

Menstrual Health Equity and Period Poverty: An Analytical Scoping Review for Social Workers

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Abstract: *Menstrual health inequity and period poverty create barriers to attendance at work, school, and social events, in addition to serving as barriers to menstruating with dignity, autonomy, and choice. Social workers need to accurately understand the impact of inequitable menstruation and period poverty on their clients who live with these forms of social injustice. Current literature on these topics in the United States does not center research in a social justice lens, nor does it accurately represent the population of menstruators within this country. This scoping review aims to answer the question: based on current research, what is known about menstrual health equity and period poverty as it relates to social justice within this country? A thorough literature search warranted 17 articles meeting the inclusion criteria for the scoping review. Themes found across the literature include taboo and stigma, menstrual health management (MHM) and menstrual hygiene, systems of oppression, health equity and period poverty, and intersectionality and menstruation. Recommendations for creating menstrual health equity for all American menstruators require the assessment of accessibility to MHM products for clients across all areas of social work practice.*

Keywords: *Menstrual health equity, period poverty, menstrual health management, social justice, scoping review*

The issues of menstrual health equity and period poverty must be better understood and acknowledged in social work and other healthcare professions within the United States. Unaddressed, these issues have created barriers to participating in work, school, and social events while also preventing menstruators from managing their monthly cycles with dignity and privacy (Boyers et al., 2022; Cardoso et al., 2021; Casola et al., 2022; Maroko et al., 2021; Medina-Perucha et al., 2022; Rao, 2023; Rohatgi & Dash, 2023; Sebert Kuhlmann et al., 2019; Soeiro et al., 2021; Sood et al., 2022; Townsend et al., 2023). Period poverty, defined at its most basic level as living without the financial resources needed to purchase menstrual health management (MHM) products every month, significantly limits the ability of menstruators to engage in social activities, work, and school on a monthly basis (Boyers et al., 2022; Cardoso et al., 2021; Casola et al., 2022; Medina-Perucha et al., 2022; Rao, 2023; Soeiro et al., 2021; Townsend et al., 2023). Current research links menstrual health inequity and period poverty with adverse health outcomes, like increased risks of reproductive cancers, anxiety and depression, and reproductive tract infections (Cardoso et al., 2021; Dave et al., 2022; Gruer et al., 2021a; Rohatgi & Dash, 2023; Sebert Kuhlmann et al., 2019; Sood et al., 2022).

For both gender-diverse menstruators and menstruators of color, menstrual health inequity and period poverty are disproportionately experienced (Dave et al., 2022; Gruer et al., 2021a; Hunter et al., 2022). Further exploration of these issues through a social justice framework like Diversity, Equity, Inclusion and Intersectionality, Power, and Anti-

Racism (DEIPAR), as put forth by Dyer and Gushwa (2023), is necessary to identify solutions for menstrual health equity and to empower menstruators with autonomy and choice around menstrual health management (MHM). Literature from the United States related to these issues does not reflect a social justice lens, yet this is needed to dismantle the barriers to equity and inclusion in reproductive healthcare. This scoping review will explore the current research on menstrual health equity and period poverty in the United States.

Menstrual Health Equity in the United States

As with knowledge about the experience of inequity and poverty in the United States, there are a few populations for whom vast amounts of research exist. Within the realm of menstrual health equity and period poverty, this is true for youth-aged menstruators, low-income menstruators in urban areas, and menstruators experiencing homelessness (Cardoso et al., 2021; Francis et al., 2023; Gruer et al., 2021a; Gruer et al., 2021b; Maroko et al., 2021; Schmitt et al., 2021; Schmitt et al., 2022). Research has shown that period poverty and menstrual health inequity are most frequently experienced by menstruators of color and routinely point out this discrepancy between white menstruators and Black and Latinx menstruators specifically (Dave et al., 2022; Gruer et al., 2021a; Hunter et al., 2022). Post-COVID-19 literature highlighted that job loss and economic insecurity were seen at higher levels within Black and Latinx communities, which further perpetuated the experience of period poverty for these menstruators (Casola et al., 2022; Hunter et al., 2022; Sommer et al., 2022).

Even though these articles call out the racist roots of both menstrual health inequity and period poverty, most continue to perpetuate the oppression of gender-diverse menstruators, who are excluded from much of the current research. For example, 66% of the articles used to inform this scoping review do not include any mention of gender-diverse menstruators (Barnack-Tavlaris et al., 2019; Casola et al., 2022; Casola et al., 2023; Dave et al., 2022; Gruer et al., 2021a; Gruer et al., 2021b; Hunter et al., 2022; Mullins & Nagle, 2021; Schmitt et al., 2021; Sebert Kuhlmann et al., 2019; Sommer et al., 2022). Of those, even fewer incorporated gender-diverse language to describe their population of study, which results in an exclusive lens of menstruation centered in cisgender women (Barnack-Tavlaris et al., 2019; Casola et al., 2022; Casola et al., 2023; Dave et al., 2022; Mullins & Nagle, 2021). This highlights the lack of inclusion within menstrual health research and the ways menstrual health has been understood in the United States.

Additionally proven by much of the current research is the need for policy promoting equitable menstruation to end the experience of period poverty (Barnack-Tavlaris et al., 2019; Francis et al., 2023). New York City has the most comprehensive menstrual health equity legislation, passed in 2016, which mandates the provision of MHM products in homeless shelters, prisons, and public schools (Schmitt et al., 2022). However, despite this progress, support from the federal level is missing. Federal financial assistance programs, like Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP), do not cover MHM products (Casola et al., 2023; Gruer et al., 2021b; Sebert Kuhlmann et al., 2019). This further shows that while the current research has

identified menstrual health equity as a central movement in the fight for social justice, support for ending period poverty has yet to be championed by those with the power to eliminate it (Casola et al., 2023; Gruer et al., 2021b; Sebert Kuhlmann et al., 2019).

For this scoping review, the term menstruators will refer to any person with a uterus who experiences the biological process of menstruation. This definition allows for the inclusion of gender-diverse people who menstruate who have been excluded from previous literature. This definition is inclusive of gender identity or expression, race, ethnicity, or age. This is critical to increasing menstrual health equity by including all menstruators in research, conversation, and future policy. To understand how menstrual health equity and period poverty are framed in current research, it is essential to define these terms.

Menstrual Health Equity

This scoping review defines menstrual health equity (MHE) as a term that identifies all the resources needed for menstruators to manage menstrual cycles hygienically and with dignity. This incorporates the required facilities to manage menstruation, such as private toilets, sinks with running water, laundry machines, menstrual health education, access to MHM products, and the ability to engage in work, school, and life without interruption while menstruating (Boyers et al., 2022; Cardoso et al., 2021; Casola et al., 2022; Maroko et al., 2021; Medina-Perucha et al., 2022; Rao, 2023; Sebert Kuhlmann et al., 2019; Soeiro et al., 2021; Sood et al., 2022; Townsend et al., 2023). Another component of MHE is autonomy and choice in methods of managing menstruation. This is seen when menstruators have a choice in MHM products based on comfort and absorption rate instead of taking what is available due to necessity. Using a restroom that has doors with working locks and trash receptacles in the stalls is a form of MHE, as is attending health classes that both describe menstruation and break the stigma around menstruation. The ability to speak about menstruation without the fear of cultural taboos or experiencing safety concerns after identifying themselves as menstruator is the highest level of MHE.

Period Poverty

Period poverty defines living without the financial resources needed to purchase MHM products every month (Boyers et al., 2022; Cardoso et al., 2021; Casola et al., 2022; Medina-Perucha et al., 2022; Rao, 2023; Soeiro et al., 2021; Townsend et al., 2023). Period poverty can also describe living without menstrual health management education or without the facilities needed to manage menstruation (i.e., laundry machines, sinks, bathrooms, etc.; Boyers et al., 2022; Cardoso et al., 2021; Casola et al., 2022; Medina-Perucha et al., 2022; Rao, 2023; Soeiro et al., 2021; Townsend et al., 2023). Those at highest risk of experiencing period poverty include incarcerated menstruators, menstruators experiencing homelessness, gender-diverse menstruators, students, and menstruators of color; however, period poverty does not discriminate against any population of menstruator (Casola et al., 2023). According to Casola et al. (2022), it has been estimated that nearly 25% of menstruators will experience period poverty at some point in their lives regardless of their identity.

Current Strategies to Address Menstrual Health Equity and Period Poverty

Given the current knowledge of menstrual health equity and period poverty and the need for comprehensive research and policy, the strategies used to address both are limited in scope and practice. Recommendations in the literature range from donating MHM products to food banks and homeless shelters to incorporating discussion of menstruation and assessing the need for increased accessibility to MHM products in the workplace and in schools (Barnack-Tavlaris et al., 2019; Cardoso et al., 2021; Zimlich, 2022). The overwhelming need for continued advocacy based on current research is clear. However, informing social workers and other healthcare professionals about menstrual health equity and period poverty is the first step to addressing these issues and providing support to menstruator. The level of advocacy needed from social workers will only occur when they know the problem exists. Therefore, this scoping review aims to inform and promote solution formation for menstrual health equity and period poverty.

Theoretical Framework

The most apparent theoretical frameworks in current literature used to center the exploration of menstrual health equity and period poverty are Critical Race Theory (CRT) and Feminist Theory. According to the tenets of CRT, this lens suggests that because racism is so steeped into the fabric of American society, the prevalence of period poverty for Black and Latinx menstruators is overlooked (Busey et al., 2022). To challenge the Eurocentric status quo in American culture, menstruators, and importantly, non-menstruators in power, must use CRT to question the norms that have been set regarding menstruation (Campbell, 2017). Interest convergence, another tenet of CRT, can explain why progress toward equitable menstruation has been so slow. Describing the lack of motivation to make changes in policy or power, interest convergence indicates that because non-menstruators hold so much of the power around changing policy or culture in work and home, there is little impetus to promote shifts from the norm because these would not benefit them (Busey et al., 2022). In many articles previously published on menstrual health equity and period poverty, the example of condom availability is used to show that menstrual health is considered a gendered issue. Several authors point out the availability of free condoms in schools and healthcare centers as an argument for the feasibility of providing MHM products in the same spaces (Boyers et al., 2022; Gruer et al., 2021b; Schmitt et al., 2022). However, because menstrual health management products are largely unnecessary for those in power (i.e., cisgender men), there is no drive to offer this in public spaces. Therefore, through the lens of CRT, the interest convergence around ending period poverty does not exist for those who do not experience menstruation, which means these issues will not be addressed.

Feminist theory posits that understanding gender must be explored through an intersectional lens to appropriately name how other social identities impact the experience of gender (Eyal-Lubling & Krumer-Nevo, 2016; Yates & Rai, 2019). Further, critical feminist social work mandates the exploration of the interaction between gender and other oppressive systems to fully understand the multiple layers of disadvantages that exist when gender and other marginalized identities intersect (Epstein et al., 2018). Examining

menstrual health equity and period poverty through this theoretical framework makes clear the lack of intersectional understanding of the systems perpetuating the existence of menstrual inequity. This is seen in the awareness of the disproportional experience of period poverty for menstruators of color and gender-diverse menstruators, without movement to prevent the continuation of these experiences for both these populations (Dave et al., 2022; Gruer et al., 2021a; Hunter et al., 2022). Because menstrual health equity and period poverty are only identified as issues for “women” and generally are not acknowledged to be compounded experiences of injustice due to the intersectional identities of menstruators, the feminist framework highlights the work yet to be done to develop solutions for equitable menstruation for all.

The evergreen framework of Diversity, Equity, Inclusion and Intersectionality, Power, and Anti-Racism (DEIPAR; Dyer & Gushwa, 2023) was developed to support the scholarly deconstruction of systems of oppression working against communities every day in American society. DEIPAR should be used to analyze the current knowledge and literature on menstrual health equity and period poverty because it centers exploring these issues through the lens of social justice (Dyer & Gushwa, 2023). This is necessary because of the lack of support for developing menstrual health equity and eliminating the experience of period poverty through policy, activism, and practice. When one examines the impact of menstrual health equity, the gendered nature of reproductive care for male-identifying people versus female-identifying people is evident in the provision of condoms versus tampons in schools and hospitals; in New York City, condoms are widely available in public schools, hospitals, and other nonprofits for free and open for taking by those who need them (Gruer et al., 2021b). This is frequently cited by scholars as proof that ongoing issues of accessibility to MHM products are rooted in misogyny and sexism, thereby making champions for menstrual health equity and period poverty in the feminist movement (Gruer et al., 2021b; Schmitt et al., 2022). However, even though a myriad of research exists pointing out the disproportional experience of period poverty for Black and Latinx menstruators, there has been little activism to push for the end of menstrual health inequity and period poverty as a part of creating equity, inclusion, and justice for menstruators regardless of race or ethnic identity. Utilization of the DEIPAR framework to better understand the systems of oppression perpetuating the existence of menstrual health inequity and period poverty is necessary to develop solutions to eliminate the barriers to menstruating with choice, dignity, and privacy (Dyer & Gushwa, 2023).

Methods

The methods of this scoping review were based on the outline provided by Arksey and O'Malley (2005) in their seminal text on this article design.

Stage 1 – Identifying the Research Question

This scoping review aims to identify the breadth of knowledge and understanding related to the state of menstrual health in the United States. It asks, “Based on current research, what is known about menstrual health equity and period poverty as it relates to social justice within this country?” This question is based on the lack of research on the experience of menstrual health equity and period poverty among menstruators in high-income countries. This is evident after a significant literature review demonstrated a preference for evaluating the impact in both low- and middle-income countries and developing nations.

Stage 2 – Identifying Relevant Studies

EBSCO was the primary search engine for this literature search. Google Scholar was utilized as a secondary search engine. Search terms included “menstrual health,” “period poverty,” “menstrual health equity,” and “menstruation.” Parallel research was found by searching “reproductive health equity,” “reproductive health,” and “menstrual equity.” Advanced searches were conducted by combining search terms through the Simmons University library.

Further literature searches were conducted by reviewing the references for articles found via the previously named databases. Given the niche area of research, these articles frequently named each other as sources; this was especially true for the articles written on the experience of menstruation in the United States. According to the literature found as part of this scoping review, there is a group of researchers out of New York City who are pushing for increased understanding of the experiences of menstrual health equity and period poverty within the United States (Casola et al., 2022; Casola et al., 2023; Gruer et al., 2021a; Gruer et al., 2021b; Maroko et al., 2021; Schmitt et al., 2021; Schmitt et al., 2022).

Stage 3 – Study Selection

The initial study selections included any article containing the search terms in their title or keywords. Articles selected from the searches were included if published within the past ten years. Most articles have been published in the past five years, with all but one included in this scoping review published after the COVID-19 pandemic (Sebert Kuhlmann et al., 2019). This was critical because of the increased financial hardships faced by menstruators, given the period of economic instability that accompanied the pandemic. These articles were further narrowed when inclusion criteria demanded relevance to menstruators in the United States.

Stage 4 – Charting the Data

The themes charted (Table 1) include the following: taboo and stigma, MHM and menstrual hygiene, systems of oppression, health equity and period poverty, and intersectionality and menstruation.

Table 1. *Themes Chart*

Article	Taboo & Stigma	MHM & Menstrual Hygiene	Systems of Oppression	Health Equity & Period Poverty	Intersectionality & Menstruation
Barnack-Tavlaris et al. (2019)	✔		✔		
Cardoso et al. (2021)		✔			
Casola et al. (2022)	✔		✔	✔	✔
Casola et al. (2023)	✔	✔	✔	✔	✔
Dave et al. (2022)		✔			✔
Francis et al. (2023)			✔	✔	
Gruer et al. (2021a)			✔	✔	✔
Gruer et al. (2021b)	✔	✔	✔		✔
Hunter et al. (2022)			✔		✔
Maroko et al. (2021)	✔	✔			✔
Mullins & Nagle (2021)	✔	✔	✔		
Schmitt et al. (2022)		✔	✔	✔	
Schmitt et al. (2021)	✔	✔			
Sebert Kuhlmann et al. (2019)		✔	✔	✔	
Sommer et al. (2022)	✔		✔		
Townsend et al. (2023)		✔		✔	
Zimlich (2022)				✔	

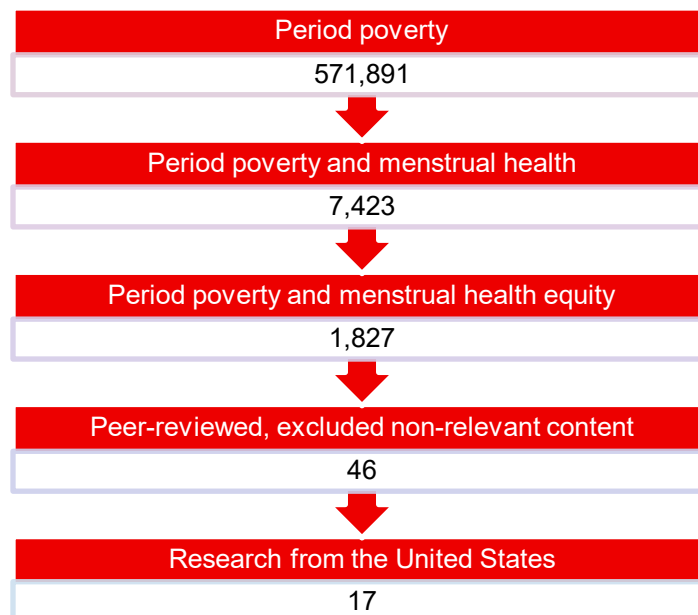
Stage 5 – Collating, Summarizing, and Reporting Results

Current knowledge and research gaps were organized based on their relevance to the themes identified within the literature search.

Results

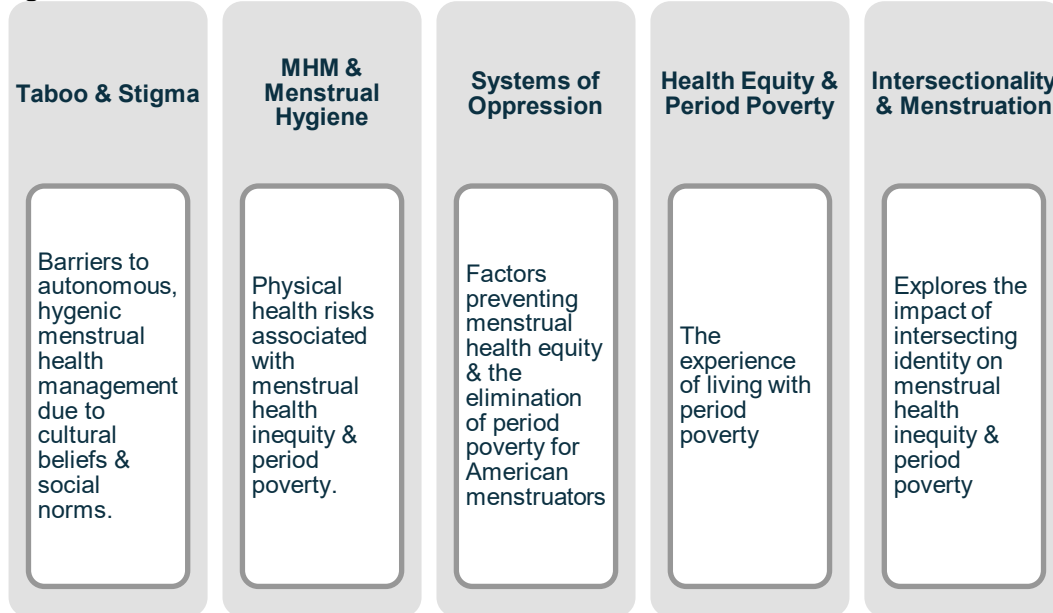
Initial results from a literature search (see Figure 1) in the EBSCO database offered 571,891 articles when searching “period poverty” in peer-reviewed articles published in the last ten years for which Simmons University had access to the full text. To narrow down the results, the search terms were expanded to include “period poverty” and “menstrual health;” this offered 7,423 articles. Once again, this was specified further in “period poverty” and “menstrual health equity,” which warranted 1,827 articles. Exclusion criteria from this point removed any editorial pieces, duplicate articles, and articles that did not relate to the search terms but were included because of their use of “health” in their title. Other exclusion criteria were article content about menstruation without acknowledging period poverty or menstrual health equity. This literature search yielded 46 articles. In the final round of review, 29 of these articles were excluded due to their focus outside of the United States. All 17 included articles explored the experience of period poverty and menstrual health equity through the lens of lived experience. This was a critical piece of inclusion criteria as this scoping review calls attention to the gaps in current research related to these topics.

Figure 1. *Literature Search Quorum Chart*



In this scoping review, all articles (n=17) were published within the last five years, with most (94.1%, n=16), being published after the start of the COVID-19 pandemic. Nearly ninety percent (88.2%, n=15) of the included articles were empirical. When considering key terms, there was a variety in the phrasing of “menstrual health equity,” with just over a tenth (11.7%, n=2) of articles using this language in their titles or keywords. Another tenth (11.7%, n=2) used “menstrual hygiene,” about a quarter (23.5%, n=4) used “menstrual health,” and only 5.8% (n=1) used “menstruation.” Nearly a third (35.2%, n=6) of included articles identified “period poverty” in their keywords or title; this was the most common term used in the collective articles. When considering the use of inclusive language within the article's content, less than a fourth (23.5%, n=4) used language reflective of an inclusive approach to the gender of menstruators. In comparison, nearly two-thirds (64.7%, n=11) used gendered language to describe menstruators and menstruation. See Figure 3 for a brief description of the themes found.

Figure 3. *Themes Found*



Taboo and Stigma

One frequently mentioned barrier to menstrual health equity and the deconstruction of period poverty is the taboo and stigma surrounding menstruation. Generally, menstruation is seen as unclean and dirty, leaving menstruators with a sense of shame in asking for help with MHM (Barnack-Tavlaris et al., 2019; Casola et al., 2023). Many authors describe a feeling of embarrassment menstruators acknowledge when exploring their menstrual experiences (Casola et al., 2023; Maroko et al., 2021; Mullins & Nagle, 2021; Schmitt et al., 2021). This internalized stigma is reinforced by the lack of support for menstruating in public spaces, like schools, homeless shelters, and public bathrooms (Casola et al., 2022; Casola et al., 2023; Schmitt et al., 2021; Sommer et al., 2022). Mullins and Nagle (2021)

suggest the exclusion of MHM kits in emergency preparedness planning by state governments as another example of this taboo and stigma. These authors found the secrecy around menstruation is so ingrained in the culture of the United States that even asking for help managing cycles during a natural disaster carries the weight of stigma (Mullins & Nagle, 2021).

For several populations of menstruators, the experience of taboo and stigma around menstrual cycles creates barriers to engaging in activities of daily living (ADLs) and instrumental activities of daily living (IADLs; Maroko et al., 2021). For menstruators experiencing homelessness, one's monthly cycle can impart fear of outing oneself as unhoused (Gruer et al., 2021b). Leaking, wearing stained clothing, and odor due to menstruation are all realities of co-occurring menstruation and homelessness (Gruer et al., 2021b; Maroko et al., 2021). These experiences can prevent menstruators from being able to pass as housed in public spaces, which, in turn, limits access to public bathrooms that are more likely to have MHM products and working facilities needed to manage menstruation hygienically (Gruer et al., 2021b; Maroko et al., 2021).

For youth-aged menstruators who must manage menstruation during the school day, the taboo and stigma prevent these youth from asking for help from teachers and other school staff (Casola et al., 2023). In school settings, there is limited access to bathrooms, with students reporting they often are required to ask permission (Schmitt et al., 2021). Additionally, school bathrooms are infrequently equipped with MHM products; this means menstruating students must carry their preferred products with them into the bathrooms (Schmitt et al., 2021). Both scenarios increase the risk of outing oneself as menstruating as the risk of leaking increases with limited bathroom and MHM product accessibility. This is critical to understand because when menstruation is visible to others, the cycle of taboo and stigma restarts, and further taboo and stigma are placed on the menstruator for their inability to manage menstruation privately and hygienically.

MHM and Menstrual Hygiene

The theme of MHM and menstrual hygiene relates to the physical health risks associated with the experience of menstrual health inequity and period poverty. Hygienic MHM not only requires accessibility to MHM products (pads, tampons, menstrual cups) but also to the facilities needed to change MHM products in a way that promotes health (i.e., sinks with running water and soap, bathrooms with locking stall doors, trash receptacles, laundry machines, etc.; Casola et al., 2023; Gruer et al., 2021b; Maroko et al., 2021; Schmitt et al., 2022; Sebert Kuhlmann et al., 2019). The current literature is clear about the significant physical health risks that occur when menstruators living with period poverty must use alternative forms of MHM. Paper towels, socks, and napkins have all been cited as alternative forms of MHM for menstruators living with period poverty (Dave et al., 2022). Using these products that are not intended to be used as MHM places menstruators at a higher risk of toxic shock syndrome, infertility, reproductive tract infections, and reproductive cancers (Casola et al., 2023; Dave et al., 2022; Mullins & Nagle, 2021; Sebert Kuhlmann et al., 2019).

Once again, the risks of poor menstrual hygiene are disproportional for gender-diverse menstruators, youth-aged menstruators, and menstruators experiencing homelessness. Gender-diverse menstruators are less likely to have access to MHM in times of natural disasters and emergencies because they risk outing themselves to obtain MHM products at a time when safety is already compromised (Mullins & Nagle, 2021). The likelihood that menstruators experiencing homelessness and period poverty would have to use non-MHM products to manage menstruation is far higher than for housed menstruators. Youth-aged menstruators face higher risks of adverse health outcomes because school bathrooms do not offer access to MHM products. According to data from 2018, nearly 75% of school bathrooms did not provide MHM products to students (Schmitt et al., 2022).

For the youth-aged menstruator population, menstrual hygiene is also inclusive of psychoeducation about menstruation. Literature in this review highlights the need for preparedness youth-aged menstruators experience when considering what MHM products to use and the difference between options (Schmitt et al., 2021). For example, Schmitt et al. (2021) found that youth-aged menstruators were unsure whether to use pads with wings or without, or tampons with plastic or cardboard applicators. This limitation in decision making of what would work best for their bodies highlights the overall need for more education on menstruation in schools. Further, it perpetuates the likelihood of poor menstrual hygiene in menstrual management for youth-aged menstruators.

Systems of Oppression

This theme explores the systemic barriers perpetuating the existence of menstrual health inequity and period poverty for American menstruators. Barriers identified in the literature include various levels of gatekeeping and exclusion from policy at micro, mezzo, and macro levels. At the micro level, gatekeeping includes asking for MHM products in public spaces instead of keeping them freely accessible for menstruators to take as needed, which has been well documented in schools and homeless shelters (Francis et al., 2023; Hunter et al., 2022; Gruer et al., 2021a; Gruer et al., 2021b; Schmitt et al., 2022). The literature included in this scoping review notes explicitly that poor menstrual hygiene and increased physical health risks follow a lack of access to MHM products (Francis et al., 2023; Sebert Kuhlmann et al., 2019). In schools, decreased gatekeeping of MHM products in bathrooms decreases absenteeism during the school day (Francis et al., 2023; Hunter et al., 2022; Schmitt et al., 2022). In both homeless shelters and schools, offering MHM products in bathrooms without limiting access also serves to empower gender-diverse menstruators who may have to use bathrooms that do not match their gender identity in public spaces (Gruer et al., 2021a; Gruer et al., 2021b).

At the mezzo level, organizational policy around menstruation can be a barrier to menstrual health equity. Barnack-Tavlaris et al. (2019) studied the perceptions and attitudes on menstrual leave policy in American workplaces. They found that nearly half (49.3%; n=600) of participants held a negative perception of the effects of menstrual leave, while 42% of participants responded with affirmation that they would support menstrual leave policies in the workplace (Barnack-Tavlaris et al., 2019). The overwhelming critical view of menstrual leave policy suggests that this kind of policy would unequally favor

menstruators over non-menstruators when considering time away from work (Barnack-Tavlaris et al., 2019). Yet, the potential positive impacts of legitimizing menstruation do not outweigh the possible negative consequences of a menstrual leave policy (Barnack-Tavlaris et al., 2019).

Additionally, donations of MHM products to food pantries, diaper banks, and homeless shelters lack consistency and any formal policy for distribution on an as-needed basis (Gruer et al., 2021b; Hunter et al., 2022). The frequency of access to MHM supplies varies amongst organizations. Some food pantries allow patrons to shop only once every month, while others allow patrons to shop on an as-needed basis (Gruer et al., 2021b; Hunter et al., 2022). Given this, menstruators may not be able to get MHM supplies from these organizations at the times when they need them, or they may not be able to access the kinds of supplies they need. While this is not unique to the needs of menstruators living with poverty, it does create a unique issue when considering the ways food pantries and other resource-based organizations can combat period poverty.

Finally, at the macro level, barriers to menstrual health equity exist in federal policy and legislation, which continue to exclude entire populations of menstruators in expanded access to financial support for MHM products. There is no currently implemented federal financial assistance programming that allows for providing MHM products; this includes the Women, Infants, and Children (WIC) program and federal food stamps programming (Casola et al., 2023). While these programs exist to ensure that the basic needs of young families are met, they ignore entirely the menstrual health needs of the populations they serve. Additionally, state taxes on MHM products continue to contribute to the high costs of tampons and pads; in 2019, only thirteen states had entertained legislation recommending decreased taxes on MHM products (Mullins & Nagle, 2021).

The Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed in 2020, which allowed for the use of flexible spending accounts (FSA) or health savings accounts (HSA) to purchase MHM products (Casola et al., 2022; Sommer et al., 2022). This was the first federal legislation that supported the provision of MHM products with government support for menstruators nationwide. An additional example of macro gatekeeping of MHM products is seen in the work done by Mullins and Nagle (2021), who point out the exclusion of MHM products in the recommendations for emergency preparedness kits from the American Red Cross. Interestingly, the kits recommend replacing lost glasses and refilling prescriptions following a natural disaster or emergency but do not mention the importance of including MHM products when displaced (Mullins & Nagle, 2021).

Health Equity and Period Poverty

The themes of health equity and period poverty focus on the experience of period poverty for menstruators who live with insecurity of MHM products. Literature included in this scoping review agrees that period poverty is the term used to describe living without the means to afford MHM products and bathroom and laundry facilities as needed when menstruating to manage menstruation hygienically and with dignity (Cardoso et al., 2021; Casola et al., 2022; Casola et al., 2023). This theme also addresses the inequity in

menstruation practices for menstruators who hold marginalized identities (i.e., gender-diverse menstruators, menstruators of color, and youth-aged menstruators who are reliant on adults for access to MHM products), which further add to the disparities created by the experience of period poverty (Casola et al., 2023; Francis et al., 2023; Sebert Kuhlmann et al., 2019; Townsend et al., 2023; Zimlich, 2022). One such inequity associated with the experience of period poverty is the increased rates of depression and anxiety in menstruators who live with period poverty (Cardoso et al., 2021; Gruer et al., 2021a).

It is estimated that 25% of menstruators will experience period poverty across their lifetimes, which can be directly linked to the cost of MHM products in the United States (Casola et al., 2022; Casola et al., 2023; Maroko et al., 2021). The literature shows that age is not a protective factor against period poverty; there is no difference in the ability to afford MHM products without financial assistance based on age (Sebert Kuhlmann et al., 2019). Again, this is often higher for menstruators who are students, identify as gender-diverse, are low-income, or are Black, Indigenous or People of Color (BIPOC) (Casola et al., 2023). Menstruating students face additional barriers to menstrual equity when they lack the resources at home to help manage menstruation and rely on schools to provide MHM products (Francis et al., 2023; Zimlich, 2022). However, many schools also lack the resources to offer MHM products for students. This is especially true when MHM is most frequently tasked to school nurses, positions that go unfilled in nearly 60% of elementary and middle schools in the United States (Francis et al., 2023).

Intersectionality and Menstruation

The final theme seen across the literature included in this scoping review, Intersectionality and Menstruation, highlights the discrepancies in the experience of menstrual health inequity and period poverty based on gender identity, race, ethnicity, and other intersectional identities. Casola et al. (2022) found that BIPOC menstruators have more significant gaps in knowledge than white menstruators when considering psychoeducation on menstruation and MHM. Black menstruators are, on average, younger at menarche, the term describing one's first menstrual cycle, than white menstruators; in turn, this impacts the amount of support youth-aged Black menstruators have for MHM. (Casola et al., 2022; Schmitt et al., 2021). Additionally, menstruators of color are disproportionately living in poverty, in general, as compared to white menstruators. According to Dave et al. (2022), 23.1% of Black menstruators, 22.7% of Indigenous menstruators, and 20.9% of Latinx menstruators are living in poverty as compared to only 7.1% of white menstruators.

Given the known association between the experience of period poverty and living without access to basic needs, understanding these same communities experience higher rates of period poverty follows naturally. Gruer et al. (2021a) were able to corroborate these findings in their study, which proved Black and Latinx-identified menstruators experience period poverty at higher rates than other racial identities. Hunter et al. (2022) identified a strong correlation between Latinx ethnicity and living with period poverty during the COVID-19 Pandemic. Maroko et al. (2021) conducted a public toilet audit in New York City, which found that public bathrooms in low-income neighborhoods with high numbers

of Black residents were the least likely to be accessible, maintained, and supportive of MHM. Similarly, Dave et al. (2022) report that while 1 in 16 American women live below the poverty line and earn less than half of the national poverty level, 29% of transgender and nonbinary menstruators live in poverty. Once again, this emphasizes the racist and highly gendered nature of period poverty, which is disproportionately impacting gender-diverse and BIPOC menstruators.

The intersection of menstrual health equity and socioeconomic status continues to perpetuate the unjust nature of period poverty. With this awareness of the impact of period poverty on those who live with limited financial means, the lack of coverage of MHM products through WIC or SNAP further marginalizes these populations of menstruators based on living in poverty (Gruer et al., 2021b). During the COVID-19 pandemic, the social stratification between those who had menstrual health security and those who did not became even clearer (Hunter et al., 2022; Mullins & Nagle, 2021; Sommer et al., 2022). Menstruators with resources were able to stockpile MHM products while those who were already living with period poverty were further disadvantaged while also experiencing higher rates of unemployment and financial insecurity (Hunter et al., 2022; Mullins & Nagle, 2021; Sommer et al., 2022).

Discussion

Based on the literature above, the experiences of period poverty and the concept of menstrual health equity are most understood for three populations of menstruators: youth-aged menstruators, menstruators experiencing homelessness, and menstruators living in urban areas (Cardoso et al., 2021; Francis et al., 2023; Gruer et al., 2021a; Gruer et al., 2021b; Maroko et al., 2021; Schmitt et al., 2021; Schmitt et al., 2022). The understanding of the experience of period poverty for menstruators living in suburban or rural areas of the United States is overlooked, according to the findings of this scoping review. The experience of period poverty is also ignored for gender-diverse menstruators, evident in the small amount (23.5%) of articles that used any inclusive language related to gender (Casola et al., 2023; Gruer et al., 2021b; Maroko et al., 2021; Mullins & Nagle, 2021; Schmitt et al., 2022; Zimlich, 2022). The remaining literature utilized gender-specific language, using “women” or “girls” to describe the menstruating population (Barnack-Tavlaris et al., 2019; Cardoso et al., 2021; Casola et al., 2022; Dave et al., 2022; Francis et al., 2023; Gruer et al., 2021a; Hunter et al., 2022; Schmitt et al., 2021; Sebert Kuhlmann et al., 2019; Sommer et al., 2022; Townsend et al., 2023). The intentional ignorance of the experience of menstruation for gender-diverse menstruators speaks to the importance of increased awareness and advocacy within the social work profession. Additionally, this oversight by researchers and authors serves only to perpetuate the experience of period poverty for gender-diverse menstruators as their menstrual experiences are continually disregarded. Considering this through a social justice lens identifies the lack of social justice-centered research and knowledge.

Because black menstruators are starting their periods at younger ages than white menstruators, the need for increased psychoeducation in schools related to menstruation and MHM is clear (Casola et al., 2022; Schmitt et al., 2021). If students are better equipped

with information about their bodies before reaching menarche, they will be more able to manage menstruation confidently and hygienically. This is an issue of equity, power, and anti-racism. Ignoring this discrepancy in age by gatekeeping menstrual health classes in schools maintains the racist roots of menstrual health inequity and period poverty. Offering more comprehensive health education to youth-aged menstruators, particularly in elementary school, can help ensure appropriate and hygienic management of menstrual cycles post-menarche.

Suggestions to address the issues of menstrual health equity and period poverty fall into two areas: offering free MHM products to all menstruators in public bathrooms and increasing federal financial assistance to support the provision of MHM products in private spaces (Casola et al., 2023; Gruer et al., 2021b). Several authors point to the availability of condoms in public spaces as proof of the feasibility of the wide-scale distribution of necessary hygiene products (Gruer et al., 2021b; Schmitt et al., 2022). Interestingly, not only are condoms available in public spaces for people to take and use at will, but they are also not taxed at the same luxury rate as tampons when purchased for personal use (Dave et al., 2022). Because of this, others suggest decreasing the tax rate for MHM products, resulting in lower prices overall for private provision (Casola et al., 2023; Dave et al., 2022; Mullins & Nagel, 2021).

The COVID CARES Act has been named as supportive of the menstrual health equity movement; however, this legislation further oppressed menstruators of color while empowering white menstruators. Regardless of the positive impact of this bill for menstruators who have FSA or HSA spending available, primarily white cisgender women, this did not expand access to MHM products for menstruators who were already living with period poverty (Casola et al., 2022). For example, as Black and Latinx menstruators faced unemployment at levels far higher than white menstruators during the COVID-19 pandemic, the COVID CARES Act only further ensured white menstruators would not have to live with MHM insecurity at a time when many were struggling to afford basic needs (Casola et al., 2022).

New York City has made the most progress supporting menstruators across social and geographic locations. In 2016, the city became the first in the United States to pass a series of menstrual health equity bills (Schmitt et al., 2022). These bills mandated the provision of MHM products in three locations: public schools, prisons, and homeless shelters (Schmitt et al., 2022). This is undoubtedly significant progress towards creating a future with menstrual equity. However, social justice is missing from the evaluation of these solutions. A socially just future is not just one where access to MHM exists for all menstruators but one where non-menstruators support the quest for menstrual health equity support menstruators. Suggesting that MHM products should be accessible without acknowledging the support needed from non-menstruating people is only half of the solution.

Another solution, as recommended by several articles in this scoping review, has been to increase donations to food pantries, diaper banks, and homeless shelters, as these are the places where menstruators across the country turn to when they need MHM products (Hunter et al., 2022; Gruer et al., 2021b). For menstruators experiencing homelessness, the

suggested solution is the use of menstrual cups to manage monthly cycles (Gruer et al., 2021b). However, this does not consider the preferences of each menstruator and other resources needed to use menstrual cups to hygienic fidelity. When using menstrual cups, one must empty them every 12 hours, wash them, and boil them to deep clean between menstrual cycles (Gruer et al., 2021b). This is difficult for someone who does not have consistent access to bathrooms with privacy or access to a stove to boil water.

Given these findings, many recommendations exist for future practice, research, and education of social work students. First and foremost, all future research must be based in gender-diverse language and experiences. More than just acknowledging the lack of inclusion of this population in previous studies, this future research must center their study in all populations of menstruators. Additionally, these studies must also use gender-inclusive language which reflects the accurate population of menstruators within the United States. If all menstruators are not represented in the information used to educate clinicians, educators, and researchers, there will never be menstrual health equity. Research must also expand past the current populations of focus, namely, youth-aged menstruators, menstruators in urban settings, and menstruators experiencing homelessness. If research continues to look at the experience of period poverty only through these lenses, menstrual health equity will not exist due to the continued exclusion of menstruators outside of these populations.

Secondly, social work clinicians offering direct care need to incorporate assessments of period poverty into their screeners related to Social Determinants of Health (SDOH). Breaking the stigma around menstruation will only happen if clinicians begin to address these experiences directly. Social workers must be able to name the systems of oppression working against their clients; with the current lack of awareness around the experience of period poverty and menstrual health inequity, it can be easily said that social workers cannot accurately name this injustice. Given the intersectional nature of period poverty and menstrual health inequity, this additional layer of oppression cannot be overlooked. One can only offer client-centered care if all aspects of the client's identity are known. Therefore, social workers must begin to break the silence on menstrual health practices and period poverty in clinical settings.

Finally, just as social work clinicians must address period poverty and menstrual health equity in their research and in their clinical interactions, it is similarly vital for social work educators to incorporate awareness of these issues. Not only will this ensure new clinicians and graduates are aware of these problems, but the more this topic is explored, the easier it is for people to discuss it openly. This starts with transferring the awareness of the importance of language into the classroom. Social work educators need to highlight the ways language has been used to oppress, and the ways it can be used to lift up marginalized voices and communities. For the areas of menstrual health inequity and period poverty, this is specific to the way menstruation should be addressed to incorporate all people who menstruate, not just cisgender women. When social workers are able to name menstrual health inequity and period poverty as barriers to autonomy, choice, and power for clients in the classroom, they will equip future generations of social workers in a more fully formed way to fight for social justice. This will help break the stigma around menstruation, as a problem with no name has no hope of being solved.

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