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## Menstrual Poverty and Stigma in the United States

Jenna Dorer

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MENSTRUAL POVERTY AND STIGMA IN THE UNITED STATES

by

Jenna Dorer

A thesis submitted in partial fulfillment of the requirements  
for graduation with Honors in the Sociology

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Spring 2021

All requirements for graduation with Honors in the  
Sociology have been completed.

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## Menstrual Poverty and Stigma in the United States

Jenna Dorer

### Abstract

Menstrual poverty is a rarely researched in the United States, but it affects the lives of many individuals. Menstrual poverty is when women and individuals who menstruate are unable to afford products for their menstruation. My research highlights the ways in which students at the University of Iowa have experienced menstrual poverty and stigma, and the ways in which the secrecy of this topic prohibit change. An online survey was conducted with 185 students from the University of Iowa who have experienced menstruation. Interviews were conducted with four of these students, as well as two menstrual poverty nonprofit employees. Through using both quantitative and qualitative methods, this research was able to show the scope of the problem, and the many barriers impacting possible solutions. Improved access to menstrual products is vital to the health and success of women and individuals who menstruate and must become a well-known issue that deserves to be addressed on a national level.

## Introduction

Menstrual poverty is an overlooked issue in the United States. As American women and individuals who menstruate<sup>1</sup>, or WIMs, are continuing to live more independently, a change in job status can quickly make them face the choice of buying food or menstrual products. This topic is rarely thought about in American policies about poverty, likely because many prominent politicians do not experience menstruation, and therefore do not consider menstrual products as an essential item for survival. While America is considered a “first world country,” in 2019 the US Census Bureau reported that 34 million Americans live at or below the poverty line (2020). In 2019, there were 219,911 homeless women in the United States (National Alliance to End Homelessness 2020). American WIMs who are the age of menstruation (between the ages of 12 and 52) will spend an average of over \$160 a year on menstrual products (SWNS Digital 2019). There are no guaranteed public services that provide free menstrual products outside of the public education system. Menstrual poverty is a rarely spoken about issue in the United States with devastating consequences to those it affects.

In this paper, I will be exploring the prevalence of menstrual poverty and stigma at the University of Iowa. Using survey and interview methods, I will explore how undergrad students from the University of Iowa view menstruation and their experience with menstrual poverty. I will also include data from two interviews with women from nonprofits that work to eradicate menstrual poverty. This analysis will show how it is essential to have more dialogue about the issue of menstrual poverty in the United States, as the secrecy that surrounds it prevents any national change from occurring.

Much of the research surrounding menstrual poverty is focused on rural areas with relatively poor populations. Existing research also highlights the stigma that exists around menstruation,

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<sup>1</sup> Menstrual poverty affects individuals from adolescence to their mid-50s. By only describing these individuals as women, a term traditionally used in the literature, important groups are left out of the conversation of menstrual poverty. There are groups of women who do not menstruate, such as trans women and intersex women, and there are also individuals not who do not identify women who may menstruate, such as trans men and non-binary individuals. Gender does not correlate with the ability to menstruate, making it important to accurately depict the population who may be impacted by menstrual poverty. To depict the full population, I will be using the acronym, WIM (Women and Individuals who Menstruate), to encompass all women and individuals who menstruate when discussing my research. When discussing the previous literature around menstruation and menstrual poverty, I will align my language to the researcher’s language, as they typically focus on groups of women to study.

and how cultures around the world continue to pass down false beliefs about menstruation. These beliefs shape policy and norms about how women are treated. They also affect menstrual products available, the shame placed on women, education and job opportunities for women, and a woman's place in society. While much of the literature does not address the topic of menstrual poverty taking place specifically in the United States, it provides a foundation supporting the importance of understanding and addressing menstrual stigma and poverty for women. The existing literature that I will review addresses the following topics: menstruation and virginity as a social construction, menstrual poverty globally, and possible solutions to eradicating menstrual poverty.

### *Menstruation as a Social Construction*

Current literature provides an important framework for understanding the stigma surrounding menstruation. Menstruation is both a monthly biological function for most WIMs during the ages of menstruation every month, as well as a social construction. Society gives meaning to this biological process that exists outside of a purely medical view. WIMs across the globe menstruate, but many have little education on what is happening to their bodies. This is when it is easy for myths and stereotypes to be thought of as truths surrounding menstruation.

Not everyone views menstruation as a solely biological process. Dr. Bela Kothari researched the cultural interpretations of menstruation in rural Jaipur in Rajasthan, a province in India (2010). Kothari works as an Associate Professor in Anthropology. For this study, she conducted interviews with 90 adolescent girls and 45 married men from the villages Ghytiyali and Kanwarpura about their knowledge and views on menstruation. Kothari had a relatively small sample size, because many people declined to be interviewed due to embarrassment or a lack of knowledge on menstruation. She found that 77.7% of the group of girls viewed menstruation as a dirty act and that 65.5% believed that menstruation was a "mechanism to excrete dirty blood" (Kothari 2010: 47). Menstruation is also rarely discussed in their villages, as only 8% of the girls interviewed were aware about menstruation when they had their first period. A similar study from Pune, India, found that "functions of reproductive organs, menstrual abnormalities, sexually transmitted diseases, and contraceptives" are not a part of formal education in India (Chothe et al. 2014: 3). The men also had many misunderstandings about what menstruation

was. Some thought that it was the “semen of women” and other thought it was a “process to excrete out bad and foul-smelling substances from the female body” (Kothari 2010: 50).

The combined ignorance of the adolescent girls and the married men create a culture in which women’s health needs are ignored. Over half of the girls in Kothari’s study (2010) reported abdominal pain during menstruation, but none sought out any medical treatments, largely due to shyness around talking about menstruation. Women are expected to navigate their complicated bodies by themselves, and they are harshly sanctioned if they fail to follow cultural norms. Menstruation is a health issue, as regular changing of pads or tampons is required to avoid infection or Toxic Shock Syndrome. Many of the girls in this study used homemade cloth with rags to add absorbency. They would use this rag in the future, hiding it from men while they waited for their next period (Kothari 2010: 48-49; Hennegan, Tusi, and Sommer 2019). When asked about other products, many said that they were too expensive, or they did not know about these alternatives. Kothari’s research (2010) highlights how misunderstandings about menstruation prevent women from having access to sanitary products and management of their pain. This culture has constructed the idea that periods make women impure and dirty (Hennegan et al. 2019). This idea is also expressed in American culture, as commercial advertising period products place emphasis on becoming clean, with scented pads and panty liners for discharge leakage between periods (Koutroulis 2001). By having little education on their biological processes, menstruation is not accepted as normal and the importance of providing quality healthcare goes unacknowledged. To eradicate menstrual poverty, societies must first eradicate these false ideas about the anatomy and purpose of a woman’s body.

Virginity is also a concept created by many societies, as there is no biological mechanism to clearly determine if a woman is a virgin. The hymen is continually used to determine virginity, but research has shown that the hymen can often be torn in non-sexual situations during childhood (Schaffir 2020). Like menstruation, virginity impacts how a society views a young girl’s worth in her community. Lisa Beljuli Brown researched views on virginity in Brazil during her ethnographic study in 1999 to 2000 (Brown 2009). She had female respondents from 14 households in Holy Cross, located in Salvador, Brazil (Brown 2009: 1). As a primarily Christian area, virginity was taken very seriously. Rumors spread about a girl’s loss of virginity can lead

her family to evict her from their home, as they are known as *mais nada*, meaning “nothing anymore” (Brown 2009: 3). As with menstruation, it is common for women to consult with peers on the topics of sexuality and puberty (Brown 2009). The idea of virginity creates societal sanctions that may prevent women from having education and equality. As we see in Brown’s study, men are not questioned if they lose their virginity, but a woman can lose her family and any opportunity for success if she is rumored not to be a virgin.

While more Americans are aware of menstruation, the culture of silence around this topic still prevails. Until cisgender men can be comfortable with menstruating bodies, issues surrounding women’s health will continue to be ignored. Kothari (2010) highlights the importance of removing the stigma and stereotypes around menstruation. Everyone must come together to have a conversation about how to address this public health issue. In the United States, the majority of elected officials are cisgender men. They can completely ignore the issue of menstrual poverty, as they will never have to deal with it in their lifetime. WIMs commonly use euphemisms to address their body parts, due to the shame and stigma that the words bring (Schooler et al. 2005). Menstrual poverty is an issue that everyone must desire to change, because it can become a very limiting force for over half the population if they cannot have their sanitation needs met. It can discourage WIMs from attending work or school over worries about visible leakage that could lead to embarrassment from their peers.

### *Menstrual Poverty Globally*

Menstrual poverty is when WIMs must regularly sacrifice their hygienic needs due to a lack of funds or access to quality products. A study in 2011 in Gujarat, India tracked 164 adolescent girls as the Government in India made sanitary pads available at a subsidized cost for rural areas (Shah et al. 2013). The study was conducted over seven months and ended with interviews and quantitative data about if the subsidized pads were utilized by the girls. The two different menstrual products introduced were “falalin cloths”, reusable and absorbent cloths, and sanitary napkins, which had to be disposed (Shah et al. 2013: 207). Over 75% of the participants fell below the poverty line, making it important to have a product that was inexpensive and reusable. Due to the issue of not having proper ways to dispose the sanitary pads, many of the girls opted to use the falalin cloths instead. An essential component of solving menstrual poverty is making

sure that all WIMs have access to clean water and sanitation (House, Mahon, and Cavill 2013). The study found that many of the girls had little knowledge about their bodies or the function of menstruation. Similarly, to Kothari's research (2010), the girls carried a lot of shame from their periods and were restricted by their families on what they could touch or if they could leave the house (Shah et al. 2013: 210). By introducing cleaner products, the girls were able to continue their lives without fear of bleeding through their clothes.

This study was possible because the government intervened on the issue of menstrual poverty. The government was able to see the health crisis taking place for WIMs, where improper menstrual care can lead to infections. The study also tracked what the women studied would choose for their bodies. Due to their lack of an easy disposal system, sanitary pads were not the popular choice. House, Mahon, and Cavill's study (2013) notes that many women are excluded from designing and implementing emergency relief programs, limiting their ability to understand the population that they are targeting. Solutions addressing menstrual poverty must be practical solutions for the environment of the population.

There were few studies on WIMs experiencing menstrual poverty in "First World" countries, such as Canada and Europe. I am interested in understanding the experience of WIMs who cannot afford menstrual products who live in the United States. The United States education system requires health classes throughout middle school and high school for students to learn about their bodies. Americans also have access to resources and knowledge through social media and a variety of options to choose from for menstrual products. In a country focused on consumerism, menstrual products are simply another thing for WIMs to budget for. The issue of menstrual poverty is hidden, as American society teaches WIMs to conceal their menstrual needs. Loates and Walsh (2010). conducted interviews to study ideas around sexuality for homeless women living in shelters in six Canadian cities. In their analysis, they realized that none of the women interviewed had brought up difficulties due to menstruation in their lives. They speculated that this could be due to them not asking any specific questions about menstruation, or that the participants felt uncomfortable bringing up this issue in the limited amount of time for the interview (Loates and Walsh 2010: 94).

### *Absences from Menstruation*

Menstruation often comes with side effects for WIMs, including heavy bleeding, cramps, and headaches. These symptoms can be worse for different WIMs, resulting in absences from school or work. A study was conducted in rural Uganda with 124 girls to see if intervention methods could reduce the number of school absences. The four conditions included puberty education, reusable sanitary pads, the combination of menstrual education and reusable sanitary pads, and a control condition where participants received neither intervention. The researchers followed up with the girls after 18 months to see the affects the intervention methods had on school attendance. While they found that attendance decreased in all conditions, the highest rate of school absences was for the students in the control condition (Montgomery et al. 2016). This study suggests that intervention with menstrual products and education can have an impact on a WIM's education level.

A study conducted in 2013 found that heavy bleeding was the most common reason for being absent from school during menstruation (Grant, Lloyd, and Mensch 2013). The researchers conducted a longitudinal study with 835 female students in Malawi. They found no significant difference in male and female absences because it was very common for the male students to be absent from school for work on play. There results were unclear if menstruation played a factor into school absences, as many women were uncomfortable with the subject, and may not have reported it as the reason that they were absent from school (Grant et al. 2013: 266).

By having more resources for WIMs when they are menstruating, absences can be reduced. Birth control is commonly used to prevent pregnancy, but it can also be used to lessen bleeding from periods or even prevent them from happening. Most women in Malawi do not use contraceptives, as they are viewed to be ready for marriage and childbirth once they have reached the age of menstruation (Grant et al. 2013: 267). Even though there are affective solutions for relieving pain and heavy bleeding from menstruation, it does not mean that they will be an affective solution in every culture. When looking at the issue of menstrual poverty, it is important to take in the needs and norms of the culture when trying to create solutions. In the United States, birth control is much more accepted, but health insurance can prevent WIMs from having access to it. While

menstruation is a health issue, the literature has shown that the solutions must fit the needs and wants of the specific culture.

### *Proposed Solutions*

On November 24, Scotland passed a law making period products free for anyone who wants them in their effort to solve menstrual poverty. The goal of this law is to provide WIMs easy access to a variety of period products for all WIMs in Scotland. Monica Lennon was the creator of this bill, as she viewed menstrual products as a necessity for women. This bill shows the influence that WIMs have when they are elected to office. While cisgender men might not know about the issue of menstrual poverty, Lennon has lived the experience of having a period every month, making her aware and passionate about providing free access to menstrual products. Previously menstrual products were only available in public education buildings, but now they will be available at all public buildings. The bill also aims to provide privacy for WIMs by providing a delivery option of the products (Period Products (Free Provision) (Scotland) Bill 2020). This law has yet to be fully implemented in Scotland, as it was passed very recently. By analyzing the effects of this legislation on menstrual poverty in the future, their legislation could have influence for how the United States could work to solve the issue of menstrual poverty. Scotland has a much more similar economy and culture to the United States than many other countries that the literature has studied.

As much of the research around the issue of menstrual poverty outside of the United States, there is a great need to study the experience of WIMs in the United States. While the United States is considered by many as a wealthier nation, the statistics on poverty show that menstrual poverty still heavily exists. By conducting a quantitative and qualitative study of WIMs experiencing menstrual poverty in the United States, I will gain insight about what issues are most important to American WIMs surrounding this issue, and what the most effective solutions would be. The literature has shown that this is a complex issue with no one universal solution. There are factors such as sanitation, privacy, money, and cultural beliefs that all influence what the most effective solution would be to each culture. I hope to explore through a mixed method approach what solutions American WIMs desire in regard to their menstrual health.

### *Replication Study*

For the purposes of this paper, I conducted a replication study of the research paper “Period poverty and menstrual health implications among college-aged women in the United States” by Lauren F. Cardoso, Anna M. Scolese, Alzahra Hamidaddin, and Jumka Gupta (2021). This study examined menstrual poverty and its associations with poor mental health. The researchers studied female college students from George Mason University. Menstrual poverty was measured using the questions: “In the past 12 months have you struggled to afford menstrual products (such as sanitary pads or tampons)?” and “Do you struggle to afford menstrual products every month?”. The third question to measure menstrual poverty asked if they had engaged in behaviors such as borrowing menstrual products or leaving a menstrual product in too long. The researchers used the Patient Health Questionnaire to assess depression, and they asked a series of questions to gather demographic information. The researchers found that “14.2% of women had experienced period poverty ever in the past year” and that an “additional 10.0% experienced it every month”. They also found that the “most frequently mention coping methods included borrowing products” at a rate of 72.8%. Their data showed a clear association between depression and menstrual poverty, although they note that college students often have higher stress levels due to the pressures of school. They conclude that menstrual poverty is an important issue that must be addressed, and that further research on this topic is essential, as it is an “under-addressed issue”. This study formed a basis of my research with their three main questions on menstrual poverty. This paper highlighted how menstrual poverty can be present, even in a population that is largely viewed as privileged, such as college students. My research adds to the discussion around menstrual poverty in the United States, and it allows students to share their full stories using qualitative interviews.

## **Methods**

### Data and Sample

For this analysis I first conducted a survey among students in an Introduction to Sociology Courses at the University of Iowa. This survey was distributed by my thesis advisor, Dr. Jennifer Haylett. Students were asked to voluntarily take the survey if they qualified. Qualification consisted of whether or not the student had experienced menstruation. Students who had experienced menstruation could take the survey. Of the 399 students in the course, 185

responded to the survey. The ages of the participants ranged from 18 to 21, with 2.7% reporting that they were over the age of 21. All 185 of the respondents were students currently attending the University of Iowa. 95% of the respondents reported that their gender identity was female, with 2.7% reporting as male, and 1% reporting as non-binary/third gender. The three primary questions in my survey are a replication of the study by Lauren Cardoso, Anna Scolese, Alzahra Hamidaddin, and Jumka Gupta published in 2021. Their survey asked questions about student's experiences with menstrual poverty at George Mason University. I used their three survey questions and added my own questions about demographic data and a question that asked for a longer response about their feelings associated with this issue. I also included a question asking for respondents to submit their emails if they wished to be interviewed further. I conducted 20-minute interviews with 4 students, Zoey, Hannah, Emma, and Sophia<sup>2</sup>. Of the 185 respondents to this survey, 12 definitively said that they have either struggled to afford menstrual products in the last year or struggled to afford menstrual products every month, while 3 students indicated that they had experienced both. While the number of students indicating signs of menstrual poverty in my sample size is relatively low, there is still a significant presence of menstrual poverty reported at the University of Iowa to study. In addition to the interviews of the survey respondents, I also conducted two, 30-minute interviews with Lisa Schroeder, the Executive Director of a Midwest menstrual poverty nonprofit, and Bailey Taylor, a volunteer at the Food Pantry at Iowa.

## **Results**

By analyzing the level of menstrual poverty the students had experienced in relation to their demographic factors, I was able to see if the students experienced menstrual poverty had a lower socioeconomic status than students who did not experience it. Level of struggle was determined as zero for students who answered "no" to if they had struggled to afford menstrual products in the last 12 months and if they struggle to afford menstrual poverty every month. Level of struggle was one if they had answered "yes" to only one of these questions, while the level of struggle was two if they had answered "yes" to both. The level of struggle data was then compared to the demographic factors of whether they qualified to receive Federal Student Loans (FAFSA), family tuition support levels, minority status, and menstrual poverty behaviors.

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<sup>2</sup> All names have been changed to protect their confidentiality.

Table 1: Level of Struggle Among Students

Level struggle	Freq.	Percent	Cum.
0	165	91.67	91.67
1	12	6.67	98.33
2	3	1.67	100.00
Total	180	100.00	

Table 2: FAFSA Qualifications vs. Level of Struggle

Q14	level struggle			Total
	0	1	2	
No	62 96.88	2 3.13	0 0.00	64 100.00
Yes	88 87.13	10 9.90	3 2.97	101 100.00
Total	150 90.91	12 7.27	3 1.82	165 100.00

Table 3: Tuition Support from Family vs. Level of Struggle

Q13	level struggle			Total
	0	1	2	
No, I do not <u>receiv..</u>	33 78.57	6 14.29	3 7.14	42 100.00
Yes, my family <u>cove..</u>	39 95.12	2 4.88	0 0.00	41 100.00
Yes, my family <u>cove..</u>	25 89.29	3 10.71	0 0.00	28 100.00
Yes, my family <u>pays..</u>	68 98.55	1 1.45	0 0.00	69 100.00
Total	165 91.67	12 6.67	3 1.67	180 100.00

Table 4: Minority Status vs. Level of Struggle

minority	level struggle			Total
	0	1	2	
0	131	5	3	139
	94.24	3.60	2.16	100.00
1	34	7	0	41
	82.93	17.07	0.00	100.00
Total	165	12	3	180
	91.67	6.67	1.67	100.00

Table 5: Menstrual Poverty Behavior

Q3	Freq.	Percent	Cum.
Borrowed menstrual products (e.g., fr...)	14	8.43	8.43
I have always had enough money to pur...	130	78.31	86.75
Left a menstrual product in too long	7	4.22	90.96
Other (please specify)	9	5.42	96.39
Used other products (e.g, toilet pape...)	6	3.61	100.00
Total	166	100.00	

Table 6: Level of Struggle vs. Menstrual Poverty Behavior

Level struggle	Q3					Total
	Borrowe...	I have ...	Left a ...	Other (...)	Used qt...	
0	5	128	4	9	4	150
	3.33	85.33	2.67	6.00	2.67	100.00
1	7	1	3	0	1	12
	58.33	8.33	25.00	0.00	8.33	100.00
2	2	0	0	0	1	3
	66.67	0.00	0.00	0.00	33.33	100.00
Total	14	129	7	9	6	165
	8.48	78.18	4.24	5.45	3.64	100.00

Additional interviews were conducted with four interview respondents Zoey, Hannah, Emma, and Sophia. These interviews spanned ten to thirty minutes in length and were conducted using a standard question list. As the respondents had different experiences with accessing menstrual products, the questions were modified over the course of the interview to fit each respondent. Two more interviews were conducted with leaders of nonprofits located in the Midwest. These interviews were both thirty minutes in length and asked about their work to lessen the issue of menstrual poverty.

## Analysis

The data in Tables 1 through 6 show how the respondents demonstrating menstrual poverty also show signs of having a lower income level. In Table 2, the level of struggle is compared to whether the students qualify for Federal Student Aid. The data supports the assumed hypothesis that almost all of the students experiencing some level of menstrual poverty qualified for Federal Student Aid. In Table 3, the 3 students who expressed experiencing the highest level of struggle all did not receive any tuition support from their family, while 6 of 12 students experiencing the first level of struggle did also not receive any financial support from their families. Minority status is found to be closely connected to socio economic status in the United States. While the three students who experienced the highest level of struggle identified as being racially white, menstrual poverty affected a higher proportion out of the minority students category. 17.07% of minority students experienced some level of struggle compared to 5.76% of the white students.

The responses from Table 7 show just how prevalent issues surrounding menstrual products are among college students. Although many of these students did not report experiencing trouble accessing products every month or in the previous year, they all exhibit very emotional responses surrounding their need to budget their income around these products, their experience feeling uncomfortable by trying to make their products stretch throughout the day, and the stress it places on their network relationships from having to ask to borrow products. From Table 6, 8.48% of the respondents recorded having asked to borrow products from another person, whether it be from a friend, stranger, or coworker. While this is a small sample from the whole population, it shows how this was a popular solution for students experiencing menstrual poverty. Over half of the students experiencing the first level of struggle reported that they resorted to the method. This data suggests that the students are most likely to access their friend group for menstrual products, compared to other methods.

Most outsiders would assume that college students would have the resources to support themselves with their financial needs as they are put into this elevated status. Some students are fully supporting themselves by financing their education and trying to provide their own basic needs. Menstruation is also seen as a taboo topic among many WIMs, and one that is primarily

delt with in secret. The stigma around this topic may deter students from turning to disposable ties, as they only feel comfortable sharing this information and asking for help with close friends. Individuals who menstruate are the only ones to truly understand the stigma, shame, and stress that menstruation has in American culture. WIMs feel most comfortable talking about this issue from their female friends, as they all have to experience it during adolescence, a time in life where they are most vulnerable. College students are not the traditional population to study for the issue of menstrual poverty, as menstrual poverty nonprofits typically cater to WIMs seeking out resources from food shelves and homeless shelters, but they provide an awareness that menstrual poverty can sneak up on anyone. They also have access to different resources than the general population, as the University of Iowa has a food pantry and free products in dispensers in campus buildings. College is also a privilege many Americans are not able to afford. While this population is not representative of the average American experiencing this issue, my research shows that there is a critical mass of menstrual poverty sufferers whose problems must be addressed.

Three of the four student's who I interviewed had experienced some form of menstrual poverty or limited access to menstrual products. Sophia experienced the most difficult access to menstrual products, as she had to depend on her biweekly paychecks in high school to be able to afford them. She came from a low-income family, so she placed the responsibility on herself to be able to access these products. She describes that "there were definitely days where I had a pad on for way longer than I should have, because I didn't have another one. I couldn't afford to get one until my check came in". She usually budgets \$50 a month for her menstrual products. She described a time where she left products in her car and they were stolen, so she had to go back and buy more. These are an essential product for her, as her periods are often heavier than normal. Hannah would run out due to the secret she kept from her parents of frequent bleeding caused by her birth control that she obtained without their knowledge. Her mother would only provide her with a standard amount that she had required before her bleeding increased, causing her to run out and "use toilet paper or just things that you wouldn't normally use". She also described that "there were a lot of kinds in my high school and middle school that just didn't have the same amount of money that my family did, so they would come to school and ask for menstrual products there, because it was too expensive to buy every month". These students

bring an important perspective on the issue of menstrual poverty, as their lived experiences have made them realize how important it is to have easy access to menstrual products each month.

### *Networks and Menstruation*

Menstruation starts at an early age in a WIM's life, while she is still living under her parent's care. One of the main networks that most WIMs use to access these products when they first start menstruation is through their mothers. Due to the taboo nature that American society has placed around menstrual products, the first introductory conversations into the idea of menstruation often only occur between the WIMs in a family. I conducted a 20-minute interview with a 19-year-old survey respondent, Emma. She had a unique situation in which her menstrual poverty was a result of a birth control implant causing her to bleed heavily and continuously. She was 16 at the time of her implant, and she received it from Planned Parenthood in order to keep it from her parents. Emma described that her parents did not seem comfortable with talking about birth control, and would rarely talk about menstruation, so she felt like it was a taboo topic, but necessary for her sexual health. Her mother would offer menstrual products to her every two to three months, as she did not know of the frequent bleeding from her daughter's birth control implant. This caused her to have to purchase her own menstrual products and even borrow from friends. Emma also describes that "there were definitely days that I wasn't able to have access to clean products, so I had to use toilet paper".

While her mother was someone in her network who did provide her menstrual products, the relationship of secrecy around birth control ultimately led her to be more harmful than helpful. Emma describes that "it seemed taboo, but it also just felt that my parents weren't going to have the conversation with me unless I brought it up. And I only later learned that. I just thought they were totally against that and everything". While I am not specifically researching birth control stigma, birth control and menstruation are closely tied as WIMs often turn to birth control methods to regulate their periods or stop them completely. In the case of Emma, her birth control made her menstruate almost constantly, creating an issue of how to obtain menstrual products when she felt that she could not access her mother for support due to the stigma around it. Emma's mom did not think that her daughter could be suffering from the inability to afford menstrual products, because they did not have open communication on this topic. This caused

Emma to keep her problems a secret, as she wanted to avoid what she thought would be greater shame if her parents discovered that she was on birth control. A tie that Emma's mother thought to be helpful, was a factor in Emma's path to experiencing menstrual poverty due to the shame and secrecy around the issue.

Respondents to the survey have cited similar fears of having to address this issue with their families. Some respondents describe that "it has made me feel like an inconvenience for asking for these products" and that "my family has enough money to pay for our essential needs, but I know that buying tampons, pads, cups, etc. accumulate. I don't want to spend extra money on stuff that is not an essential need like shelter, food, transportation, etc.". Even though these products are necessary for feminine health, the student's still felt that they were taking away resources from their families if they needed to purchase them. This caused them to reach out to other sources in their lives for these products to reduce the financial stress placed on their families.

Emma often reached out to her network of friends to obtain menstrual products. Emma did not see her mother as a supportive option with her issue of menstrual poverty but felt comfortable asking her friends for products. She also describes her friend network as an important source for information on feminine health, saying "each time I was introduced to a new product or the implant, I had a friend that I knew who had it. I needed someone else that I knew or felt like I trusted to do it first". These network ties were important for Emma in providing information that would influence her sexual health decisions. She felt more comfortable in accessing her network of close peers than seeking out advice from sexual education teachers or her parents. While friends were important for my second interviewee, Sophia, they also became a financial burden as they all experienced menstrual poverty. Sophia was the main source of products for them, making it important to keep her source of income in high school. She relied on her friend group for information and emotional support, but they also costed her products that she could have saved for herself.

The friendship network is a very important network among individuals experiencing menstruation. It serves as a support group and a way to access products among the students who

were experiencing menstrual poverty. What creates the least likelihood of experiencing menstrual poverty is having a high socioeconomic status and a fully supportive network. My third interview was conducted with Zoey who did not experience menstrual poverty, but who was very interested in the subject. When asking about her network, she described that she had open conversation about menstruation with her friends, mother, and teachers. Her school provided free menstrual products to students in need, and they did not ask for the reason of bathroom trips, a contrast to Sophie's situation. By creating a network that is open to having conversations about menstruation and works to demolish the stigma around it, women and individuals who menstruate are more likely to assert their needs and find resources to support their menstrual health.

### *Cisgender Men and Menstruation*

One topic that was brought in up on conversations was the relationship cisgender men had with the topic of menstrual poverty. Sophia and Zoey both brought up how they would make their brothers or other men uncomfortable by bringing up the topic of menstruation. It was seen as a joke, but after further reflection, they discussed how that was ridiculous when menstruation was such a common part of society. By alienating half of the population from menstruation, the stigma surrounding it is perpetuated to future generations. Sophia described how "with my dad, you don't talk about it or bring it up. [He] is so uncomfortable with the idea. Like, if we are going to Walmart together, we'll walk past the wall of period products and he will try to go the long way to avoid it as much as possible". This type of negative behavior influences how young WIMs think of their bodies and menstruation, as they see cisgender men who they look up to feel uncomfortable with the topic. The only way to lessen the stigma of menstruation is by having honest and open conversations. Zoey said that "a lot of times women just talk about it with other female, and then when guys come in it's just a joke. And they make a joke. I think teaching boys from a younger age...so that they are aware of the differences, so it's not uncomfortable for them to have to hear their peers". By only isolating the issue to closed networks of WIMs, cisgender men feel that it is a burden on them when they must think about it. Menstruation is a natural part of reproduction and should not be seen as a taboo topic.

### *Quality of Free Products*

The quality of menstrual products that are currently available for free was also a commonly brought up issue. Menstruation is a health issue that comes with enough side-effects to make WIMs uncomfortable. And not all schools even provide these products for free, as Emma described that there “were always the quarter dispensers for cardboard tampons...So, that was another thing, I never used them because I didn’t have quarters”. This solution for students is not feasible in our current economic environment, where very few students will have quarters on them. Sophia’s nursing office provided menstrual products, but she said that “hers were like diapers and super old. Like, they just kind of broke the moment you took it off. It was so gross. Nobody wanted it”. Students need to feel comfortable in their menstrual products, instead of having to ask for something that makes them feel even less clean. Soap and toilet paper are necessities in a bathroom, but menstrual products are still seen as something that you need to buy if you want a comfortable product. Menstrual products also need to be available in more areas than just schools. Sophia was able to access menstrual products with her mom from a church when she was younger. She said that “we weren’t religious, but that’s where the donation center was”. This solution worked well when Sophia was younger, but her family moved, causing her to lose access to this resource. She describes that “when we moved out from the bigger city to the smaller area, churches would still do it, but only for the people that went to their church”. While there are areas that provide menstrual products, they are not well known or open to all people. Emma describes that she got her menstrual products from her friends because she “didn’t know of any nonprofits providing these resources, so [she] didn’t know where to start”. She also did not know of any resources at the University of Iowa say, “it’s not very well advertised”.

### *Reusable Pros and Cons*

Reusable products, such as the menstrual cup, underwear, and reusable pad, are alternatives that could alleviate the problem of having to access disposable products every month. Emma is a strong advocated for reusable products, as she is a regular user of the Diva Cup, an insertable product that can be reused for several years. She describes that after she had purchased one, she worried less about trying to afford menstrual products. Due to these products being less common, Emma felt hesitant about first trying this product, as it was a lot less common to use than disposable products. She also noted that the cost was higher upfront, but that it lasted longer than her disposable products. Sophia had experience using reusable period underwear, but due to the

heaviness of her periods, she had to still wear a disposable pad with it. She describes that “it gets too messy, I try to wear it without, but it doesn’t quite feel as sanitary”. Menstrual cups are also not a solution for all body types, as Sophia describes having a tilted uterus, making it difficult for the product to properly function. This demonstrates how menstrual products are definitely not “one size fits all”, as WIMs have different needs and preferences when it comes to their bodies. Zoey and Hannah have both never tried reusable products. Zoey has not experienced any type of menstrual poverty, making it seem less necessary for her to find a reusable alternative. Hannah is considering reusable products from an environmental standpoint, but she is unsure about dealing with the maintenance required for reusable products. Reusable alternatives might be a solution for some people’s menstrual poverty, but they should not be seen as the only option, as WIMs may not have access to clean water and sanitation. The population that I surveyed and interviewed is college students, who have a certain level of privilege to be able to seek a higher education. Their life experiences are not the same as homeless women and homeless individuals who menstruate. Lisa Schroeder, the Executive Director of a midwestern menstrual poverty nonprofit, described that “we got a donation of a hundred menstrual cups, but a lot of our clientele are homeless, so they don’t have a clean restroom to use those... We do low-income as well, so that’s where we are trying to push the reusable products. It also depends on the population that they are serving as she says that “we have a lot of refugees. The menstrual cups are not good there, same with tampons”. Bailey Taylor from the University of Iowa Food Pantry also talked about this issue, saying “a lot of times, especially when dealing with communities that can’t necessarily afford luxurious items, expecting them to be the ones to make sustainable swaps is unfair. Using a menstrual cup or a reusable pad would be unfamiliar for a lot of people... A crucial component would be educating people because they are definitely not bad, but it’s not fair to just give them only one option”. Reusable products are a minority. When people are facing many other challenges, switching to reusable products to avoid having to get menstrual products every month may be something that they are not willing to do. While reusable products may seem like an obvious solution to helping WIMs who cannot afford to buy disposable products every month, they should not be seen as a one size fits all solution, as WIM’s bodies and preferences must be considered.

Education matters greatly on how individuals who menstruate will form opinions about their periods and if they will have access into getting product when they need it. One of the first places that some of the students learned about menstruation was at school. The students reported having their first sexual education classes in late elementary to early middle school with topics on reproduction and menstruation. Zoey and Emma both cited having abstinence-based educations, where teachers would rather educate students on abstaining from sex, instead of educating them on safe sex practices. Zoey described that menstruation was taught by school nurses and counselors in sixth grade up to junior high school. She wishes that her teachers were more open about the subject instead of only teaching the basics. She said that “I fee like opening up the education to nothing is uncomfortable, nothing is crossing a line, being more open and going into more details that I didn’t personally figure out until I had to go through it would definitely be something that could be helpful in decreasing the stigma of menstruation”. In sixth grade, Hannah received a packet from her education about menstruation, but she relates that “I didn’t really understand it, even when they were explaining it”. Menstruation is something that was inevitable to all of the students, but many of them only felt prepared because they had another adult explain it to them. Hannah, Zoey, and Sophia all describe having conversations with their mothers where they were given supplies and talked through about what would happen during their menstrual cycles. Education is a strong force in perpetuating the stigma around menstruation. Keeping genders separate is for maintaining privacy, but it also maintains secrecy. If men do not understand the importance of having proper care for menstruation each month, then this issue will be kept in the dark.

The students interviewed also discussed how their teachers would handle the issue of menstruation in a classroom setting. While middle and high schools offer breaks between classes for students, often times they are when the bathrooms are at the busiest times, or when students have to walk to their next class. Changing a tampon or pad is more time consuming for WIMs, making them often choose to leave class for this process. Sophia had two separate experiences at her school where the teachers wanted to have a specific reason for bringing her bag or going with her friend to the bathroom during class. Her two male teachers assumed that she was out to make trouble, instead of going to change her pad or provide her friend with a menstrual product. Once they realized that it was due to her period, they became “really red and mad at me and then said

‘just leave’”. Sophia also said that these teachers refused to make eye contact and ignored her for the rest of the year, due to the embarrassment that they felt over the mention of a period. She also described that “I started keeping my [menstrual products] in my locker. I would get in trouble when I got back because I took too long. I stopped trying to explain myself. Sometimes I would get a tardy for it... We only had three minutes before class, so you could never really do that. If you need to go during class, you’re going to get a tardy for it. I just got my period in the middle of class, so I had to get a tardy a few times. Teachers need training. They need to understand what they’re doing and how that’s affecting their students”. Hannah felt embarrassed going to the bathroom in school and would try to put it off during the day. She would change her tampon during passing time to avoid comments from peers asking why she was bringing her bag to the bathroom.

Zoey, a student who had never experienced any form of menstrual poverty, described her school as being very accommodating to the issue of bathrooms. She said that “If we had to go to the bathroom, we’d always have permission to just get up and go. And the never asked us why we were going to the bathroom”. She did not have to worry about making teachers or classmates uncomfortable by asking permission, as she could follow her own body’s needs. It is essential that teachers are educated on the correct way to handle a student that is menstruating. Due to the stigmatized and embarrassing nature of menstruation, WIMs want to try to handle this as discretely as possible. By giving students the autonomy to use the restroom when they need to, they will have more positive experiences with their menstrual hygiene. Also, by creating a sexual education program that is open and honest, students will have more information on how to be prepared for their first period. People who do not menstruate must be incorporated into the conversation from a young age. They all know someone who has a period. The fear and shame associated with menstruation is perpetuated because our society chooses to. To break away from these stigmas and have an honest conversation about menstruation and menstrual poverty in the United States, everyone must have a clear understanding of the importance of acquiring proper hygiene and the enormous mental and financial burdens that WIMs take on to do so.

Bailey Taylor from the Food Pantry at the University of Iowa discussed how the University could improve its response to helping students struggling financially. She said that “[The

University] advertises themselves as a place for people to live and feel comfortable and attend school, and you can't do that without having proper menstrual hygiene and the products that you need to take care of yourself. I think that they could just simply be doing more". Taylor would not ever refer clients to the free menstrual products located in University of Iowa buildings, as "the brands are not something that we want to refer our clients to". They want to be able to provide people with a better product at the Food Pantry. She agrees that they are nice for emergencies but thinks that they are underperforming products that seem like an afterthought. She also talked about how "the budget that we're given from Student Government is sort of just for groceries, and then we have to make those cuts for hygiene supplies and such. At the beginning of the semester, the Food Pantry had a \$200 a budget to get all their hygiene products and cultural foods for the week. They had to buy menstrual products in bulk and then repackage them into smaller units for their clients to pick up. The students that I interviewed were not aware that the Food Pantry had hygiene products. Taylor said that rebranding is one of their future goals to increase awareness of the services that they offer on campus. She said that they did not highlight their menstrual products as much at the beginning of this year, as they did not partner with any organizations for supplying them, like they do with food. She announced that they are currently working with Alliance for Period Supplies to create a more stable supply of menstrual products at the Food Pantry for the future. Taylor wants to provide quality brands to students in faculty who need menstrual supplies. While the University of Iowa does provide free menstrual products in their University building bathrooms, they could be greatly improving their response to menstrual poverty by increasing the budget given to the Food Pantry to afford and advertise menstrual products to University students, as well as providing a higher quality product in public areas.

### *Solutions*

All the students agreed that menstrual products should be free, or at the very least, less expensive than they are currently. Zoey defends her position by saying, "it's not something women choose to go through, it's something we have to deal with. If having these products make you feel better, you should be able to have access to those products, no matter what". Sophia agrees and said that "I definitely think the government needs to step up somewhere. I didn't ask to have a period, but it's something I require. I need to have something". Hannah had the suggestion of having the

government place a limit on how expensive companies would be able to sell these products. Menstrual poverty is an issue in the United States that deserves more attention. The first step is learning to talk about menstruation to be able to highlight the importance of this issue. Lisa Schroeder from a midwestern menstrual poverty nonprofit talked about a secretary almost refused a grant that the company asked her to submit, because it talked about periods. Even though the secretary was a woman, she felt like the men in the company would have no interest in reading it, and perpetuated the secrecy and stigma associated with menstruation. The stigma surrounding menstruation holds WIMs back from expressing their frustrations and being taken seriously enough to enact policy changes. Sophia talked about the importance of schools and the media portraying an accurate picture of people who menstruate. “I think it definitely starts with the schools. Maybe if schools talk more about it, there would be less stigma. Maybe it would help if media would stop portraying women with periods as these angry, sad, horrible people. I’m kind of normal. For the most part, nobody can really tell”. To create a just world for people who menstruate, this issue needs to be seen as a valid health issue. She also talks about how destigmatizing the language around menstruation would help, by “being able to say ‘period’ without people freaking out or being embarrassed”. While toilet paper and hand soap are seen as essential items in any public restroom, menstrual products are seen as less important, and can cause twice as much as regular when purchased from a bathroom dispenser. The United States needs to have a shift in how we value WIMs and the process of creating life. Menstruation is an essential part of that process and needs to be valued. The first step in the long road to creating a world where everyone has free access to menstrual products is learning to value the role of menstruation.

## **Conclusion**

Menstrual poverty is often an issue occurring in secret among students attending the University of Iowa. While the data showed relatively few respondents citing that they experienced menstrual poverty, this is still a very important issue that needs further studying. The population studied is not the main population known for experiencing menstrual poverty, but it shows that it can occur to anyone, even those in a middle-class family. By reducing the stigma and having conversations about this issue, more people will learn how important it is to solve. Many of my survey respondents expressed how surprised they were that this even existed. Lisa Schroeder, the

executive director of a midwestern menstrual poverty nonprofit, stumbled into this issue as she and her friend were surprised to see other nonprofits asking for menstrual products. Awareness of the impact of this issue is how it will eventually get solved through legislation. By incorporating the two methods of surveys and interviews, I was able to have a much fuller understanding of the issue, as well as the restraints in possible solutions as all WIM's bodies are so different. Further studies of diverse populations must be conducted to understand the needs of the full United States when it comes to this issue. As long as menstrual products have to be purchased each month, they will remain a burden on the lives of women and individuals who menstruate as they work to provide for themselves.

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