

This client reflects the generalised fear of exposure<sup>19</sup> that many menstruators experience, due to the stigma of menstruation. Being more emotionally sensitive and drained, she finds her situation more difficult to deal with. It is also difficult to find comfort and spaces of privacy, her body made more vulnerable due to her homeless situation.

*"You want to be having a wash, but you can't. And when you're homeless, you're embarrassed about your situation anyway"* – Client in a day centre, Leicester

The embarrassment that this participant feels about being unclean during menstruation is exacerbated by her homeless situation. She feels unclean and uncomfortable whilst menstruating, and despite wanting to wash herself, she cannot due to her limited access to washing facilities.

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<sup>19</sup> Johnston-Robledo, I., & Chrisler, J. C. (2013). The menstrual mark: Menstruation as social stigma. *Sex roles*, 68(1-2), 9-18.

*“I’m stopping here and there and everywhere, and I have very severe, heavy periods, so it’s very uncomfortable cause I’m not in a situation where I can have nice baths and feel relaxed and that”.*

This participant, who told us that she had been sofa surfing for the past few months, found that the mobility and unpredictability of her life had made it difficult to fully ease the tensions and pain that come with menstruation. She also spoke to us about lacking privacy and the ability to be alone, in a private space. Such longing for privacy was a common theme for those living on the streets, in emergency night shelters and with family and friends throughout the interviews conducted, and most commonly stemmed from the need to manage the emotional and painful aspects of menstruation.

A stable, private space is also required for the practical, necessary and intimate act of menstrual management. Despite the majority of women interviewed told us that they yearned for privacy while menstruating, the act of finding private space to change sanitary products was not a salient issue as *toilets were mostly deemed suitable, sufficient and easy to access*. Most women used the services in shopping centres, cafés and the central bus station. Public toilets, however, were described as many *“disgusting”* and sites of neglect: *“The bins are full, there are tampons everywhere...”* Once these close for the night, there are little options for women on the streets.

*“I don’t talk to anybody about it – I’m embarrassed” – Client in a longer term shelter, Bristol*

*“I would never ask, I’d be too embarrassed” – Client in a day centre, Leicester*

*“I’d be embarrassed to ask somebody here, especially as they know you on a semi-professional level” – Client in a longer term shelter, Leicester*

Embarrassment was highlighted as one of the principal reasons as to why participants did not approach members of staff and volunteers within organisations they are supported by for sanitary products, or any other issue surrounding menstruation. This is the result of a persistent cultural

taboo surrounding the process which stigmatises and forbids its mention to others who are not within a close space of trust, for example female friends and family (Laws, 1990). However, in some situations, this embarrassment is present not only due to the shroud of cultural stigma that surrounds menstruation, but also the institutional power relations between the homeless women and those working at the shelters. As mentioned above, one informant told us that she would not feel comfortable asking for sanitary products from those she related to in a “semi-professional” and less personal manner. Another issue faced by some women approached for the study were language barriers: some women could not express themselves fully in English and therefore hindered from asking for sanitary products (and therefore did not take part in this study. One interview was conducted in Spanish).

## ROLE OF ORGANISATIONS AND PUBLIC SPACE

Many of the interviewees highlighted warmth and comfort as an important factor to alleviate negative symptoms of menstruation. One client of a night shelter in Bristol emphasised the significance of café spaces; when feeling dispirited, with painful menstrual cramps, she would *“practically live in cafés. They’re warm and they’ve got comfy sofas”*. Women in both Bristol and

Leicester considered spaces such as the multi-functional homeless centres and cafés which specifically cater for vulnerable and low income groups extremely useful in this respect, considering that *"if you stay too long [in a café], they ask you to buy something or make you leave."*

Another interviewee, having slept on the streets for the past month, says that *"places like this [a day centre, Leicester] give people comfort. So they know they're safe an' that. 'Cause on the streets it's not safe"*. She finds refuge and solace in the spaces of the centre, where she can socialise and receive free tea and warm food. This highlights the importance of homeless organisations and shelters as spaces of care<sup>20</sup>, not only offering nutritional sustenance, but an opportunity to alleviate emotional isolation.

*"When it was hurting a lot, I just had to sit down for a bit, just on the bench. I had nowhere else I could go"*

- Client in a night shelter, Bristol

However, while she was menstruating, she also had to rely on existing social networks and friendships. *"I've been sleeping in the town centre, but 'cause I'm on now, I slept at my mate's last night 'cause I couldn't take no more"*. This is not a unique occurrence. An interviewee in Bristol had nowhere to go in the day-time, as the night shelter in which she is temporarily residing closes its doors throughout the day. She employs social networks of housed friends to stay comfortable and warm throughout the day while she is menstruating: *"I have got some good people on my side, I'll turn up and say right, I need a couple of hours, they'll say yeah go. And they'll let me go round and sit there with a hot water bottle"*. However, for those who do not possess these networks or knowledge about where to go during the day must find refuge within the spaces of the city. This links in with knowledge about how and where to access sanitary products within the city.

In terms of accessing sanitary products, there is deep variation in terms of the services provided by organisations and the individual knowledge of the women as to where such products can be accessed. In an emergency shelter in Bristol, one client affirms that *"we're pretty lucky here, 'cause they've always got some in stock"*. She relies on the space of the shelter to provide her the material resources for managing her menstruation. However, another client who uses the services of a day centre in Leicester, highlights the inattention to women's menstrual needs: *"Sometimes they have some... sometimes they don't. I don't really understand why that is, they should have a lot more considering that it's an obvious priority"*. Some women did not know where to ask, or *"didn't think to ask"* (Client in a longer-term shelter, Bristol). However, others were more confident and knowledgeable about services provided in the city: *"Sometimes I get them from the soup run, sometimes from churches. I've never felt like I haven't been able to get some"* (Client in an emergency night shelter, Bristol).

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<sup>20</sup> Johnsen, S., Cloke, P., & May, J. (2005). Day centres for homeless people: spaces of care or fear?. *Social & Cultural Geography*, 6(6), 787-811.

## FINANCIAL RESPONSIBILITY

The reliance, however, on organisations to provide sanitary products for free to service users was viewed negatively by some informants. One individual believed that menstruation is a personal process that should be managed individually, and views the ability to afford menstrual products as a progression towards being able to support herself economically. This sentiment was echoed by a handful of women; in particular, this client residing in a longer-term shelter in Bristol:

*"It's not their responsibility really. You're supposed to be getting used to providing for yourself again"*

- Client in a longer-term shelter, Leicester

*"It's hard, but you have to do it... I mean if you need something, the cost of living goes up, but if you need it you need it. People come up to me and ask me for food, a cigarette, for things just after they've bought £90 of crack. If you give them out for free, it's going to make them say 'oh, I don't need to buy sanitary towels, I can just buy another crack stone'"*

Residing in a longer-term shelter is a stepping stone to a more autonomous, self-sufficient life. Her point raises important debates about money management and responsibility, and highlights the ever-present struggle that services face between offering a holistic and all-encompassing service without creating dependency.

## CONCLUSIONS

Our research has explored the day-to-day, lived realities and emotions that homeless women face while menstruating. Menstruation is mostly framed as a negative,

*"[Sanitary products] are a basic human need – you should be able to access them"*

- Client in a day centre, Bristol

painful process which is exacerbated while living in precarious situations, and sanitary products are seen as too expensive, or completely unaffordable for most. Through this research, we have found that sanitary products are not the only aspect that homeless women lack in order to manage their menstruation in a dignified manner. Limited access to warm, safe spaces, clean underwear and laundry were all cited as important facilities and services that could ease the discomfort of the menstrual week.

What can be done to improve this situation? There is a clear need to improve channels of communication and understanding of which organisations provide sanitary products amongst female homeless community. In a similar vein, organisational awareness issue must be raised to ensure that gender-sensitive policy and practice is implemented to accommodate menstrual hygiene issues, and that issues of menstrual health are included in reproductive and sexual health considerations. This support should be extended to those most at need. The societal taboos surrounding menstruation must continue to be chipped away at in order to ensure that people begin to feel comfortable about discussing it openly and that nobody is impacted negatively by having their period.

Multi-million pound funding cuts to homelessness services across the UK means that charities, social care services and the NHS are already hard-pressed to deliver their current services, with many having to cut back or close completely. Solutions must be cheap, effective and easy to deliver within a sector that is ever-more squeezed for capacity and funding.

Likewise, benefits are being slashed and employment is becoming more and more precarious and unreliable, leaving millions of people in the UK in vulnerable financial positions. More should be done to support those struggling financially to manage their periods in a more affordable manner, without creating cycles of dependency.

By raising awareness within the sector and amongst the public, there is definite possibility of making tangible alleviations to the social and financial hardships experienced by vulnerable women throughout their menstrual week.

## LIMITATIONS

There were a number of limitations within this study. The first is that of response bias<sup>21</sup>. The common narrative of menstruation as a primarily negative experience within society and the media could have led to an inflation of the emotional accounts of the participants. To remedy this, perhaps more creative methods could be used to capture the immediacy of the issues, such as a research diary.

Secondly, more research must be done to understand culturally-specific experiences. The issues faced by, for example, refugee women in the UK and those who cannot articulate themselves well in English face different challenges compared to women who are familiar with the language and the geography of their area. Another experience that has been under researched is that of transgender men: they are not women, but can still menstruate. With up to 24% of the UK's youth homeless population identifying as LGBT<sup>22</sup>, this could present a great issue.

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<sup>21</sup> Stanton, A. L., Lobel, M., Sears, S., & DeLuca, R. S. (2002). Psychosocial aspects of selected issues in women's reproductive health: Current status and future directions. *Journal of Consulting and Clinical Psychology*, 70(3), 751.

<sup>22</sup> AKT (2015). *LGBT Youth Homelessness*.

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