

**Addressing Period Poverty: The cost of menstruating in America and the ethical  
responsibility to provide free menstrual care**

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**Author's Note**

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## Abstract

UNICEF estimates that every month, some 1.8 billion people across the world menstruate (UNICEF, 2020). Menstruation is a natural, healthy, and uncontrollable part of life for anyone with the female reproductive system. Me, you, your friends, your family, and everyone else on Earth would not be born if it weren't for this routine part of life. Why, then, does society wince at the thought of periods? The effect of menstrual stigma has plagued billions of menstruators for centuries and continues to have massive negative ramifications on the wellness and livelihood of people simply trying to cope with a biological process. This stigma, plus a global misunderstanding of the reality of period care in part due to this stigma, has created a public health crisis that leaves millions of menstruators without proper education, hygiene, and healthcare. "Period Poverty" is a term colloquially used to describe the condition of menstruating people who are forced to withgo care because of social and economic barriers. While some may think of period poverty as an issue unique to only the most financially disadvantaged countries, the reality is that period poverty leaves no country, state, community, ethnic group, race, or gender untouched. The inability to afford menstrual products forces millions of people into unhygienic, humiliating, and most importantly, completely avoidable situations.

The following paper will explore the current cost of menstruation, both financial and mental, social, and ethical, analyze the success of various countries and communities who have initiated free menstrual product campaigns, and explore the intersectional, culturally competent healthcare policies regarding menstrual care through a synthesis of sources and materials from leading menstrual health advocates, world health leaders, academics, and nonprofit organizations. Furthermore, it will delineate the ethical responsibilities to provide free menstrual

care from a bioethical, governmental, and Catholic lens, and call upon higher education communities to respond to the crisis of period poverty through sponsoring relevant educational initiatives and investing in community-based action as well as further scholarly research on the subject.

## **Inclusive language**

To most accurately provide an inclusive framework to approach such a multifaceted and sociologically dependent issue, the language used in this analytical paper will utilize the most relevant and evidence-based language that acknowledges the vast diversity and pluralism of humanity. For instance, not all individuals who experience menstruation identify on the gender spectrum as women. Oppositely, there are those who identify as women but do not experience conventional menstruation symptoms. However, in this context, those assigned male at birth could be still subject to the misogynistic structural barriers in place that hinder equitable living. Examining and addressing the experiences of those who exist outside of the traditionally accepted gender binary holds a significant role in the development and conclusions of this research. Specifically, within the context of period poverty, adapting to inclusive language practices is essential to studying the causes and exacerbating factors of this issue. In the following paper, variations of the phrase “people who menstruate” will be used often when discussing those who experience monthly periods, as to stay away from inaccurate gender-based language and to embrace LGBTQIA+ inclusivity. Additionally, the phrase “menstruators” may be used, which Chris Bobel in her book *New Blood: Third Wave Feminism and the Politics of Menstruation* explains “expresses solidarity with women who do not menstruate, transgender men who do, and intersexual and genderqueer individuals” (Bobel, 2010).

The association of womanhood to menstrual issues can vary substantially through a given sociocultural lens. This can influence many to avoid the discussion and research of these critical topics, creating an environment where the hardships and suffering of those who menstruate are disregarded and can even generate stigmatized or taboo cultural interpretations. Systems of oppression and historical injustices such as these serve to reinforce the exigency for restorative justice. Additionally, it can be used to identify opportunities to deconstruct the perceptions of negativity and shame at the root of the period poverty issue. Therefore, seeking out information on menstrual advocacy and the applications of successful socially cognizant, solution-based thinking to these concerns can serve as a means to ameliorate the menstruation-related adversities of the most marginalized groups within our society.

## **Introduction**

This year, twenty students in a western Turkish city lined up in front of their finance ministry in Izmir. They held up large, graphically stained depictions of menstrual hygiene products and exclaimed how they “cannot buy sanitary products anymore” and “cannot even afford two meals a day” while donning their group’s trademark pink witch hats (Topcu, 2022). The genuine and heartfelt expression of these mobilizing college students represents a singular sect of a much more expansive and international movement. The core philosophies of organizations such as these are to spread awareness regarding the detriments of costly menstrual products and push for menstruator-centered solutions. To identify the main contributors to this issue and understand why period poverty has developed into a public health crisis, research indicates this issue can be most effectively addressed from pro-menstrual health attitudes and equitable-care-focused approaches. Through the collective progression of community-centered advocacy to deconstruct long-standing stigmas and evaluation of socioeconomic programs to

increase accessibility to menstrual resources, comprehensive policy change resulting in meaningful health promotion can be achieved and facilitate lasting solutions to this generational concern.

## **The current cost of menstruation**

Due to the taboo surrounding menstruation and menstrual care, determining the true cost of needing period products is difficult. Additionally, prices vary due to the uniqueness of each persons' cycle and flow- for example, some people have heavy flows that last eight days, which will end up being much more expensive to care for compared to someone who has a light three-day flow. However, using national averages and the Omni Period Products Cost Calculator, created by Ph.D. candidate Dominika Miszewska and Julia Zulawinska, it can be estimated that in a 28-day cycle, 16 tampons are used with the cost of one box of tampons averaging around \$8 and containing around 34 tampons per box, equaling a rough yearly cost of \$49.11 and a lifetime cost of \$1,964.33, not including pain killers, new underwear or clothing garments, new sheets or blankets, or any additional products to ease care, like heating pads or foods. This is multiplied by the number of people who menstruate living in a home, so for a single menstruating parent with three menstruating children, that \$49.11 cost is growing to around \$196.44, which could end up forcing the parent to choose between menstrual care products or vital medicine, food, and utilities.

This is also a conservative average that does not account for the 10% of all menstruating people and 22% of menstruating people ages thirty-five and older who are living with menorrhagia, also known as heavy menstrual bleeding (Jensen et al., 2012). While it is easy to conclude that people suffering from menorrhagia end up paying significantly more for menstrual

products than those who don't have the condition, there are a slew of other costs and considerations that come with this condition. For example, it is well known that menstruating often comes with severe cramping and pain, but it is less talked about how severe and hard to manage this pain can be for people with menorrhagia. On top of the increased cost of general menstrual products, it is averaged that people with menorrhagia spend an average of \$6,439 dollars *annually* in outpatient costs, hospitalization costs, ER costs, and prescription costs to manage their condition. Moreover, treatment options for menorrhagia, such as hormonal contraceptives, hysterectomy, and uterine preserving surgical procedures, can cost greater than \$10,000. Compared to people who menstruate without menorrhagia, people with the condition have a significantly higher rate of work lost costs, including sick leave and disability costs (2012). The same study showed that menstruators who suffer from menorrhagia also faced an increased risk of anemia, and that people who have both conditions end up paying an all-cause cost of around \$7,624 per year, which is \$3,358 higher than control groups without diagnosed menorrhagia.

Beyond the cost of complying with care, there is a serious cost of foregoing care. When people who menstruate are forced to forego care, they often have to miss school, work, important meetings, or doctors' appointments. Furthermore, "free-bleeding" ruins underwear, clothes, and bedding, which then need to be replaced for an additional cost. Additionally, when people ration period products to try and cope with the cost, they put themselves at risk of developing Toxic Shock Syndrome, which is a life-threatening bacterial infection caused by leaving menstrual products in the vagina for prolonged periods of time (Mayo Clinic). Treating Toxic Shock Syndrome introduces a plethora of extremely high hospital charges, as it can require surgery to amputate infected tissue, ventilation, IV treatment, long hospital stays, antibiotics, and more.

The cost of period products isn't just going into the pockets of tampon and pad companies. In the US, thirty-five states have "luxury" sales tax on period products, creating additional costs for menstruating people and putting millions of dollars into the government. According to The Los Angeles Times, states are profiting upwards of \$150 million dollars a year from taxing menstrual products, which Dean of UC Berkley School of Law Erwin Chemerinsky argues is unconstitutional. "If the government were to require that only men or women had to pay a tax of several hundreds of dollars a year solely because of their sex, that would be an unconstitutional denial of equal protection under the 14<sup>th</sup> Amendment. Yet, that is exactly the effect of the so-called tampon tax." (Chemerinsky et al, 2019). The issue here lies within the fact that menstrual products are not considered a necessity of life, like food and medicine, which are not subject to sales tax. What are other necessities of life, as determined by the US state legislature? Cotton candy, bingo supplies, gun club memberships, erectile dysfunction pills, and tattoos (2019).

In a 2021 New York Times article, testimonials were collected by menstruating people who described the reality of foregoing menstrual care because of the cost. "There have been times I've had to choose between period products and diapers for my kids," explained anonymous mother Amber to The New York Times. "I've had to find other means like making makeshift pads, which I'm not proud of." (Goldberg, 2021). While there are local and state governments who had proposed bills to decrease the cost of menstrual care, plus nonprofits like I Support The Girls who have done extensive work to distribute period products, the reality is that millions of people who menstruate who are living in poverty are routinely foregoing care because of the cost. This has drastically impacted vulnerable populations from having access to these critical products in order to go about their daily lives with basic dignity and comfort.

## **Mental, social, and cultural burdens of menstruation stigma**

Arguably the greatest “cost” of menstruating is the psychological toll that cultural stigma and taboo has on young menstruating people. This stigma burden plagues young menstruating people in ways often hidden from the public, even hiding their effect from the person experiencing the ridicule. Take, for example, the colloquialism “Aunt Flow is visiting.” One of the most seemingly harmless euphemisms that millions of Americans are familiar with actually reinforces a harmful belief that periods should be codified or hidden in language, so as to not offend the listening world with such a shameful topic (IPPF, 2021).

Menstrual health and inequities can be examined from biological, social, and economic perspectives that all hold valid understandings of the factors that influence the health of a given population. Additionally, the ideal state of wellness regarding menstruation can be defined as “a state of complete physical, mental, and social well-being and not merely absence of disease or infirmity, in relation to the menstrual cycle” (Hennegan et al., p. 3, 2021). When menstrual health is compromised, by either internal or external causes, it can have drastic, negative, impacts on the daily lives of people who menstruate. This is especially true for those of marginalized identities that are affected by structural discrimination on the basis of any traditionally oppressed class or identity. For instance, people who menstruate can endure inequitable experiences that serve as barriers to social, community-based, and financially-oriented participation due to current policies and systems of menstrual management.

Menstrual products are oftentimes not easily accessible because they fall under a ‘luxury tax’ category on the premise of the archaic, patriarchal, ideal that they are not a necessity for life (Weiss-Wolf, 2020). This is especially true for menstrual care, which can become shrouded

underneath a stigma of shame, negativity, and taboo misconceptions in certain communities. A culture of menstrual concealment is highly dangerous and fosters a concerning reality in the healthcare system where menstrual cycle abnormalities are dismissed. In addition to multiple minority stress factors, this can put individuals at risk for worsened health outcomes and reduced quality of life. These conditions can also discourage people who menstruate to seek out the appropriate healthcare to alleviate any number of painful abnormalities with their menstrual cycle, such as dysmenorrhea or uterine fibroids.

The International Planned Parenthood Federation (IPPF) brings up the social risk of young menstruating people, specifically menstruating girls, missing school due to period poverty, beyond the obvious gaps in education. When girls are forced to miss such a high number of days of school due to period poverty, they face a higher risk of dropping out, which puts them at a greater risk of child marriage and early adolescent pregnancy, which come with several health risks (IPPF, 2021). The importance of girls staying in school cannot be overstated. According to research from UNESCO, if all women had primary education, there would be 15% less child deaths. If all women had secondary education, child deaths would be cut in half, saving three million lives (UNESCO, 2013).

The stigmatization of menstruation has dramatic effects on the self-image of young menstruating people. One study found that 75% of young women interviewed were afraid of or had experienced instances where their menstrual blood stained their clothing in public, highlighting the hypervigilance that young menstruating people feel they must have to hide their “contaminated” status (Lee, 1994). Another study found that college-aged women and women employed in the medical professions reported elevated levels of self-consciousness and a higher awareness of self-regulation during menstruation (Oxley, 1998). This self-consciousness and

self-regulation was expressed by the surveyed women by wearing baggy clothing to hide bloating, refraining from swimming, avoiding sexual activities, and being more attentive to their acne and skincare, among other things. This over-attentiveness rooted in the social “need” to hide one’s period often becomes a primary focus for menstruating people, distracting from their job, education, family, social, and self-care needs.

Studies done in 2008 showed that even the self-talk of menstruating people is greatly negative due to the harmful stereotypes that are given to people during their period. As summarized in an article by Johnston-Robledo et al. (2020), researchers asked a number of American and Mexican college students to finish the sentences “A menstruating woman is...” and “A pre-menstruating woman is...”, only including words listed by over 50% of the participants in the final data. Ninety-two negative words were listed by the students, including but not limited to weak, desperate, whining, moody, incapable, unlovable, crampy, and bloated. In comparison, students listed thirty-three positive words, such as active and beautiful (Marvan et al., 2008). The negative messages from society sent to young menstruating people have a life-long effect on their sense of value, confidence, self-esteem, self-respect, and social capability.

A relatively unresearched population in terms of the mental and social impact of period poverty is transgender men/boys and genderfluid or non-binary people. Dealing with menstruation can remind transgender men/boys or gender non-binary people of a body part that they feel does not belong to them, triggering massive gender dysphoria, shame, and depression (Rydstrom, 2020). While some transitioning men and boys utilize testosterone to lower the frequency and intensity of periods, this treatment is not affordable for all trans people and requires massive attention and upkeep, sometimes requiring multiple injections per month by oneself or by a physician. Sometimes, menstruating people who do not identify as women cope

with menstrual blood by wearing period-absorbing underwear, heavy volume tampons, or menstrual cups to make it so that having to change their products or buy new products happens less frequently. Another issue that trans men or boys face is the task of changing period products in men's restrooms. In an essay titled "The Menstruating Male Body," a commenter expressed feelings of fear that if they were to change their menstrual product in a men's restroom and it was heard or seen by others, they might be "outed" as transgender (Fahs, 2016).

While this paper focuses on primarily the effect of stigma in the United States, it would be doing a disservice to the struggles of international menstruating people and specifically women facing their own unique battles against menstrual stigma to not recognize these realities, at least briefly. In Nepal, menstruation is seen as unclean, impure, polluted, and untouchable (Crawford et al., 2014). In fact, it is considered "unlucky" to touch a menstruating person. During menarche, or a child's first period, young girls must go into caves or huts with no sunlight, not touch the family's food, not interact with their family, not pray or worship any Gods, and stay isolated for twelve days. During the rest of a woman's menstrual years before menopause, she must sleep either in a different house or room from the rest of their family, must not touch food or step foot in the kitchen, and must not pray or worship during her period. Women also must abide by a strict diet, wash any object she touches, bathe frequently, and not touch their family members or husband (2014). A number of these women who are banished to out-of-home huts or caves, which are sometimes no bigger than a chest or closet, end up succumbing to harsh Himalayan winters, smoke inhalation, fires, or animal bites (Sharma et al., 2019). This practice is called "Chhaupadi."

Since it is so taboo to talk about menstruation, it is hard to find firsthand accounts from Nepali women to scope how they feel about these traditions. However, a study performed by

researchers from the University of Connecticut, Johns Hopkins University, and Colorado State University aimed to do just that, and interviewed a number of Nepali women on their thoughts on menstrual traditions. Women expressed feelings of shame, confusion, lowered self-esteem, and inferiority. “I felt like I was being tortured,” explained an anonymous student. “I felt a lot of mental tension. I don’t like this. We have to keep doing this every month.” (2014). Another woman, who goes by “Devi,” expressed that she felt as though “women feel like animals,” and that she felt like women were not being treated as human beings. Shobha, aged forty, described the difficulty of participating in family events during her period. “When you go to your relatives' place...[we're] kept outside...it's a natural thing, so why are they treating [us] like this? We shouldn't be treated that way; [it] makes me sad...You have to sit outside in the streets. So I don't feel like going, you know? When I'm invited to my relatives' place, if I had a period, so I don't like tell lies also, so I have to, you know...So it's really complicated to go to their places.”

Cisgender and transgender women can also develop conflicting feelings or participate in generalizations about their social roles during menstruation. For instance, it is common in Nepali culture for women to clean the house, prepare food, wash clothes, and do day-to-day home maintenance chores outside of their menses. However, when they are being isolated monthly and told not to touch anything, they have expressed a feeling of betrayal by their culture. “...today we have a nuclear family and we don’t have, like, other person[s] to do our work. And if we’re not supposed to, then who’s going to do that work?” Explained Urmila, aged twenty-two (2014). As seen by these testimonies, the stigma of menstruation as unclean or polluted has a detrimental impact on the lives of women both internally, or how they are conditioned to view themselves, and externally, or how they fit in with society.

## **Financing free menstrual products: An international and domestic analysis of the current state of period product distribution**

The reality of providing free menstrual care for all menstruating people is that a public health initiative that large, especially in a country with a population as large as the US, will have some financial burden. However, the US can turn to countries around the world, and even domestically in a selection of states, to learn how these governments have funded the distribution of free period products. The country that has done the most for the accessibility of free menstrual products is Scotland. In 2020, the UK country became the first country ever to make it law that all people who menstruate must be able to access free menstrual products from public places, such as pharmacies, shelters, youth centers, gyms, schools, and community centers. The bill, titled “The Period Products (Free Provisions) Scotland Bill,” passed unanimously after policymakers were able to see the success of Scotland’s 2018 bill requiring schools and universities to offer free menstrual products. The initiative is publicly funded, costing taxpayers an estimated ~\$32 million a year (Thomas Reuters Foundation, 2020).

The reality of free menstrual care is that it in all likelihood will cost taxpayers money, as it is an often publicly funded initiative. With Scotland’s population a fraction of the size of that of the US, if it costs ~\$32 million a year in public funding to supply the Scottish population of 5.454 million, it will cost the US around \$1,933,176,500 in taxpayer money to fund anything relatively close to the country-wide initiative that Scotland created. While the scale of a project that would provide free menstrual products to all Americans is quite large, other countries, and even domestic states, have created smaller-scale initiatives that address period poverty in unique and manageable ways. The most popular initiative and what is being seen implemented at a fast

rate since the 2010s and in the 2020s policy requiring schools and universities to offer free menstrual products.

In 2021, New Zealand Prime Minister Jacinda Arden announced that all schools and universities must begin offering free menstrual products on their campuses and made a point to mention the fact that 1 in every 12 young people were missing school because of period poverty (BBC, 2021). In New Zealand alone, this means that around 95,000 young people per year aged nine-to-18 will have to miss valuable school time because of their lack of access to sanitary products (Roy, 2020). “Providing free period products at school is one way the government can address poverty, help increase attendance, and make a positive impact on children’s well-being,” explained Arden in her announcement. “By making [period products] freely available, we support these young people to continue learning at school.”

Similar initiatives have been seen in states in Australia, regions in France, scattered around Canada, and in sub-Saharan African countries such as Botswana, Kenya, South Africa, Uganda, and Zambia (Rodriguez, 2021). In fact, US states Illinois, Washington, New York, New Hampshire, California, and Virginia have all been working towards policies to help cope with period poverty in their school populations, with all but Washington having gone into effect already (Free The Tampons). New York City started this chain of policies with 2016 legislation that required public schools to offer free period products, with the rest of the state following suit in 2018 (Brand, 2018)[\[1\]](#). Most recently, Illinois governor J. B. Pritzker signed House Bills 155, 310, and 641 into law in August of 2021 which require homeless shelters and public schools, universities, and colleges to provide free menstrual products in their bathrooms (Hinton, 2021). Illinois Democratic State Representative Katie Stuart, a sponsor of the legislation, explained, “We all collectively agree that soap, toilet paper, napkins, tissues, seat covers, and all those other

things are provided for use in public spaces... This legislation puts menstrual hygiene products in that same category, which is exactly where they belong.”

Beyond public funding and legislative budgeting, organizations such as The United Nations World Bank have often stepped in to aid in the cost burden of providing free menstrual products in low-income countries. One World Bank project, The Swachh Bharat Mission Support Operation of India, invests in the construction of facilities unique to the needs of menstruating people and aims to raise awareness in the community against the stigma and taboo surrounding menstruation (World Bank, 2018). Another \$8.76 million dollar World Bank mission in Ghana is providing sanitation infrastructure and hygiene education in over 260 schools (Tessema et al., 2019). While these World Bank initiatives are dedicated to low-income countries lacking the infrastructure to complete these sanitation projects on their own, and would therefore exclude the US in campaigning, it is still relevant to consider when analyzing the global funding of free menstrual products.

Nonprofit advocacy group Free the Tampons estimates that in the US, it costs \$5-\$7 per menstruating student per year for a school, college, or university to provide free menstrual products. Regarding wall mounts or dispensers, organizations like Aunt Flow install these for around \$300 per restroom and include display boxes for free. Funding may initially come from student-led organizations, Women’s alumni organizations, or campus green initiatives, but the ultimate goal is for education centers to include the cost of free menstrual products in their yearly budget (Free the Tampons). New Jersey based Free the Tampon advocates working with the NJ Office of Legislative Services estimate that the cost of a state-wide law requiring public schools to offer free menstrual products would be about \$750,000 per year (Khurana, 2021).

Overall, the distribution of free menstrual products, whether that be school-wide, city-wide, state-wide, or country-wide, is a necessary investment to address a public health, and, frankly, a human rights crisis. This cost burden has been explored through means of public funding via taxpayer money, legislative budgeting, and even the financial assistance of global organizations. However, some advocates, such as Michele Anzabi of UPenn's PERIOD chapter, argue that the conversation regarding cost is sidestepping the greater message. "Menstrual products should be treated in the same way you treat restocking toilet paper," Anzabi explained in a 2021 NPR interview regarding the case for free tampons in public schools. "It's a medical necessity and therefore, it shouldn't be hindered by conversations about cost, but treated as something that needs to be addressed" (Khurana, 2021).

### **Call to Action**

As a result of the harmful impact that systemic menstrual inequity has on people who menstruate, an intersectional and multifaceted response is required for the holistic promotion of public health. Constructive responses to this crisis in the past have outlined the necessity for federal intervention and investment into providing community resources to those most severely affected by period poverty. This includes access to menstrual products such as maxi pads and tampons to provide appropriate and thorough coverage during menstruation. Additionally, low-cost or free healthcare services and programs should be readily available in struggling communities. Individuals who menstruate can often encounter a myriad of abnormalities during their menstrual cycle, thus culturally sensitive care and LGBTQIA+ inclusivity are especially key at this stage. For instance, it is extremely important that healthcare providers are sufficiently trained to not view menstruation as a cisnormative experience, and to ensure that transgender,

genderfluid, or non-binary menstruators are not excluded or isolated. This movement for comprehensive menstrual stigmatization calls for a vast, structural, acknowledgement of the multiplicity of menstruation, and strong legislative policies in place that reflect the seriousness of inclusivity in this field.

To address the concern of period poverty locally, a more specific approach can be adopted with consideration for the plurality of one's community demographic and the at-risk groups within it. For example, in regards to the Sacred Heart University community, there exists a commonplace assumption of predominant whiteness, financial affluence, and a lack of gender variability to accommodate. This view is wholly untrue, and excludes a palpable population of students, faculty, and staff who do not identify in the aforementioned ways. In any educational institution, the integration of menstrual activism and socially cognizant terminology into pre-existing curricula and pedagogy is certainly manageable, and can be used to counter any stigmatic concepts students were taught in the past. Ideally, this program would educate students about the biological stages of menstruation, determinants of menstrual health, as well as the sociocultural diversity of the menstrual experience from a post-constructivist lens. Once there is a standardized educational program in place, it can be used by the SHU community or any others to conduct further research into other niche areas of menstrual health, hygiene, and care that were previously uninvestigated.

Facilitating a culture where people who menstruate are not ashamed of their periods and are pressured to conceal their menstrual products is another key element of this dialogue. This can be achieved through consistent and evidence-based discussions about menstruation, the empowerment of student-led health service clubs that are challenging exclusionary narratives of menstrual health, and encouragement for the university community to participate in these efforts

from those in higher places of academic leadership. Following these evidence-based methods, the Sacred Heart University community can begin to practice intersectional, ethical, advocacy in alignment with Catholic intellectual traditions at the core of its value system. Adopting a framework of compassion must be especially applicable when facing instances of menstrual injustice, especially since this topic is commonly shrouded in taboo. As the reflections of the Catholic Messiah Jesus Christ teach, the purity laws of the past regarding those with leprosy are not dissimilar to the perceptions of uncleanness that many facets of society still hold today about menstruators.

The practice of strong moral convictions, compassion for the most vulnerable, and stewardship to others in need has already been consistently witnessed in this context by clubs and organizations on SHU's campus who actively educate and facilitate meetings to discuss these topics and how the student body can actively implement positive change on campus. For example, a Period Product Drive held on campus this spring semester by student run organizations collected donations of menstrual products over the month of March and distributed said products with menstruators in need within the local Bridgeport community. This initiative has successfully chartered future paths for educational discovery and microcultural exploration. Within our own geographical context and abroad, international movement for progress to combat period poverty is a viable way to address this public health crisis and provoke intersectional thought from others on how to best alleviate socioeconomic barriers to menstrual care.

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[1] It should be noted that this article references a 2013 UNESCO publication that states that one-in-10 girls in Sub-Saharan Africa miss school due to their period. This figure has since been removed from the study due to lack of empirical data to verify the claim.