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Period poverty in New Zealand: the failed
recognition of menstrual products as basic health
necessities.

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Abstract.

Period poverty is a pervasive public health issue, caused by a lack of affordability of menstrual products. Participants articulated the main consequences of period poverty as having to use unhygienic alternatives to menstrual products, missing significant events in their lives, and feeling self-pity, fear and isolation. This thesis investigates why menstrual products are not treated as a basic health need and what needs to happen at the political level to change this situation. Both these research questions are explored from the perspectives of South Asian women affected by period poverty in New Zealand.

Fourteen South-Asian women with lived experiences of period poverty were interviewed for this study. A thematic analysis within a qualitative, feminist framework and a public health approach were used to analyse the data. Four latent themes emerged from the results: *Fear, Them vs. Us, Buying menstrual products is a necessity, not a choice, and Women's things are always monetised.*

This study found that because menstrual products are a gendered need for women, men have capitalised on women's dependency on this product for their own financial gain. This has, consequently, made menstrual products unaffordable to women. Participants identified public health approaches with support from other governmental agencies like the education and employment sectors as critical to resolving this issue.

The strategies participants suggested to address period poverty in New Zealand were introducing comprehensive menstrual education into schools; providing free menstrual products in schools; the government subsidising the cost of menstrual products; and creating platforms for women to discuss their struggles with period poverty openly.

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Introduction

Research purpose

This thesis investigates the topic of period poverty from the perspective of South Asian women affected by the issue in New Zealand. The literature available on this topic is limited and largely focuses on the statistical scope of the issue. Little is known about how period poverty has affected the lives of women and their views on their circumstances. This thesis attempts to understand the impacts of period poverty on women's lives by focusing on their experiences with, and knowledge of, the issue. It also discusses the recommendations made by women in this study for resolving this issue at the political level in New Zealand.

Menstruation in New Zealand

Some New Zealanders may not know that many Kiwi families choose to discard sanitary items from their trolleys because they simply cannot afford them, and other grocery items take priority. Desperate measures like using rags, socks, or rolled up toilet paper, or reusing pads after drying them out, sound unfathomable – but it happens, often. Schools have reported young girls staying home from school for the week they have their period because their families can't afford to provide sanitary products. Needing to take such action surely is a health issue, if not a social one, particularly for young women in more deprived areas throughout New Zealand. (Mitchell, 2018)

Period poverty is a significant public health issue in New Zealand that has created disadvantage in many parts of women's lives, including their education, work, and social lives (Wootton, 2018). In the last two years there have been several media reports on period poverty in New Zealand, for example the anecdotal article written by Mitchell (2018) detailing the current climate of period poverty in New Zealand. There were two

consequences of period poverty that were repeatedly highlighted in these reports, 1) that women were risking their health by using unhygienic alternatives to menstrual supplies, such as newspaper and old pieces of cloth, and 2) that many young Kiwi school-girls were having to miss days of school due to this issue (Russells, 2018).

At present, one quantitative survey has been conducted on the period poverty crisis in New Zealand. Kidscan (2018) investigated the statistical scope of this issue in New Zealand by surveying 5,000 participants. Their survey provides a few key insights into the period poverty issue in New Zealand, 1) this issue is widespread and compounds the negative effects of poverty on women, 2) women have jeopardised their health to cope with this issue, and 3) this issue has been left completely unaddressed by the New Zealand government.

Developing the topic

This fight is about gender equality and empowering all people to discover and reach their full potential, regardless of a natural need.
(Okamoto, 2019)

Between 2017 and 2019, period poverty received a great deal of media coverage globally. Period poverty became an issue on the agenda of several social enterprises and a priority for a few governments, see BBC (2018) and Devaney (2019). As this issue had scarcely been documented, for many people, myself included, it was an unheard-of and alarming revelation to find out that women were struggling with period poverty in both developing and developed countries, including New Zealand. I empathised with these women's struggles and felt this was a meaningful issue that needed to be addressed more comprehensively.

From my point of view, the issue of period poverty was not well documented. The media reports available on period poverty solely focused on the statistical scope of the issue. It was immediately apparent that women had not been asked about their situations and their personal experiences were missing in this conversation. The scarce literature

available on this topic also showed that the policy-makers, who were trying to resolve this issue at the societal level, were not consulting the women affected by period poverty on how to fix it.

After doing some research of my own I found that there were other puzzling arguments intertwined in this discussion. The dominant public opinion online was that women were incapable of managing their priorities and budgeting their finances effectively.

Read any comments section on a newspaper article on this topic and you'll find the outcry – "I'd love to see what else is in the trolleys of those women who can't afford \$5 tampons", "Should men's shavers be free too", "Why can't they use washable pads", "Why should the government have to pay because they can't budget", "Why should the majority of taxpayers - men - pay for products they don't use", "They just need to sort out their priorities, quit buying the smokes and the drink". (Mitchell, 2018)

These accusations were clouding the actual struggles voiced by brave women, and are dominating the conversation on this issue. Men and privileged women (who can afford menstrual supplies at the current price) were victim-blaming poor women and offering them unsolicited, financial advice. Another point of confusion I found was the level of ignorance and lack of empathy shown for this issue. There was a confusing argument between men and women as to whether menstrual products should be classified as a basic need or luxury item. Those that thought the latter were reducing women's financial struggles to whining and greediness.

It was clear from what I had seen that there was a gap in this discussion - women had not been given a platform to talk about their struggles with period poverty openly or offer their suggestions to remedy this issue. This research begins to address this gap by providing women with that platform.

Why write about menstruation?

As a woman who has had polycystic ovary syndrome since menarche, having to consider menstruation has been an important and consistent part of my life. I have come to learn that it is also an important and consistent part of the lives of all women. As a young student my ability to attend school, have an active social life, and generally complete day-to-day activities were contingent on my access to sanitary pads.

Although my mum had normalised menstruation in our household growing up, I was taught that menstruation was a private topic through my experiences at a co-ed school. Like many other girls, I experienced several of the painful symptoms associated with menstruation, which made me a frequent visitor to the school nurse. However, I had to give my teachers and classmates' false reasons for these visits to avoid inevitable taunting and embarrassing insults. As well, menstruation was not taught as a part of our school's health curriculum, therefore, only girls had any knowledge of it, if at all.

Later, in adult life, I continued to learn about the stigma attached to menstruation. I recall several experiences as a young university student trying to disguise the menstrual pain, cramps, nausea, fatigue etc. from others, by faking tiredness and creating more socially acceptable excuses for how I was feeling, behaving, and at times my absence from classes. Even when embarking on this topic for my thesis, I realised that many people were apathetic towards the issue of period poverty and the way it affects women's lives.

Although I don't often discuss my menstruation openly with others, mainly to avoid making them uncomfortable, I will always be thankful to my mum for normalising it for my brother and I in our upbringing. I was privileged to have constant access to sanitary pads growing up, for without it I would not have been able to function in my daily life. For the last few years, I have been practising menstrual suppression, a privileged option I am aware is not available, too costly, or culturally inappropriate for many women. I acknowledge that my experience with menstruation is a unique one and not a luxury all girls have been afforded. As such, I felt it was my duty to help eradicate menstrual

stigma by bringing more exposure to menstruation as a significant part of women's lives, and to period poverty as an injustice to the humanity of women.

Definitions.

Period poverty

"Period poverty is the lack of access to sanitary products, menstrual hygiene education, toilets, hand washing facilities, and, or, waste management" (Sanchez & Rodriguez, 2019, para. 1). It also challenges women and girls' ability to participate in social and economic activities (Crichton, Okal, Kabiru, & Zulu, 2013). Period poverty affects women, girls, transmen, and people that identify as non-gender binary. Women residing in poor nations, homeless women, women with disabilities, and women with refugee status are disproportionately affected by period poverty, facing additional barriers to accessing menstrual supplies and basic hygiene facilities (Ahmed & Yesmin, 2008; United Nations, 2019). Period poverty is synonymously known in the literature as: menstrual inequality, menstrual poverty, and reproductive injustice. This study will use the terms period poverty and menstrual poverty, and will focus on how women and girls are affected by this issue.

Menarche

Menstruation is an outcome of menarche; a period of sexual development, hormonal change, and growth for girls of reproductive age marked by her first period (United Nations Educational, Scientific, and Cultural Organisations, 2014). Menarche marks the initial transitioning period in a girl's reproductive life; a social and symbolic change evidenced by *"a loss or gain of privilege, influence, or power, and a changed identity and sense of self, as well as changed behaviour"* (Newton, 2012, pp. 395).

Menstruation

The United Nation Population Fund [UNFPA] (2017) defines menstruation as, *"the flow of blood and tissue lining from the uterus through to the vagina"* (pp. 5). Menstruation is a normal biological event experienced by most women and girls monthly throughout their reproductive years. Menstruation begins when girls experience menarche, generally

between the ages of nine to twelve and ends when they reach menopause. Scholars have emphasised periodic bleeding as a biological and cultural event that defines a woman's lived experiences for most of her reproductive life (Harlow & Ephross, 1995). For the purpose of this thesis, I will be using both the terms menstruation and period.

Menstrual hygiene management

The World Health Organisation [WHO] and UNICEF (2014) define menstrual hygiene management (MHM) as women and adolescent girl's ability to manage their menstruation with dignity; premised by having access to hygienic infrastructure including menstrual supplies, sanitary items (soap and water) and disposal bins, as often as required for the duration of their period. Sahin (2015) widens the scope of this definition to include the imperative of destigmatising menstruation and addressing its falsely associated taboos. UNFPA (2014) states limited access to the basic components of MHM is linked to several poor health outcomes for women including genital infections, menstrual disorders, dysmenorrhea, early onset of menopause, infertility, unintended pregnancies, and poor mental health. They recognise MHM as a global developmental issue and a feature of women's empowerment and opportunity.

Basic health necessities

Basic health necessities are also cited in the literature as: health needs, health requirements, and health rights. A concise definition of basic health necessities is absent in international discourse due to its varying interpretations and scope in diverse contexts. In proxy, academics and medical professionals have offered their clarifications of this concept. Notably, the complex paradox of ambiguity and essentialism in this concept is eloquently captured by de Campos (2012).

Basic health needs differ from non-basic health needs as the former are universal and indispensable, and the latter are not. Basic health needs are what they are because without these universal and indispensable minimum conditions, any human existence — and co-existence within the community — would be impossible. For this

reason, basic health needs inherently have a moral urgency that non-basic health needs lack. (de Campos, 2012, pp. 256)

Drawing from de Campo's definition, this thesis will define the essential items women and girls need for their menstrual hygiene management as basic health necessities.

Failed recognition

Failed recognition is defined as the exclusion of someone or something from a specific category. Menstrual supplies are prejudicially unrecognised as basic health necessities for the health of women and girls. Phillips-Howard, Weiss, Hennegan, and Hytti (2018) clarify the significance of this claim.

Menstrual health is also an under-recognised social determinant of broader sexual and reproductive health and rights outcomes. Stigma, lack of knowledge, and negative social norms can leave girls poorly equipped to make decisions about sex, relationships, and family planning at a crucial juncture in their life course, contributing to the cycle of early pregnancy and marriage, and poor educational attainment and population health outcomes (Phillips-Howard, Weiss, Hennegan, & Hytti, 2018, pp. 18).

Male privilege

White, heterosexual, middle-class males are perceived as the dominant group in society, thus they disproportionately experience privilege at the individual and institutional levels of society in comparison to the marginalised, majority of people (Case, Iuzzini, & Hopkins, 2012). Male privilege allows men to dominate women's behaviours in society without having to take full accountability and face consequences (Hager, 2001).

Menstrual supplies

The purpose of menstrual supplies is to absorb menstrual blood during a woman's period. These supplies typically include sanitary pads, tampons, and the menstrual cup. In several low to middle-income nations access to sanitary supplies are scarce, which subjects

women and girls to unhygienic alternatives including dried leaves, used rags, and animal skins to absorb the blood (“Normalising Menstruation,” 2018).

Objectification

For the purpose of this thesis, the term objectification will be defined as the hypersexualisation of an individual's body (typically women and girls). The United Nations further defines this as a one-dimension portrayal of women/girls (United Nations Women, 2014). Objectification, promoted both in social cultures and media, contributes to the exploitation of women, violence against women, their poor mental health, and the perpetration of harmful menstrual taboos (UNICEF USA, 2019).

Stigma and Stigmatised

Goffman (1963) states stigma is a negative mark of a person's body or identity that separates them from others; a visible or concealed mark of a person's identity, which isolates them from regular society (Johnston-Robledo & Chrisler, 2013). Stigma is broadly cited in the literature as: discriminative, stained, tainted, marked, and blemished (Chrisler, 2011). Social psychologists have described the experience of stigma as ostracising, noting its close relation to confronting/experiencing prejudice, discrimination, and shame. Additionally, they have emphasised the harmful impact of stigma on an individual's self-esteem, and educational and economic prospects (Crocker & Major, 1989). Menstrual stigma can socially render women's bodies unsanitary and inadequate for a period of time every month, causing them to experience isolation and everyday restrictions (Johnson-Robledo & Chrisler, 2013).

Premenstrual dysphoric disorder (PMDD)

PMDD is a mental disorder characterised by emotional changes in a woman's behaviour during her menstrual period. Women report anxiety, heightened sensitivity, anger, depression, and irritability as the most commonly experienced symptoms of this disorder. Men constructed PMDD as a diagnosable mental disorder following its inclusion in the DSM IV. Its inclusion in DSM V is currently pending due to strong opposition by feminists. Previously, PMDD was known as ‘Hysterical personality disorder’ (see DSM II published in 1968).

Taboo

The word taboo originates from the word "*tabu*", an ancient Polynesian term meaning forbidden or to forbid, originally used as a command from a tribal Chief to stay away from an object, act, or person. The essential meaning of the term is still practised in the modern English language to deem something off-limits, tainted, or to be avoided (Radcliffe-Brown, 2014). Individuals thought to engage with taboos are considered to be in a marginal and unreliable state (Douglas, 2002). Taboos are frequently linked to women's oppression within religious and cultural contexts; an argument made by feminist scholars for taboos relating to virginity, menstruation, and abortion.

Victim blaming

This term refers to when a negative incident (i.e. poverty) is unjustly blamed entirely or in part on the individual that experiences it. Women's inability to afford menstrual supplies is frequently blamed on their poor budgeting, failure to plan their finances, or exaggerating their needs (Young, 2019).

South Asian

Any reference made to South Asian people refers to people who identify as, for example, Indian, Sri Lankan, Pakistani, Indonesian, and Nepalese etc.

Chapter outlines.

Chapter one begins with a description of how menstrual stigma is explained in the literature, and how it is depicted in the media. It discusses the increased, international coverage menstruation and period poverty has received in recent years, with specific focuses on menstrual activism, human rights involvement, and global health agendas. This chapter then provides a comprehensive explanation of how menstruation is viewed, understood, and treated in both South Asian and Western societies. The latter part of this chapter discusses period poverty in the international and New Zealand contexts including its prevalence, impacts on women's lives, and the initiatives taken to address this issue.

Chapter two outlines the justifications and merits for using a qualitative, feminist framework and thematic analysis for this study. The chapter then describes my positionality as the researcher and outlines my subjective biases. The latter part of this chapter states the recruitment techniques used in this study and the issues that occurred in this process. It finally describes the demographics of the study sample and the interview structure and process.

Chapter three analyses and discusses the results of this study. It begins with the semantic findings, which are illustrated with the participant's responses to three questions asked in the interview guide. These questions were centred on participants' understandings of menstruation, how they had learnt about menstruation, and their definitions of period poverty. The second part of this chapter discusses the latent findings of this study, which were the four themes that emerged from the data, inferred from the key concepts and ideas participants discussed. These themes were *Fear, Them vs. Us*, *Buying menstrual supplies is a necessity, not a choice*, and *Women's things are always monetised*.

Chapter four is in two parts – the discussion and the recommendations. The discussion explores, in depth, the key ideas women discussed in the themes. These included implementing menstrual health education in schools; society taking women's fears seriously; period poverty as a public health issue, and the imperative for an urgent political response to this issue. The chapter concludes with recommendations, informed by these key ideas, to the New Zealand government for eradicating period poverty.

Literature review

This chapter will create a comprehensive backdrop for this research by exploring the local and international material available. The material for this literature review will comprise of both academic literature and grey literature (Chapman, 2018) due to the relatively recent recognition of the term period poverty in mainstream discourse. The large body of menstrual literature derived in the 1960's period, prompted by academics involved in the second wave of feminism, will contribute to this review. This chapter outlines how menstruation and its associated terms are described in the literature and how they will be defined for the purpose of this thesis. The central topics of this chapter will include menstrual stigma, international menstrual discourse, cultural views of menstruation, and period poverty.

Menstruation

Introduction

This chapter examines multiple accounts of menstruation, specifically its biomedical and anthropological histories. Interpretations of menstruation in Western, Asian and New Zealand societies will be considered. This chapter will then explain the prominence of menstrual discourse at the international and humanitarian level, and examine menstruation as a stigmatised condition.

Menstrual stigma

Roberts, Goldenberg, Power, and Pyszcanski (2002) argue that the paradoxical position of women's bodies in society; less valuable than men and simultaneously esteemed in the roles of wives and mothers, reinforces the link between their value in society and their reproductive capacity. Goffman (1963) states stigma is a negative mark of a person's body or identity that separates them from others. Chrisler (2011) states stigma is linked to women's bodies during menstruation due to their limited reproductive value during this period. A stigmatised body is one that is socially deemed invaluable and of

minimal use, resulting in feelings of shame, weakness, and failure for the individual (Crawford, Menger, & Kaufman, 2014).

Stigma is multifaceted and has been detailed from diverse accounts. In the study of stigma and its effects, scholars (Crawford, Menger, & Kaufman, 2015) have conceptualised Goffman's (1963) model of stigma into three categories; visible stigma in the form of physical defects, concealable stigma, and social indicators linked to disadvantaged people. Johnston-Robledo and Chrisler (2013) argue that menstrual blood is a symbol of a stigma that fits all three of Goffman's classifications.

Studies depict menstrual blood as a visible bodily fluid that engenders repulsed reactions, more so than other biological fluids such as mother's milk and male semen (Goldenberg & Roberts, 2004). The menstrual stain represents Goffman's first category, a visible mark, as it personifies a tainted sign of femininity; an argument for its scarce visibility in observable society (Johnston-Robledo & Chrisler, 2013). Menstrual blood strongly aligns with Goffman's second category, evidenced in the undertones of shame, concealment, and silence portrayed in product advertisements for female sanitary items (Coutts & Berg, 1993). Menstrual hygiene adverts commonly fail to include menstrual blood in their visuals, substituting instead blue ink into stereotypical feminine shapes (flowers and butterflies) on unused pads (Chrisler, 2011). A content analysis of over 200 menstrual hygiene advertisements in Northern America illustrated heightened insecurity, concealment, and shame as observable themes across all these adverts (Simes & Berg, 2001). These ads contribute to an overwhelmingly negative dialogue around menstruation. Lastly Goffman's third category, disadvantaged groups, typically refers to minorities in society. However, menstrual blood fits into this category as it is a social marker of women; a marginalised group in society that embodies approximately half the population (Johnson-Robledo & Chrisler, 2013).

Scambler's (2009) alternative account of stigma reconfigures its features into three different categories; enacted, felt, and project [sic]. He states that felt stigma is an individual's internalised feelings of disgrace and shame; an outcome derived from their fear of enacted stigma (facing prejudice from others). Newton (2012) argues the

visibility of menstrual blood arouses aversion and discomfort from others (enacted stigma), thus women internalise harmful beliefs about their own bodies and physiology (felt stigma). She believes this felt stigma subjects/causes women to internalise the negative social constructions of menstruation in society, which in turn motivates their obsessive body watching behaviours and silence regarding these issues (project stigma).

International discourse

Originating in the 1960-70s, menstrual activism was a central tenant of the feminist health movement. The premise of this activism was to empower all women and girls, and to achieve menstrual equality in all societies (Bobel, 2008). However, in recent times scholars have argued that *“feminist scrutiny of the politics of menstruation pales in comparison to feminist engagement with other aspects of women’s lives”* (Bobel & Lorber, 2010, pp. 29).

Historically, poor priority has been afforded to menstruation in the global health agenda (*“Normalising Menstruation,”* 2018). According to the UNFPA (2017) global interest in menstruation has developed in recent years with representation at international forums, human rights conferences, and the Sustainable Development Goals. The increasing presence of the menstruation topic in mainstream discourse has been driven by a global effort to empower, educate, and engage women and girls in all aspects of society (Phillips-Howard, Weiss, Hennegan, & Hytti, 2018). A global definition of adequate MHM still remains absent however due to the limited research seeking to quantify the link between menstruation and women’s health, education (school attendance and participation in learning activities), and employment (income and tenure) outcomes (UNFPA, 2017).

In 2014, the United Nations Human Rights Office pronounced access to water, sanitation, and hygiene (WASH) in general, and MHM in particular, as basic human rights (United Nations Human Rights, 2014). Studies illustrate that adequate MHM is an enabler of girl’s education, increasing their school attendance particularly in low-income settings (Sahin, 2015; Tegegne & Sisay, 2014), which frequently results in

greater workforce participation by women in the long term (United Nations Educational, Scientific, and Cultural Organisations [UNESCO], 2014). Thus, UNESCO (2014) argues school environments that fail to provide access to menstrual hygiene supplies; including sanitation and menstrual hygiene products, encourage gender discriminatory behaviours against girls. Empirical evidence also depicts an increase in economic gains and social welfare for a nation due to higher rates of educated girls; a rationale for the recent increased interest and investment in MHM innovation worldwide (UNFPA, 2017). Additionally, implications of menstrual health, otherwise absent in the Millennium Development Goals, are implicitly pronounced in several Sustainable Development Goals (SDGs); including three (Health), four (Education), five (Gender Equality), six (Clean Water and Sanitation), and eight (Economic Growth), indicating a growing awareness of MHM in society (UNFPA, 2017).

These arguments have failed to prevent persistent misconceptions of menstruation worldwide, which encourages the incessant practice of disempowering women and stigmatising their bodies during menstruation (UNFPA, 2014). Women's menstruating bodies are positioned as a contaminating threat to society in some sociocultural contexts and health research, inciting imagery of pollution, danger, and disease (Chrisler, 2011; Roberts, Goldenber, Power, & Pyszynski, 2002). While there is no singular frame for understanding menstruation across the globe, studies have depicted stigma and gender marginalisation as underlying themes that premise the majority of its interpretations across time and spaces (Chrisler, 2011; Sahin, 2015; United Nations, 2019). Menstrual stigma is distinguished from other stigmatisations as the affected group, although widely inclusive; apply different symbolic meanings to menstruation and its practices across cultures (Crawford, Menger, & Kaufman, 2014).

Cultural views of menstruation

South Asian societies

In South Asian cultures, patriarchal values, embedded in societal norms, result in women's systematic disadvantage, evidenced in their lower social status and poor

recognition of their rights (UNICEF, 2017). These social norms derive from a historical amalgamation of religion and culture, both of which emphasised women's bodies in the roles of seduction and reproduction (Crawford, Menger, & Kaufman, 2014). Male-dominated societies, like South Asian societies, objectify women's bodies in the modern era by undermining their agency during menstruation and stigmatising their bodies to reinforce patriarchal control (United Nations, 2019).

Education about menarche

Awareness of menstruation prior to menarche is very low amongst South Asian (SA) girls (Chandra-Mouli & Patel, 2017; Lahiri-Datt, 2015). This poor awareness stems from the absence of reproductive health education in SA schools, thus mothers and female relatives, who also lack specific information, act as informal informants (Chandra-Mouli & Patel, 2017; Mahon & Fernandes, 2010). A study by Thakre et al. (2019) showed approximately 71% of girls living in the Nagpur district in India, learned about menstruation from their mothers. Similar results were found in Gujarat, India (Shah et al., 2013), Nepal (Crawford, Menger, & Kaufman, 2014), and Karachi, Pakistan (Ali & Rizvi, 2009). As such, scholars have cited a mother's literacy rate as the largest contributor to a girl's menstrual attitude. Shah et al. (2013) states due to a higher number of educated women residing in urban areas their daughters are better informed about menstruation, viewing it as a natural, physiological phenomenon. Conversely, he argues rural women with poorer literacy rates pass down inadequate information to their daughters including misconceptions and poor hygiene practices.

In Mahon and Fernandes (2010) study, the main advice shared by mothers with both urban and rural girls about menarche was how to use a cloth, traditions and rituals, notions of pollution, and a warning to distance themselves from men.

Rituals, beliefs, and practices

Limited studies have examined menstrual attitudes, rituals, and beliefs in South Asia, despite oppressive practices and religious-based restrictions being inflicted on menstruating women (Crawford, Menger, & Kaufman, 2014). Notably, roughly 70% of South Asian nations lack adequate hygiene infrastructure, which creates further

barriers for women and girls to care for their menstrual hygiene (Lahiri-Dutt, 2015). Drawn from the available literature, I outline below some of the beliefs and practices associated with menstruation in SA countries.

India

Despite the numerous distinct cultures within India, the significance of menarche is shared cross-culturally within the country. Menarche is either considered a sign of preparedness for marriage, which prompts parents to withdraw girls from school, or girls are seen as a threat to society and therefore are concealed from the wider community (Chandra-Mouli & Patel, 2017). Consequently, several studies have pronounced menarche as a significant barrier to a girl's education in India (Mahon & Fernandes, 2010).

Shah et al. (2013) identified that only 12% of women in India have access to sanitary pads and over 70% of them named cost as the greatest barrier to their access. This is largely due to the caste system in India, which determines a girl's ability to afford menstrual supplies and access hygiene infrastructure. Girls residing in urban regions have greater access to sanitary pads and a clean cloth, as well as suitable disposable bins (Mahon & Fernandez, 2010). Conversely, rural girls use old sari materials, bed sheets, and ragged cloths to absorb blood, and employ unhygienic practices such as burning and burying to dispose of their waste (Thakre et al., 2011). Shah et al. (2013) states due to menstrual stigma, it is common for rural girls to hold on to their used pads for 4-5 days until they can burn or bury them in secret. Also, limited hygiene infrastructure in rural villages restricts a girl's ability to wash her stained clothes and her own body, which has contributed to a high number of reproductive tract infections in these areas (Lahiri-Dutt, 2015).

Practices linked to menstruation in India largely seek to confine and silence menstruating girls and women. Kumar and Srivastava (2011) articulate some of these restrictions across India:

- Hindu girls cannot practice religion (no entering the *puja* room at temples, touching holy books, and giving offerings to religious statues)
- In Nepal, girls are forbidden from looking at their own reflections
- The Lohra Tribe imposes dietary restrictions (i.e. no curd, pickles, and vinegar)
- In Marwari, girls are unable to serve food to guests or enter the kitchen
- In Bhargav, girls should not touch iron-made objects (i.e. locks and doors)
- The Sarna tribe restricts harvesting and plant watering activities

Also, women in urban areas commonly consult doctors for menstrual pain, unlike girls from rural areas that consult myths and ancestral beliefs for cures. Mahon and Fernandes (2010) articulate some of these beliefs:

- The Oraon tribe believes if the mother of the menstruating girl tears a cloth into three equal parts and gifts the girl one of the cloths to absorb her blood, the girl will not experience pain during her period.
- In Harijan, it is believed that if the menstruating girl mops the floor in a circular fashion, she can eradicate menstrual cramps.
- In Vaishya, it is understood that if a menstruating girl cuts a piece of string equating her height and throws it onto the roof, she can avoid pain.
- Muslim girls that are menstruating are taught that washing their hands with mud after using the bathroom can purify themselves and eliminate pain

Sri Lanka

The Sri Lankan (SL) population is predominantly Buddhist, with lesser groups observing Catholicism, Islam, and Hinduism. Similar to Indian cultures, SL girls learn about reproductive health in general, and menstruation in particular primarily from their mothers and older female relatives (Hemachandra & Manderson, 2009). Winslow (1980) states that Buddhism teaches females that at the first instance of menarche, girls must be moved into a private room or a hut known as the 'puberty house' (*kotahala gedara*). She suggests the purpose of this ritual is to isolate the pollution (*killa*) attached

to the girl's menstrual blood, which is a danger to men. Furthermore, she argues menstruating girls are believed to be highly vulnerable themselves to supernatural beings (*kalu kamaraya*) who are attracted to women's blood (*ririyaka*). A traditional Sri Lankan healer, mainly consulted for menstrual pain remedies, articulated this belief.

Women get heavy bleeding or painful bleeding during periods due to thanikam dosha. Kalu kamaraya's evil eye causes this problem. Sometimes ririyaka also keeps his evil eye on bleeding women. If a woman is bleeding, she should not go out alone. She should carry a piece of metal with her to avoid evil eyes. When a girl gets her first period, she should not be left alone and she should be kept away from the sight of men until she bathes at the auspicious time. Such girls should not be given killi kema (fried food or animal food). If someone does not follow these rituals, she will get heavy periods or painful periods later in life (cited in Hemachandra & Manderson, 2009, pp. 412).

Winslow (1980) emphasises these beliefs as the source of the Buddhist, menarche ritual: the menstruating girl is isolated, ritually bathed, fed only bland food, and reintegrated into normal society after her first cycle has ended. Winslow states that at the end of her cycle the girl is gifted a new white (*sudu*) dress from her family as a symbol of purity (*pirisidu*) and celebration.

Seneviratne and Currie (1994) have argued that the idea of menstrual pollution in Sri Lanka originated from Hinduism as Buddha himself emphasised the importance of the mind over the body. Regardless, they believe the rhetoric of impurity associated with menstruation continues to be observed by Buddhists in the present day. Notably, their study illustrated that less than 50% of participants (SL girls) agreed with the notion of menstrual pollution, but chose not to question religious customs and rituals that they were taught (Seneviratne & Currie, 1994).

Catholics in SL practice isolating girls during menarche too, however, they attribute this practice to the girl's own protection from dangerous men (Winslow, 1980). The menstruating girl endures a similar ritual process to Buddhist girls, with the additional practice of keeping a picture of Virgin Mary (a symbol of cleanliness) and a piece of iron with her during this time for protection and purity (Seneviratne & Currie, 1994). After her first cycle ends, girls are told to avoid religious places for 15 days to ensure they have been fully purified (Winslow, 1980). In adulthood, SL women of Catholic or Jewish faith continue to observe menstrual practices including refraining from churches and temples and avoiding physical contact with their husbands for the duration of their period (Seneviratne & Currie, 1994).

Pakistan

Pakistan is an Islamic nation with a population of approximately 152 million (Ali & Rizvi, 2009). Consistent with other SA studies, Ali, Ali, Waheed, and Memon (2006) found that reproductive health education was rarely available in government schools and largely absent in community schools in Pakistan. Findings of their study showed around 68% of Pakistani girls, mostly from government schools, understood menstruation as a regular bleeding experience, with the remaining 32% of girls reporting total unawareness of its definition and purpose. Similar to India and Sri Lanka, girls cited their mothers as the preliminary source of information on menstruation followed by other female relatives and friends (Naeem, Klawitter, & Aziz, 2015). Notably, Ali, Ali, Waheed, and Memon (2006) found that approximately 80% of girls were taught that menarche was the first step towards future motherhood.

In Pakistan, menstruating girls are thought to experience menstrual vulnerabilities and therefore are indulged by their mothers during this time (Naeem, Klawitter, & Aziz, 2015). Due to the accepted notion of menstrual vulnerabilities, influenced by Islamic beliefs, certain restrictions and customs are imposed on menstruating girls. Studies by Ali, Ali, Waheed, and Memon (2006) and Winslow (1980) exemplify these:

- Avoid washing or bathing
- Forbidden from praying and attending religious ceremonies

- No carrying anything weighty
- Adhere to strict dietary restrictions (i.e. avoid eggs, red meat, and fish)
- Prohibited from going to the market
- Wash their hands with mud after using the toilet

Similar to India and Sri Lanka, poverty predicted a girl's ability to afford menstrual supplies; rural girls used old rags and unhygienic clothes, unlike urban girls who used sanitary pads (Ali & Rizvi, 2009). Naeem, Klawitter, and Aziz (2015) found that most girls felt that their schools and homes had inadequate water, sanitation, and hygiene facilities including disposal bins, to support their MHM; poor school attendance has been cited as a consequence of this issue. Also, they found that girls from rural areas resorted to burning and burying their pads at night to avoid public humiliation and shame.

The above case studies illustrate that although beliefs attached to menstruation vary across South Asian cultures, rituals, disempowerment, and confinement have premised most of its interpretations. As well, the literature evidences that menstrual stigma is more prevalent in religious rather than in cultural views.

Western societies

Unlike the emphasis South Asia places on spiritual meanings of menstruation, Western societies have relied less on religious scripts, drawing their beliefs mainly from the analysis of philosopher's writings and medical texts. Therefore, most menstruation discourse in Western societies has focused on two lines of inquiry, 1) the anthropological and biomedical accounts of its origins and 2) its effects on humankind and the environment (Crawford, 1981). Although Western societies have adopted more liberal and democratic values, scholars argue that these societies still uphold old-fashioned and oppressive views of menstruation (Bramwell, 2001).

Religious explanations

The earliest mentions of menstruation in Western culture can be traced back to the Bible and Halakha (the Jewish code of law). Throughout passages of these religious scripts, distinctions were made between good and bad, pure and profane, in this case, both bad and profane represented by menstruating women (Crawford, 1981). Jews and Christians alike adopted prejudiced views of menstruating women from ancient religious texts that synonymised menstrual blood with evil, impurity and disease (Koren, 2009). Feminist scholars (Bhartiya, 2013; Crawford, 1981; Koren, 2009; Whelan, 1975) have revealed prejudiced beliefs about menstruation in these sacred texts.

Judaism

Jewish people subscribe to beliefs about menstrual impurity and danger, deriving their views from the fear of menstruating girls/women emphasised in the Halakha and the Book of Leviticus (the Hebrew Bible). Two principal beliefs surrounding menstruation are evident in these religious texts. Firstly, menstrual blood is a symbol of evil and therefore it possesses supernatural powers. These are a few examples of its powers:

- It can reject sexual urges from snakes
- Rags soaked with menstrual blood can be exchanged for supernatural abilities
- At the beginning of her period, a menstruating woman can kill one man when there is a fight between two men

The second principle is that women are believed to be ritually unclean during menstruation and therefore are expected to follow several uncompromising rules to avoid polluting others, especially their husbands. Some of these rules are:

- They must separate from their husbands (*Niddah*) physically and sexually before their period starts, during it, and for a week after it has ended
- They must have a ritual bath after their menstrual cycle has ended to ensure they have been ritually cleansed of pollution and have reinstated their cleanliness
- No cooking, baking, or offering water or wine to their husbands

- They cannot practice religion during menstruation (i.e. no entering the Synagogue or lighting Sabbath candles etc.)
- Sons born to women that have broken Niddah will not be allowed to read the Torah
- Sons born to women that have broken Niddah will be plagued with leprosy for several generations

Christianity

Blood is described as a mark of livelihood in the Bible, as Jesus Christ's blood was thought to have healing and revitalising powers. This esteemed view of blood however did not apply to menstrual blood or menstruating women, the former deemed unclean and the latter a figure of profanity. The two principles concerning menstruation emphasised in the Halakha are similarly stressed in the Bible and observed by Christians.

Similar to the first principle in the Halakha, biblical texts emphasised that menstrual blood had magical abilities:

- It can remove facial blemishes such as freckles, black spots, and rashes
- It could be used by harlots and witches to trick people into submission
- It is used as the main ingredient in creating love potions
- A menstruating women's gaze could attract bad weather
- It could divert natural disasters away from the women's location to other areas
- It could heal wounds inflicted on humans by wild animals
- A menstrual cloth soaked in fresh milk could encourage fertility in women

Also akin to the second principle in the Halakha, menstruating women were perceived as a threat to others and were expected to adhere to confining practices during menstruation, like:

- No sexual interactions with men
- Cannot practice religion (i.e. no touching the Bible, attending church, etc.)

- No contact with raw meat or vegetables
- Sons born to women that conceived during menstruation would be born with leprosy

A clear parallel can be drawn between South Asian and Western beliefs about menstruation. At the beginning both societies placed emphasis on spiritual constructions of menstruation, believing the superfluous myths about menstruating women and the supernatural elements in their menstrual blood. However, neither groups analysed the purpose of menstruation and the rationale for their menstrual traditions. Although South Asian literature has scarcely investigated these areas of inquiry, Western philosophers and anthropologists attempted to theorise these religious beliefs about menstruation.

Theorising menstruation

In the 1800s anthropologists believed that women's physiology was largely understood through its close relation to nature in general, and animals in particular (Buckley & Gottlieb, 1988; Martin, 1987). These understandings were premised by three main reasons. Firstly, living organisms were organised into a hierarchy based on their degree of heat with men at the top possessing excess heat, followed by women and then by close proximity were animals (Martin, 1987). Thus, women's bodies and animal forms were closely linked in value. Secondly, unlike men, women's physical bodies were said to dictate their actions rather than their minds, therefore they were perceived, "*more distant from the gods and closer to the status of the other animals*" (Roberts, Goldenberg, Power, & Pyszcznski, 2002, pp. 132). Lastly, women were believed to be emotionally driven and possess significantly less logical judgment than men, hence their intellect was compared more to animals. Evidenced in early historical texts, Plato (n.d) cited in Roberts, Goldenberg, Power, and Pyszcznski (2002) stated that men unable to maintain rationality and logic in their emotions were reincarnated as women, and any continued behaviour of emotional frenzy would assure their next reincarnation in an animal form.

The theory that women's peculiarities stemmed from her ovaries was widely accepted in Western health research during the 1850s (Cayleff, 1992). Medical instructor, John

Wilbank (1853) cited in Cayleff (1992) elaborates on these beliefs about the female physiology.

Women's reproductive organs are pre-eminent. They exercise a controlling influence upon her entire system and entail upon her many painful and dangerous diseases. They are the source of her peculiarities, the centre of her sympathies, and the seat of her diseases. Everything that is peculiar to her springs from her sexual organization [sic] (cited in Cayleff, 1992, pp. 230).

The negative beliefs attached to women's reproductive organs largely contributed to the dominant discourses of menstruation at the time (Cayleff, 1992; Smith-Rosenberg & Rosenberg, 1973). Philosophers believed women's monthly menstruation coincided with health vulnerabilities, making them most susceptible to illness, hysteria, and instability during this time (Tuana, 1993). In fact, women were frequently labeled with terms such as "victim of periodicity", "reflex insanity" and "the monthly disease" during menstruation (Woolcock, Critchley, Munro, Broder, & Fraser, 2008).

Several medical writers, from the 1850s to the 1920s, adopted bad blood hypotheses about menstruation and attempted to describe its harmful effects on the environment and other organisms (Tuana, 1993). An added layer of superstition guided these understandings of menstruation. Natural philosopher and Roman author, Pliny the Elder (n.d.) cited in Delaney, Lupton and Toth (1988) pronounces the extent of these beliefs about menstrual blood in his writings.

Contact with it turns new wine sour, crops touched by it become barren, grafts die, seed in gardens are dried up, the fruit of trees falls off, the edge of steel and the gleam of ivory are dulled, hives of bees die, even bronze and iron are at once seized by rust, and a horrible smell fills the air; to taste it drives dogs mad and infects their bites with an incurable poison.... Even that very tiny creature the ant is

said to be sensitive to it and throws away grains of corn that taste of it and does not touch them again (cited in Delaney, Lupton, & Toth, 1988, pp. 9).

Additional beliefs from this time were that menstruating women should avoid bathing, performing their domestic duties, engaging in sports, and consuming certain foods until the end of her menstrual period (Chrisler, 2006; Delaney, Lupton, & Toth, 1988; Marvan, Ramirez-Esparza, Cortes-Iniestra, & Chrisler, 2006). Although further scientific inquiry into menstruation has disproved many of these myths, several oppressive menstrual practices and beliefs are still observed in modern society. Some examples of these restrictions include the ban of menstruating women from entering religious spaces (i.e. temples and churches) and community pools, and discouragement for them to engage in sexual intercourse during menstruation (Chrisler, 2011; Roberts, Goldenberg, Power, & Pyszcanski, 2002).

Dissatisfied with the inadequate theories of menstruation fashioned by philosophers, physicians and medical writers in the West launched their own inquiry, leading to the biomedical construction of menstruation.

Medicalising menstruation

Male scientists developed the medical model of menstruation, as they were regarded as better educated and more informed on the matter than the women experiencing it (Wootton, 2018). Diorio and Munro (2000) note the absence of women's voices in this knowledge construction, which has afforded priority instead to the male perspective on the matter; menstruation as a failure to reproduce and a public hygiene threat.

Prior to the 19th century male and female physiological structures were viewed as analogous in Greek medical literature, with the understanding that women's reproductive organs were simply internalised compared to males (Martin, 1987) This belief was influenced by the aforementioned heat hypothesis in anthropology, in which medical experts from the 4th to the late 18th century believed women's genitals failed to externalise to the outside of their bodies due to their insufficient heat. Immediately

apparent in this male-derived hypothesis is the negative connotations attached to the concept of 'failure' to externalise, which presents women's bodies as the lesser-developed form of the male physique.

During this era, scientists collectively agreed that menstruation was a vital purification mechanism for excreting unwanted blood that could attract disease in women's bodies (Cayleff, 1992). Scientific investigation into menstruation prompted its associated term known in ancient medical literature as "the flush" (Martin, 1987). Physician and medical writer, Edward Tilt (n.d.) stated that men shed excessive bodily fluid through considerable sweating; menstruation ("the flush") was equated to this process, described by him below as the removal of a plethora of blood in women's bodies.

As for thirty-two years it had been habitual for women to lose about 3 oz. of blood every month, so it would have been indeed singular, if there did not exist some well-continued compensating discharges acting as waste-gates to protect the system, until health could be permanently re-established by striking new balances in the allotment of blood to the various parts... The flushes determine the perspirations. Both evidence a strong effect of conservative power, and as they constitute the most important and habitual safety-value of the system at the change of life, it is worthwhile studying (cited in Martin, 1987, pp. 31).

Although menstrual blood was still regarded as impure and polluted at the time, menstruation itself was seen as a symbol of endocrine health and fertility for women (Bobel & Kissling, 2011). The idea of menstruation as a purification mechanism remained throughout the 17th century. Bobel and Lorber (2010) state that in the 18th century British scholars believed an inability to menstruate was viewed as a failure of the female physiology, prompting the cultivation of effective remedies for restoring regular menstrual flow. Similar to the heat hypothesis, male medical experts emphasised menstruation as a failure of women's reproductive system.

By the 19th century, menstrual discourse endured a negative shift, evident in Geddes and Thompson (1890) cited in Martin (1987) description of menstruation.

It yet evidently lies on the borders of pathological change, as is evidenced not only by the pain which so frequently accompanies it, and the local and constitutional disorders which so frequently arise in this connection, but by the general systematic disturbance and local histological changes of which the discharge is merely outward expression and result (cited in Martin, 1987, pp. 241).

Martin (1987) believes this research initiated the widespread relegation of women's bodies, led by the change in the narrative of menstruation, which became in this context a failure to reproduce, and therefore a disorder. She evidences this argument in the absence of medical neutrality (i.e. 'pathological' and 'disturbance') in the above description. Alongside medical research, Bobel and Lorber (2010) argue the industrial revolution provoked a proliferation of negative metaphors for female bodily functions, including menstruation as '*failed production*' (pp. 35). Martin (1987) cited in Bobel and Lorber (2010) describes the way women's biological processes were explained through these industrial terms.

Menstruation not only carries with it the connotation of a productive system that has failed to produce, it also carries the idea out of production gone awry, making products of no use, not to specification, unsalable, wasted, scrap. However disgusting it may be, menstrual blood will come out. Production gone awry is also an image that fills us with dismay and horror (cited in Bobel & Lorber, 2010, pp. 35).

In 21st century discourse, menstruation is primarily identified as a physiological phenomenon within the medical model. Scholars (Lee, 2002; Nicholson, 1995) argue most biomedical research on the menstrual cycle in the 20th century has pathologised women's reproductive physiology, largely linking menstruation to problematic

behaviours, volatile hormonal changes, and mental instability in women. Feminist scholars (Britton, 1996; Stubbs & Costos, 2004) have contested these claims and evidenced several significant disparities in contemporary menstrual research. Firstly, they uncovered that male scientists with patriarchal agendas have principally led scientific inquiry into menstruation; the result being the illustration of menstruating women as erratic reinforces the need for male control during this time. Secondly, researchers have disputed the reductionist view of female physiology articulated in current research, pronouncing women's menstrual vulnerabilities as an androcentric assertion derived from researcher bias rather than objective findings.

Premenstrual dysphoric disorder (PMDD) is an archetypal illustration of the pathologisation of women's normal experiences as disturbing and debilitating (Lee, 2002). Ussher (2013) states, *"women who report a range of feminised psychological changes premenstrually, primarily anxiety, tearfulness, and depression, can be diagnosed as having PMDD – as can women who contravene idealised femininity through 'symptoms' of anger and irritability"* (pp. 66). Ussher and Perz (2013) argue that men condemn premenstrual anger, believing it is a hetero-feminine experience; thus, they constructed PMDD as a diagnosable condition to disempower women during their period.

Scholars (Ruble & Brooks-Gunn, 1979; Stubbs & Costos, 2004) have argued that premenstrual anger is an emblematic reminder to women of their subordinate status in society, which fuels their disobedience and rage during this time. Also, feminist scholars have criticised the positioning of menstruation within the medical model, arguing PMDD is a culture-bound syndrome that has served, in the 20th and 21st centuries, to benefit medical professionals and pharmaceutical industries with vested interests in selling questionable drugs (i.e. PMS remedies), as opposed to enriching women's health (Gannon, 1998; Stubbs & Costos, 2004; Ussher & Perz, 2010).

To summarise, ancient medical and anthropological texts illustrate that women's bodies and behaviours have been questioned, pathologised and discriminated against for centuries. As Ussher (2013) describes it, *"[a] difficult woman of the 16th century was*

castigated as a witch, and the same woman in the 19th century a hysteric, in the late 20th and 21st century, she is described as 'borderline' or as having PMDD" (pp. 67).

Period poverty

Background

Germano (2019) states that girls/women who menstruate are expected to pay for copious amounts of sanitary items such as tampons, pads, and menstrual cups, throughout their lifetimes. Cochrane (2013) believes girls/women's need to afford menstrual supplies on top of other necessities can be difficult and at times impossible for them due to its economic demands. She believes girls/women are further disadvantaged by the gender bias that exists in poverty, which predisposes women to deprivation more than men. This health and social crisis has been called period poverty.

Sanchez and Rodriguez (2019) define period poverty as girls/women's struggle to access sanitary items in order to manage their menstrual hygiene. They believe MHM also includes the ability to access sanitation facilities such as toilets, clean water, and disposable bins. Period poverty is a pervasive, global issue affecting girls, women, transmen, and non-binary people that menstruate, in both developing and developed countries. Women that are homeless, have a disability or a refugee status are disproportionately affected by period poverty, due to them facing additional hardship (Germano, 2019).

Effects of period poverty

Period poverty incurs several costs and disadvantages to the lives of girls and women. UNICEF (2018) believes girls/women resort to unhygienic alternatives when they don't have access to suitable sanitary items. They argue such alternatives subject them to serious health problems such as vaginal infections, and total infertility in some extreme cases. Chapman (2018) also describes two significant health findings related to period poverty in developing countries, 1) the rate of toxic shock syndrome cases have

increased, as girls/women that lack sufficient tampons to manage their flow are using each product for longer than advised, and 2) girls/women are over-relying on the contraceptive pill to suppress the number of periods they get in order to avoid the need to afford sanitary items. These findings illustrate a clear link between period poverty and increased health risks for girls/women.

Phillips-Howard, Weiss, Hennegan, and Hytti (2018) argue that appropriate MHM is critical to broader social and health outcomes for girls/women, particularly attaining an education. School-aged girls that do not receive an education are significantly more likely, at a young age, to get married or become pregnant, be malnourished, and/or be involved in an abusive relationship (Sanchez & Rodriguez, 2019). As well, a lack of education lowers girls/women's participation in social and economic activities (Crichton, Okal, Kabiru, & Zulu, 2013). Media reports in developing countries show that missing school or work due to period poverty is a common occurrence for girls/women (Germano, 2019). Surveys illustrate girls/women - on average 1 in 4 in England, Scotland, and Wales (Fullfact, 2019), have missed school or work because they were unable to afford sanitary items. As well, a UK study found that girls struggling with period poverty are 20% more likely to miss the final years of their high school education than students that could afford menstrual products (Elsworthy, 2018). Although reports of period poverty are absent in developing countries, the personal stories of girls in the studies mentioned above show that missing school or skipping an education altogether is common for menstruating girls in richer and poorer countries. Therefore, period poverty poses a significant barrier to a girl/woman's educational and employment opportunities.

A more recent finding has been the negative effects period poverty has on girls/women's mental health. The inability of a girl/woman to manage her menstrual health in general and afford sanitary items, can strip her of her dignity and self-esteem (Dignity NZ, 2019). As well, Elsworthy (2018) argues that girls/women that struggle with period poverty are at a higher risk of developing anxiety issues and depression across their lifetime than people who can afford these products. This is due to the

stigma attached to menstruation, which shames them from vocalising their concerns and struggles with period poverty (United Nations Population Fund, 2017).

Due to the reporting of the research above, period poverty has gained global recognition in the media in the last two years. Although it still remains a largely unaddressed issue, some parties, from small social enterprises to government organisations, have created policies and launched local initiatives to reduce the incidence of period poverty in their nations.

Global initiatives

Most macro-level initiatives that address period poverty have been initiated in the last two years. They have mainly involved creating schemes for free sanitary items in schools, universities, and workplaces, or removing the tax on menstrual products.

Government policies

In 2018 Scotland's government launched a £5.2 million initiative towards providing free sanitary items across various schools and universities in the country (BBC, 2018). This was a progressive plan for addressing period poverty in the world, the first of its kind, as well as a significant step towards eliminating the stigma and shame surrounding menstruation. Drawing inspiration from Scotland's scheme, the United Kingdom's government pledged £2 million towards providing free sanitary items to all secondary schools and colleges in England (Devaney, 2019). They marked this initiative as the first step in their plan to eradicate period poverty in the United Kingdom by 2030 (Antara, 2019). Other initiatives include New York City passing a bill which states sanitary items, mainly tampons, must be available and free in 25 public schools in the city (Pennell, 2016). Another bill, currently pending, in New York City will seek to provide menstrual products such as pads and tampons free to incarcerated women in federal prisons (Goldberg, 2018).

Other countries have taken a less radical approach to eliminate period poverty by reducing the costs of sanitary items. Ansari (2019) states in 2004 Kenya removed the

GST on all their sanitary products, being the first country in the world to do so. They believe this motivated Canada to also remove their GST on menstrual products in 2015. Both these deeds were in response to the growing issue of period poverty in these countries.

Local initiatives

Internationally local organisations and groups of all sizes have also crafted solutions for period poverty on a smaller scale. Several of these organisations have either used their own funds, public donations or a mix of the two to increase public discussions on period poverty and to formulate solutions to address this issue.

Youth organisations have been highly instrumental in addressing period poverty in the modern day. High school and university students worldwide have become menstrual activists, organising mass efforts to create social change at the policy level in their own countries (Narang, 2018). For example, the UK's £2 million pledge to end period poverty was motivated by activism from local groups such as the Free Periods campaign, which was created by a high school student who petitioned for free menstrual supplies in the country (Bruner, 2019). Youth activists have also directed their efforts towards educating the public on period poverty and menstrual stigma by running educational workshops. For example, a Nepalese student has created a health education program that provides informative workshops in the community on the risks of Chhaupadi, the Nepalese practice of exiling girls/women to outdoor huts during menstruation (Keiser, 2018). Preiss (2019) argues that although Chhaupadi has been illegal in Nepal since 2005, legal consequences have rarely been enforced on families practicing it. In fact, she states four women have died practicing Chhaupadi in 2019 due to animal attacks, hypothermia, and fires when women have attempted to heat the hut.

Other organisations have addressed period poverty through efforts made in innovation and entrepreneurship. Some of the novel solutions fashioned by these groups include inexpensive pad making machines (Goodyear, 2019) and a buy one donate one system for pads (Dignity NZ, 2018). These efforts have contributed to a marginal yet valuable change in the period poverty movement.

Although girls/women have been vocal about their demoralising experiences with period poverty, victim-blaming tactics coupled with ignorant attitudes are still currently used to undermine their concerns and struggles.

Why don't women budget better?

Mitchell (2018) argues that the issue of period poverty is frequently attacked, belittled, and criticised by the public and the media. She believes people, both privileged men and women, are quick to employ patronising victim-blaming tactics, such as denigrating women's budgeting abilities and questioning their priorities, in order to discount their struggles with affording menstrual supplies. Young (2019) argues another tactic critics (mostly men) commonly use is offering unsolicited advice to women on managing their periods. She states some of these examples include asking women to use low-quality products, resort to cloth towels, or to limit their complaining. Additionally, some respondents of the KidsCan (2018) survey on period poverty in NZ mentioned that menstrual products are seen as a luxury item in society; therefore they are not valued or available like other necessities. All these accusations made about girls/women are premised by the beliefs that they are incompetent at budgeting, spend wastefully on non-necessities, and exaggerate their struggles with menstruation (Young, 2019).

New Zealand context

A Ministry of Health (2015) survey stated that approximately 11,700 girls nationally start menstruating between the ages of 10-13 years. However, Donovan and Telfar-Barnard (2019) study found that over 50% of girls in New Zealand actually attain menarche prior to intermediate school. Their findings showed that approximately 1 in 16 girls attend menarche in primary school.

Menstrual health education

Scholars, for example Agnew (2012) and Cullings (2001), have criticized the scarcity of menstrual health research available in New Zealand, particularly from a non-medical standpoint. They have argued that this gap has contributed to the absence of

appropriate sex/puberty education delivered in New Zealand schools. Based on the limited literature available, it appears that menstrual health education in NZ has largely remained unchanged for approximately 30 years (Agnew & Sadretto, 2016).

Diorio and Munro (2000) argue that NZ schools hold a problematic perspective of menstruation, and continue to teach these views to schoolchildren. They believe menstrual health education in NZ schools is taught in three damaging ways, by 1) describing menstruation as a distressing, physiological change that requires coping strategies for it to be managed, 2) depicting menstruation as a hygiene threat to society and the woman herself, and 3) over-emphasising the reproductive aspects of menstruation in an effort to discourage teen pregnancy.

Agnew's (2012) study found that teaching about menstruation in NZ schools was mainly used as a catalyst to educate students on pregnancy and motherhood. Culling's (2001) analysis of menstrual health education in NZ found that menstruation was frequently taught as a siloed subject in schools, often covered in one lesson. Her findings showed that this session was taught later in the day and girls were encouraged to bring their mothers to the lesson, which she argued indicated to the students that this subject was less normal than other topics taught in the school's health curriculum. Additionally, in Wootton's (2018) observation of menstrual health education, she found that female students internalised the hostile rhetoric attached to menstruation taught to them in class, and therefore purposefully avoided displaying 'unfeminine' traits such as anger and frustration during this time, due to the fear of contributing to the stigma. These studies clearly exemplify Diorio and Munro (2000) observations about the three destructive ways in which menstruation is taught about in NZ schools.

Period poverty in New Zealand

In her study of women and poverty in NZ, Cochrane (2013) argues that New Zealand women experience poverty disproportionately compared to their male counterparts. Her study aligns with global research trends that depict more women in deprived circumstances than men, in both developing and developed nations (UN Women, 2017). Furthermore, Cochrane's (2013) study reveals an ethnic bias within NZ's women's

population, in which women of colour (Maori) are more likely to experience and be affected by poverty than white (*Pakeha*) women. This finding is an expected outcome from an intersectional perspective, given that an intersection between a non-white race and female gender predicts that person will have a lower than average income level (Shields, 2008).

New Zealand Family Planning (2017) believes “*sexual and reproductive health is integral to both the health of individuals and sustainable development of New Zealand communities*” (pp. 5). Menstrual hygiene management is a key part of sexual and reproductive health. For NZ girls/women, affording sanitary products on top of other essential items can be highly costly and in several cases unaffordable (Mitchell, 2018). In fact, girls/women have reported that they have been forced to endanger their health by seeking out unhygienic alternatives to sanitary items such as old rags and socks (Russell, 2018), not unlike actions taken by girls/women in developing countries.

New Zealand girls/women are facing a period poverty crisis, however there is very little research about this topic with this population. The most relevant survey on the extent of period poverty in New Zealand was conducted by KidsCan (2018), with more than 5,000 participants across the country. The most significant findings from the survey were:

- 1 in 2 girls/women have struggled to afford sanitary products
- 1 in 5 girls/women have missed school or work due to their hindered access
- 33% of participants had to choose food over sanitary items due to low income
- Participants that could not afford sanitary products resorted to toilet paper, old cloth, and disposable nappies

Although this survey has been useful in depicting the statistical scope of period poverty in NZ, it is a quantitative study that provides few quotes by women on their experiences with the issue. Thus, women’s emotional and physical struggles with period poverty have been reduced to statistics. Aside from this survey, period poverty in NZ has only been evidenced through blogs and media reports in the last two years (Mitchell, 2018).

By conducting this literature review, the following gaps have been identified in the current discourse – how women are affected by period poverty in NZ and how this issue should be resolved from their point of view. This study strives to go beyond the limitations of the current discourse to give greater precedence to women's experiences and needs. It will do so by centering on three aims, 1) allowing women to convey their personal stories of period poverty and menstrual stigma, 2) asking women why they believe sanitary items are not recognised as a basic health need in society, and 3) asking women what they believe needs to happen at the policy level to resolve this issue. These study aims align with the premise of feminist research, as it conducts research for women using a gender lens.

Method chapter

This chapter considers the methods and tools used to address the study questions in this research. It begins with the reasons for using a qualitative study design to answer the research questions and the general inductive approach for analysis. It then articulates the merits of conducting feminist research, followed by a discussion on the ethics and worldview of the researcher. This chapter concludes with the recruitment process for this study including sampling, the interview process, and unexpected issues.

Method

Qualitative research

Feminist scholars, since the 1970s, have strongly favoured qualitative research over quantitative research when conducting research for women (Griffin & Phoenix, 1994; Peplau & Conrad, 1989). The reason is, they argue, that quantitative research has historically either excluded women entirely, superficially added them to already constructed male knowledge, or reduced their voices to a statistic (Westmarland, 2001). In contrast, the main tenants of qualitative research - understanding experiences and meanings through subjective accounts (Richards & Schwartz, 2002) - have better aligned with the main aims of feminist research which is to liberate women from oppressive conditions by voicing their experiences in research (Maynard & Purvis, 1994).

Women's experiences of not being able to afford menstrual supplies and the implications of this issue on their lives are scarcely addressed in the available literature. Rather, the most relevant discourses linked to this topic have focused on the historical origins of menstruation, cultural rituals, beliefs associated with menstruation, menstrual stigma, and women's experiences with menstrual abnormalities such as premenstrual dysphoric disorder.

This study has listened to women's experiences with period poverty and used their stories to unearth observable themes. Using themes derived from women's experiences

to propose solutions at the policy level has been done intentionally to represent the suggestions voiced by women actually affected by the issues.

General Inductive Approach

The general inductive approach is a methodology that allows *“research findings to emerge from the frequent, dominant or significant themes inherent in raw data, without restraints imposed by structured methodologies”* (Thomas, 2003, pp. 2). Thomas (2006) states the main purposes motivating the general inductive approach:

1. To identify both salient and shared perspectives, which can then be presented as a network or hierarchy of themes
2. To summarise large volumes of data into a concise summary
3. To illustrate a relationship between the research objectives and the research findings
4. To create a model, philosophy or theory based on the content gathered from the raw data

As stated by Braun and Clarke (2006) there are seven basic steps for executing the general inductive approach. I list these, alongside an example of how I employed them for this study:

1. Read through all the transcripts meticulously. To find the core meanings in each interview I re-listened to the audio recordings and read over the transcripts several times.
2. Code the transcripts by identifying significant pieces of text and labelling these segments with a brief description. I initially coded the transcripts by circling and highlighting substantive phrases and quotes in the text. I then added a brief label on the margins of the transcript that summarised the main purpose of that text.
3. Create themes by grouping different labels by their similarities or relatedness. Once I had repeatedly read through all the transcripts and coded them I identified similar quotes and descriptions given by the participants. For example, several participants described the negative effect, consequence, etc. that period

poverty had on their lives; therefore, I grouped these words to form a theme that I labelled as impacts.

4. Describe each theme with a detailed summary. After identifying several different themes, I wrote a brief description of each one to reflect its content.
5. Create connections between the themes by finding their linking properties. I created links between the various themes by finding core meanings that they shared and identified ways they contributed to each other. For example, one theme I identified in the initial stage, poor menstrual education, was believed by participants to be a reason why menstrual supplies are unaffordable in society, therefore it shared links to my other theme, luxury vs. necessity.
6. Examine the links between the themes and individual qualities of participants (i.e. gender, race, occupation). I examined the relationships between the themes and the attributes of my participant group such as their ethnicities, ages, and occupations.
7. Interpret the results by producing rationales for the findings and support it with credible literature. I drew on the limited literature available to create justifications for the findings of this study.

Thematic analysis is an interpretive strategy within the general inductive approach which seeks for contextual meanings across all of the data rather than within individual accounts (Braun & Clarke, 2006). Thematic analysis is an inductive approach as it extrapolates themes from the bottom-up from the text. This tool contrasts deductive analysis, which seeks to test the accuracy of a theory or set of pre-constructed assumptions on the data (Thomas, 2006).

The findings of this study will be reported at two levels of thematic analysis (Braun & Clarke, 2006). The first level will focus on the semantic findings, which is a surface level interpretation of the participant's responses. The second level and main part of the analysis will focus on the latent findings, which are the core meanings and ideas of the data that shape and inform the semantic findings.

For this study, the general inductive approach aids the investigation into women's lives by highlighting the concepts, messages, and meanings inherent in their stories. Given that there is very little documentation of period poverty, using the general inductive approach in this research allows the inception of this discourse to begin at its most valuable position – women's shared and diverse experiences with the issue.

Feminist research

Feminist research centres on two principles; it is conducted for women, giving precedence to their experiences and needs, and uses gender as an organising principle in its inquiry (Lather, 1988). Feminist scholar, Klien (1983) cited in Webb (1992) states *"I define research for women as research that tries to take women's needs, interests and experiences into account and aims at being instrumental in improving women's lives in one way or another"* (pp. 416). Therefore, feminist research is premised by its common agenda - to change women's unequal social position (Bhavnani, 1993; Maynard & Purvis, 1994). This study will contribute to the small but developing body of feminist research about period poverty by addressing women's perspectives on the affordability of menstrual supplies and proposing a political response that meets their health needs.

A central topic of investigation in feminist research is the power dynamic between men and women in society. Feminist researchers have argued that the unequal power assumed by the researcher over their subjects in the traditional research process reflects the power assumed by men over women in society (Beckman, 2014). Therefore, they believe eliminating hierarchies in the research relationship and allowing participants to have control over knowledge production is crucial to democratising the data gathering process (Bhavnani, 1993; Nazneen & Sultan, 2013). This study engages techniques advised by feminist scholars for democratising this research by stating the researcher's standpoint, organising the interview at the participant's convenience, allowing participants to withdraw their data at any time, and allocating time for participants to ask questions and comment on the structure/style of the interview.

For many years women's experiences of oppression were seen as homogenous, which neglected the different ways and kinds of discrimination they uniquely faced (Beckman,

2014). Black feminists developed the concept of intersectionality during the 1980s to raise greater awareness of women's diverse experiences of oppression (Rogers & Kelly, 2011). Intersectionality is defined as how multiple social identities intersect to influence an individual's experience of gender (Shields, 2008). This approach was highly effective in revealing that women experienced multiple forms of oppression due to the way their gender intersected with their other identities (i.e. race, ethnicity, sexuality, and class, etc.) (Rogers & Kelly, 2011). This exposed the notion of oppression as a subjective experience for each woman, rejecting the belief that all women faced discrimination the same way (Beckman, 2014). Therefore, Davis (2008) believes that the unique lens of intersectionality provides a highly valuable framework for conducting women's health research. South Asian women in New Zealand are the study population for this research, therefore an intersectional approach will be used to analyse how their different social identities intersect.

Positionality

Mies (1983) cited in Bhopal (2001) believes a researcher that acknowledges her positionality at the beginning of the study will be more aware of how her experiences resemble or differ from those of her participants. Therefore, to undertake this research ethically and to minimise the chance of bias, I will assert my standpoint at the onset of this study.

I am a young Sri Lankan woman who has spent over half my life living and studying in Asian countries. Being South Asian means I am given several labels such as ethnic, coloured, and different by non-Asians. These labels can be accompanied by prejudice, assumptions and stereotypes assumed of South Asians, such as a poor ability to communicate in English, a deprived background/upbringing, and intense cultural or religious beliefs. My other social identities (i.e. immigrant status, gender, and sexuality) have further exposed me to unjust experiences – sexism and xenophobia to name two, a combination that non-Asians rarely face. These biased experiences have strengthened my belief in the critical need for justice, inclusivity and equality for all people in the world.

As a South Asian woman researching other South Asian women in New Zealand, I have an insider perspective. As a South Asian woman that has been afforded more privilege in her life than a 'typical' South Asian woman, I am an outsider to the group of women that struggle to afford menstrual products.

I have known, seen, and heard of girls/women's struggle to access menstrual supplies over their lifetimes. I have found that this issue is particularly prevalent in South Asian societies where cultural and religious beliefs are used to limit women's reproductive freedom. Also, period poverty has been depicted in research and in the media as a deeply personal issue to women that has created a disadvantage in several areas of their lives. Exposure to these issues has motivated me to take a special interest in this topic and inspired me to create social change through my study. I believe there is a relationship between menstrual supplies only being a necessity to one gender, and its inaccessibility/unaffordability in society. I use a feminist and psychological lens on my studied issues to advocate for equality and social justice concerning gender, race, and sexuality.

Recruitment

Recruitment

Due to the sensitive and stigmatised nature of this topic, recruitment initially proved to be a challenge. Initial attempts to recruit participants was done by posting the research advertisement (see appendix 4) on the notice boards of women's organisations, health clinics, religious places, and South Asian grocery shops. However, this yielded poor results, which prompted a shift in the recruitment strategy to focus on accessing social networks in the South Asian community and engaging student associations. Initial contact with key community players and student groups was made via face to face meetings, over the phone, and through email.

At first, members of the South Asian community were hesitant to discuss the topic of menstruation and spread the word about the research. There was also confusion among them as to what period poverty meant and doubt about its importance and/or relevance

in New Zealand society. As such, in addition to supplying them with the research advert, I also provided them with either a verbal or written blurb about what period poverty meant, the purpose of my research, and the sample group for which I was recruiting (see appendix 2). A few professionals within the South Asian community, including doctors and professors, were able to distribute the advert within their clinics or engage their networks to help recruit participants. Additionally, engaging community members created a snowballing effect, which proved to be highly effective and a minimally taxing strategy to dispersing the word about my study across communities.

Student associations were also provided with the research poster, as well as an organisational information sheet (see appendix 3). Several university student groups offered to help by circulating the poster to their mailing lists and/or posting it on their social media pages. Through these latter recruitment techniques, I was also able to create greater exposure of the issue, encourage others to engage in the cause, and connect with activists already working in this area.

Recruitment issues

The nature of this research topic required that potential participants currently experience, or have experienced poverty. However, many migrants from South Asia come to New Zealand on a points system that rewards professional qualifications or affluence. Therefore, at the initial recruitment stage I faced an issue with reaching South Asian women who were facing financial hardship. For example, I was able to reach out to only four women that worked in low-income jobs as cleaners. However, in this case they all had a poor grasp of English and were unable to read the contents of the research poster, therefore I was unable to include them in my study.

A second, recurring recruitment issue was that the stigmatised nature of the research topic deterred women from wanting to participate and voice their experiences publicly. Some women that I approached said that they currently do face period poverty or have in the past, however they either felt embarrassed by their own experience with it or felt uncomfortable discussing menstruation publicly in general.

Study sample

This study was looking to find women who had knowledge of and experience with period poverty in the past or the present. For participants to be involved in this study, they had to meet all of the following pre-requisites:

- individuals who identify as women
- women who are South Asian
- women aged 18 years and older
- women who can communicate in English
- women who are affected by period poverty

Participants were excluded if they met any of the following exclusion criteria:

- individuals that do not identify as women
- women who cannot give their own consent
- women under 18 years old
- women who cannot speak English
- people who have not menstruated
- women who have not experienced period poverty

The aim was to recruit 10-15 participants in total from any part of the Auckland region. Thirty-seven women expressed interest in participating in the study, all of whom got in contact with the student researcher via the email on the advertisement. A total of fourteen women that best fit the eligibility criteria for the study were selected for interviews; their demographics presented in Table 1 below. The most common reason women were not able to participate was that they had experienced poverty in their life but not period poverty specifically.

Table 1. Demographics of participants

PARTICIPANT	ETHNICITY	AGE	OCCUPATION
A1	Indian	23	Student
D1	Indian	27	Student
H1	Filipino	21	Student
H2	Indian	25	Student
H3	Filipino	25	Working professional
M1	Sri Lankan	52	Working professional
M2	Filipino	36	Working professional
N1	Indonesian	19	Student
P1	Indian	25	Student
S1	Indian	27	Working professional
S2	Indian	21	Student
S3	Indian	27	Student
S4	Malay	25	Student
ZK	Indonesian	18	Student

Interview structure and process

This study used face to face semi-structured interviews with participants to gain an in-depth understanding of their experiences with, and knowledge of, period poverty. Individual interviews were deemed most suitable for this study, due to the sensitive nature of this topic. McIntosh and Morse (2015) state the main purpose of semi-structured interviews is to ascertain a participant's subjective account of their experience/s of an event. These researchers believe that semi-structured interviews are characterised by the following qualities:

- they focus on a particular line of inquiry
- they are guided by an interview schedule guide or set of probing questions

- participants are asked the same interview questions in the same order
- most, if not all of the questions are open-ended

Semi-structured interviews are a qualitative research technique, which is frequently employed in feminist research (Peplau & Conrad, 1989). Westmarland (2001) states that semi-structured interviews have several qualities that coincide with the aims of feminist research. For example, semi-structured interviews aim to eliminate hierarchy in the researcher-researched relationship by actively engaging the participants in the process. As well, they allow participants to communicate more openly, particularly on sensitive topics, by relying on the researcher for emotional support and clarification on questions. Both these aspects, she argues, coincides with the main intentions of feminist inquiry, to empower women and increase their visibility in research.

An interview schedule guide (see appendix 5) was used for this study, which included questions about period poverty as well as questions that addressed gaps in the current literature on the topic. The interviews had a relaxed structure which allowed the conversation to naturally flow and gave participants some control over the direction of the discussion, therefore some questions were modified or more were added based on the participant's responses. For example, after the first three interviews I reviewed the schedule and added more questions specifically on menstruation, which I believed would help create a greater context for talking about menstrual poverty. The addition of these questions proved to be highly useful in increasing the number of stories and relevant information conveyed in subsequent interviews.

All women were met at a public location in the Central Auckland region – at a university campus of their choosing, or either at a public library or café. A fairly private table/area within these spaces was chosen by the researcher to ensure the interviews felt private and participants could feel comfortable speaking openly.

Each woman that agreed to participate was provided with the participant information sheet (see appendix 2) via email before the meeting. At the beginning of their interview, they were given the consent form (see appendix 1) to read and sign. This allowed them

to ask any questions or clarify anything unclear to them in the forms before the interview began. All interviews were audio-recorded and participants were told that they were allowed to ask for the audio recorder to be turned off at any point in the interview. Additional notes were taken in a notebook during the interview. Each interview lasted between 60-90 minutes including the explanation of the consent form and setting up the audio recorder. Each participant was provided with a small koha for taking the time to travel to, and attend, the interview session.

The interviews were conducted informally and pleasantly to ease any nerves participants had and to build a genuine rapport with them. Most participants stayed back after the interview to have a casual chat, and a few reached out via email later on with period poverty-related information they felt could contribute to the research.

The aims of the interviews with these women were to elicit their experiences with, and knowledge of, period poverty, and to hear what they think needs to happen at the political level to solve this problem in New Zealand. All the interviews were highly valuable in addressing both these aims and effectively contributing to the current discourse on the topic.

Results chapter

Introduction.

This chapter will focus on the analysis and interpretation of the study findings. It will start with the semantic findings of the study, which were developed directly from the participants' answers to a few select questions asked in the interview guide. These findings will mainly focus on the diverse definitions given by the participants for the key terms in this thesis. The semantic findings report the respondents' definitions of menstruation, how they learnt about menstruation, and their definitions of period poverty. In circumstances where a number of participants shared views on topics, their collective answers have been signified by one participant's quote or story that captures the core meaning of the view.

The latent findings of this study are the four themes - *Fear, Them vs. Us, Buying menstrual supplies is a necessity, not a choice, and Women's things are always monetised.*

Few studies have investigated South Asian women's perspectives on menstrual attitudes, beliefs, and cultural customs. The first layer of this analysis, the semantic findings, will report the participants' views on these subjects.

Menstruation

Most participants in this study described menstruation as a natural biological process that everyone woman experiences every month.

I think it's a natural thing for women. I think some women think it's like ew or yucky or something but for me its natural because it's the start of when women can ovulate and then they can make a baby.

(H3)

Menstruation is obviously, as females, it's the cycle of your period every month and your uterus shedding itself. It's just a biological thing to me that females go through every month. (N1)

Education

For all participants, female relatives had been their main informants on menstruation, menstrual practices and rituals. All women in this study had received a sparse menstrual education, if at all. Most of their menstrual education was loaded with misconceptions about menstruation, religious restrictions, and elusive warnings about their sexuality.

She [mum] just handed me a sanitary napkin and she told me what I was supposed to do with it. That was the entirety of my menstrual education. I just remember her telling me that I had officially grown up and that this is something I would have to do to take care of myself and now I would have to be more cautious around men. But she didn't really go into details about what exactly it meant or what it is. She just told me how to manage it and what not to do. (A1)

A few women used self-education to understand menstruation and menstrual hygiene management in adulthood. Consequently, their poor menstrual education as adolescents subjected them to several negative impacts including hygiene issues, mental distress, and imposed religious constraints on their lives.

Period poverty

The final question reported in the semantic findings was participants' definitions of period poverty, which were largely similar to each other. All definitions given by participants addressed affordability, accessibility, or availability of menstrual supplies to women.

One thing is that you'll experience period poverty if you have no readily available access to sanitary pads like its not... for instance if

you're in school or in the office and you suddenly get your period, its not available to you. I mean other people do not view it as a necessity for the women. It is like period poverty because women have to have a certain budget for it specifically and may not have enough to afford it. (M1)

A few participants also included the availability of hygiene infrastructure such as disposable bins and washrooms as part of their definitions.

Period poverty is like I did not know where to throw the sanitary napkins when I came here. In my college, there is no bin for sanitary pads. I used to have to use my pads for around 3 lectures, 6 hours and then I would have to go home to change it, and come back. (D1)

The second half of this chapter analyses the data and discusses the main themes that have been identified in the results. The four themes that emerged from the analysis of the data represent the latent findings of the research. They are *Fear, Them and Us, Buying menstrual supplies is a necessity, not a choice*, and *Women's things are always monetised*.

Fear was the first theme that emerged from the fourteen interviews conducted. I originally identified fear as a component of participants' mental distress. However, women in this study detailed multiple types of fear they had experienced, or are currently experiencing, in many areas of their lives, thus fear has been explored as its own theme. The most prominent fears expressed by women in this study were the fear of not being able to afford their needs, the fear of being judged or blamed by society for their financial struggles, and the fear of speaking out and not having their voices be heard. These fears are explored in detail and were evidenced by women's stories of financial struggle, being attacked and accused by society, and their voices being silenced or ignored by others.

When sharing their stories, women made a clear distinction between how men and women view menstrual products. They felt that women vitally understood why

menstrual supplies are a basic need for them, however felt that most men either are unaware of or do not care about this view. The distinction women made between the two opposing views of menstruation in society by the two genders was critical in producing the second theme in this research, *Them vs. Us*. This theme examines how patriarchal societies have failed to qualify menstrual products as a basic need, women's difficult experiences talking to men about menstruation, and the expectations men have placed on women to meet unreasonable standards of beauty and hygiene.

The third theme, *buying menstrual supplies is a necessity, not a choice*, was a pivotal theme that emerged from the data. All participants strongly felt that menstrual supplies should be classified as a basic health necessity in all societies. They identified the main cause of period poverty as the misrecognition of menstrual supplies as a luxury item, by those who do not require, or can afford, them. All participants felt that there is a misconception in society that women have a *choice* about purchasing menstrual supplies. They believe this perspective derives from poor menstrual education and a lack of understanding of the period poverty issue by people unaffected by it. They also felt that unaffected people, as well as those who can afford to buy menstrual supplies at its current price, have ignorant or callous views of how women struggle with this issue. The participants articulated these arguments as the reasons why buying menstrual supplies is frequently labelled as a choice for women. This third theme also explicitly details how women have learnt to cope with period poverty and manage their periods without access to the menstrual products they need.

The fourth and final theme of the study is *Women's things are always monetised*. This final theme centres on women's views of the marketing and pricing of menstrual supplies in society. This theme largely ties into the second and third themes of this study by exploring how industries have contributed to and exploited the menstrual products luxury narrative. Women in this study felt that industries have been allowed to continue operating this way due to a lack of regulations for advertising and pricing menstrual products by the New Zealand government. This theme also examines how menstrual products currently on the market have failed to meet women's hygiene expectations and needs.

Semantic findings

What is menstruation?

Most participants viewed menstruation through a natural, biological lens:

Menstruation I think is a normal part of the development of every woman like at some point it's a transition from childhood to puberty and then to adulthood. In the literal part, menstruation is the flow of menstrual blood that causes a normal cycle once in every month.

(M1)

With little variation in wording, participants that shared this biological view of menstruation also included the length of a normal cycle “...a monthly cycle, it varies from 20-40 days is something I know” (P1). Some respondents understood menstruation as an on-going experience of menarche. These participants described menstruation as a sign of physical maturity and adulthood, “...it's when you grow your body, now you're becoming a woman” (D1).

One participant described her lived experience of menstruation in her definition.

I feel like it's like a cold you get every once in a while. Menstruation is something you get every month and you just have to deal with it that week. It's like one week of, I don't want to say suffering but let's say inconvenience, where you get cramps and pain and sometimes you have to take the day off. (H2)

Other remarks about menstruation women made included receiving confusing messages about sexual maturity and pregnancy from their mothers.

Every time I didn't get my period, like she [mum] would ask me or think "are you pregnant"? I had to get my friend who is a gynaecologist to explain to her that everyone's cycle is different. (H3)

How did you learn about menstruation?

The literature states menstrual health awareness is low among South Asian girls due to poor health education provided in schools and uninformed female relatives (Chandra-Mouli & Patel, 2017; Mahon & Fernandes, 2010). In line with this research, most participants in this study learned about menstruation from their mothers or grandmothers, who themselves were uninformed on the topic.

Three women were taught about menstruation in their school health classes:

I learnt about it in primary school like in general education class about puberty and reproduction. I didn't really have a talk with my mum or anything about it. It did catch me by surprise a little bit. (N1)

Two participants did not know about menstruation before menarche – one participant was completely unaware of her physiology, *"I didn't even know where the blood was supposed to come out off. I just knew that blood would eventually come, but not more than that"* (Z1), and another participant interpreted menarche as a sign of illness, *"when I got my period I thought there was something wrong with me for quite some time, I just thought it was going to go on forever because I wasn't told about it or what to expect from it"* (A1). Another participant learnt about menstruation years after menarche.

I learnt about menstruation after getting my period. Actually, I learned about it for the first time in class, two years after I got my period. My mum never explained to me what a period was or what it was going to be like. (D1)

Eleven of the women used the Internet to educate themselves on menstruation.

I learnt about menstruation and how to manage it mostly from the Internet. There were a lot of flaws in my mother's argument and I couldn't convey any ideas to her. (A1)

Several participants also spoke about menstrual myths they were taught about by female relatives, which they corrected later in life through self-education. A few women articulated a reluctance to question some myths in fear of them possibly being true.

Some of these nation-specific beliefs about menstruation included:

India

- *"Putting anything [tampons] inside you is unhealthy and unnatural" (A1)*
- *"If men touch a menstruating woman, he will get polluted by her" (D1)*
- *"People can use the menstrual blood on a sanitary pad or cloth to stop your fertility through witchcraft" (S4)*

Philippines

- *"Jumping down the stairs three times can reduce menstrual cramps" (M1)*
- *"Washing your face with menstrual blood can reduce face acne" (H1)*
- *"Sanitary napkins need to be wrapped and thrown away or else vampires can get attracted to the menstrual blood" (H1)*
- *"Washing your face with menstrual blood can reduce white hairs" (H2)*
- *"Riding a bike during menstruation can give you menstrual cramps" (M1)*
- *"If you swim during your period, sperm in the ocean can get you pregnant" (M1)*

Impacts.

How women were taught to understand menstruation, outlined above, has had profound, damaging effects on their health. Women in this study described three major consequences of receiving inadequate and inaccurate education about their menstrual health, 1) adverse impacts on their physical health, 2) mental strain, and 3) imposed

cultural and religious constraints on their lives. Fear, also articulated by women as a significant sentiment in their lives, has been explored as its own theme.

Physical health

Participants described several physical health complications they endured due to the poor menstrual hygiene practices they were taught at the menarche stage. Their mothers and grandmothers had taught them that poor hygiene practices were normal and would not damage their health in the long-term, *“I told my grandmother that it [my vagina] was hurting and she said that it will pass and its probably normal. She didn’t really think much of it”* (A1). This participant states she was experiencing a severe infection, and describes it in detail below. Participants felt that their female relatives had drawn from their own limited knowledge of menstrual health, and did not blame them for conveying faulty information. However, as a consequence, women in this study grew up also normalising their hygiene issues as part of their menstrual experience.

I didn't know why I was always getting so many rashes so many times in the year but my mum told me it was normal so I thought it was. Only after a few years I realised that it wasn't true and it was because of my prolonged use of cloth. (H2)

Learning about menstrual hygiene management in this fashion led women to miss out on critical information, including how to wash their genitals properly, how often they should clean themselves, why not to overuse a sanitary pad or tampon, and the risks of using unhygienic alternatives to menstrual supplies such as old rags and newspaper. Most women in this study had used a combination of these unhygienic practices at some times in their lives.

All the women that had practised poor menstrual hygiene practices reflected on their past experiences with remorse and acknowledged in their interviews that their lack of vital menstrual knowledge impaired their health. Three women describe their experiences with these practices.

For girls like me, we don't know what the period is or what it means to the human body. Nobody tells us how to maintain our hygiene. I think my hygiene was really screwed up. Like with the cloth the blood goes everywhere and your jeans get bloody and smell. With the sanitary pads it doesn't. (D1)

So at that time, I had no idea like I had an idea but I wasn't sure like hygiene wise what was safe. I would just use one packet for the whole period. Now I know and I change it three times a day but I remember at that time, it wasn't really hygienic at all. (H1)

It was very different when I started using pads. The cloth was very irritating. It's like a huge lump and I can't wear jeans because it'll be easily visible. Not just that, even when you're sitting down you just feel uncomfortable. I don't know... I wouldn't recommend it to anyone if they had a choice. When the cloth was not clean obviously I could get infections and stuff... and I don't know I just feel like it's not good for you. (H2)

These poor hygiene practices subjected several women in this study to numerous and at times severe and constant hygiene issues. These issues manifested themselves in the forms of rashes and infections. Most participants mentioned experiencing some sort of itchiness, irritation, or discomfort when they described using unhygienic alternatives to menstrual supplies. In one participant's experience using cloth in place of sanitary pads and having limited access to washrooms, she described enduring continuous infections during her initial menstruating years, which led her to seek professional help.

Now I know what I faced back then. Back then I didn't know. After my period ended I used to face a lot of problems urinating. It used to hurt a lot. Now I know that those were UTI's [urinary tract infections] that I got from my hygiene issues. I contracted UTI's and those went on for a relatively long time, so for around 15-20 days. At one point I

contracted a bad severe infection in my seventh standard. There was like something that started out as a rash then pustules kept growing in that area. That's when I went to the doctor about it. They were white nodules and very painful and they were pus-filled. The gynecologist told me it's a hygiene issue and I need to wash myself at least 3-4 times a day in order to get rid of them. The infection lasted about a month and a half. (A1)

Mental distress

Hygiene issues may be an apparent consequence of poor menstrual education, less obvious however, is the impact of mental distress participants experience. Women in this study were taught that menstruation is a silent, taboo topic that needs to be managed privately and scarcely discussed. Most participants said they were indirectly taught about the stigma attached to the menstruation topic through elusive language, “it’s a shy thing” (S4), “it was it was never directly mentioned, it was always ‘that time of the month’” (A1), “it was a hush-hush topic in my home”. (S2)

One participant internalised the shame attached to the menstruation topic by observing her own mother’s discomfort with discussing it.

I think people have a bit of taboo on this topic. It’s not really something you talk about openly especially if there are guys around. In Indonesia, you can’t even find tampons. Like I wanted to use them to go swimming but my mum was really against it. It’s too sexual in a way for her, pads were less invasive. I can see my culture in my mum and its kind of shaped how I’ve thought about it [menstruation]. Like I used to feel really ashamed of it because it’s kept really under wraps. People say like “don’t tell anyone” or they shush me about it. My mum was subtle about it but I could tell she was also embarrassed about it [menstruation]. (N1)

Other participants learnt that men, including their fathers, were uncomfortable or callous when discussing menstruation. Thus, these participants internalised menstruation as a topic that women should only discuss with and around other women.

I couldn't talk to my dad about it. I could talk to my mum. I never actually tried talking to my dad. It's my mum, my sisters, so its all three girls at home so I don't think he ever got involved with us you know in that sense. It was always my mum or my sisters I would talk to if I had too, I didn't necessarily feel I could talk to my dad. (H2)

I didn't talk to my dad about it. He would be like 'talk to your mum about it, its a woman's thing'. They [men] think it's yuck. Before, when I was sleeping with my mum and dad, when I was still in high school, when I stained the bed my dad would be like 'change the blanket, it's stained, it's yuck'. Sometimes when I didn't take a bath and I had menstruation my dad would be like 'please get changed, you smell so bad'. (H3)

Learning to hide their menstruation from the public has compromised women's ability to voice their struggles with menstruation openly. Several women in this study described the mental agony they have experienced trying to manage their periods.

I just remember once crying to my grandmother. I said 'this is really suffocating and I don't want my period' because this is just, I couldn't go out to play with my friends or do anything for that matter. She just told me it was a part of life and I had to be okay with it. (A1)

It is quite a big hassle, it's a nuisance, it's an inconvenience, but men don't have to go through it so they think its just part of our lives. (M2)

The participants identified menstrual stigma as a barrier to voicing their struggles openly and seeking help both professionally and within their own inner circles. One participant describes the stigma attached to menstruation, which she believes is driven by men's insensitive attitudes towards it.

People don't understand the struggle that we go through because there is so much stigma attached to menstruation in like all societies. It's like some people over-emphasise how bad menstruation is or they like completely ignore it. I feel like women don't feel like they can discuss it and men can't engage with it without discrimination. They have a lack of empathy for women's struggles. Honestly, people are focused on other things, not menstruation. (S2)

One participant described how society has minimised and normalised the pain some women experience during menstruation, such as cramps and nausea.

More companies are having this thing of giving period leave because they realise the amount of pain a woman can go through. Otherwise, they just think oh it's periods, it's normal. They just assume that's it's okay to have period pain but they don't really understand the quantum of pain some women experience. Not everyone has that issue but a lot of them do. Even like when we talk about educating girls, I think somewhere even men should be somehow made to understand what this process is and how difficult it can be and how possibly they can be a little more compassionate and not make it so awkward for us as well. (P1)

Several participants reported skipping university or work for reasons associated with menstruation such as heavy bleeding, menstrual cramps, fatigue etc. However, many of them felt they were unable to convey this reason to their employer for example, *"I just wanted to stay at home or take leave from work. At times I've had to take leave from work.*

Your boss may not accept that reason you know? They might find it unreasonable if you say this". (M1)

Religious constraints

Several studies have examined the cultural restrictions imposed on South Asian women during menstruation (Ali, Ali, Waheed, & Memon, 2006; Kumar & Srivastava, 2011; Winslow, 1980). However, no studies have examined women's perspectives on these cultural practices and constraints. Many participants said that they received indirect messages from family members about limiting their relationship with religion during menstruation. These women were taught to follow a set of uncompromising rules to avoid polluting their homes, holy places, and the people around them.

Several Hindu women discussed the religious restrictions they were taught to observe during menstruation:

- No entering the kitchen
- Can't sleep on the bed
- Can't enter the prayer room or holy places
- Can't touch religious idols or statues
- No bathing until the last day of the period

Women generally felt that these restrictions were unreasonable and demeaning, however some still practiced some of them due to fear of questioning their faith and disrupting the behaviours they had practised for so long, *"I still don't enter into the prayer room or touch the idols when I'm on my period just because of how I was conditioned. I'm not sure if I can really justify it, but I don't do it"* (A1).

One participant from rural India detailed her experience with a form of Chhaupadi, the practise of banishing menstruating girls, due to her family's Hindu faith.

We can't enter our house for 5 days during every period. If you get your period, you have to stay away from your family. You can't enter your home, you can't cook, you need to stay away from everything. If you touch anything like a bottle, you have to empty it and put it upside down so that others know. You can't touch food, clothes, anything in your house. So you have your stuff completely separate from other people. So if you wear some clothes, you wash it and dry it in a separate place. There is one place in our house only for periods, like if a woman gets her period she stays in that place. It's a separate room. In my native language there is no name for that room. It's a normal room, with nothing inside it. Only your used clothes and stuff to sleep like a mat or mattress. They say that your body needs healing during that period and God doesn't allow you to touch him if you have period, that's why you stay away. For the husband it's not good for him to be around such a woman. They say if he touches his wife or his sister, just like touching Gods, he gets polluted by her. At that time I didn't feel the difference because that is the way when you're young, your parents teach you or your society tells you so you feel that it is right. I didn't feel bad when I was young, but later when I realised that no one else does it, I really felt bad about it. (D1)

The Islamic women that were interviewed in this study understood menstruation to be a natural, biological process. They also subscribed to the notion of menstrual vulnerabilities, which is taught in their Islamic faith, through their mothers. These women were taught that menstruation was a period of healing and rest for women's bodies. One participant spoke about how menstruation is viewed in Islam and the restrictions she observes during her period.

Muslims don't consider menstruation a dirty thing, but instead as a natural process that women should have. Any kind of blood or fluid you produce whether its pee or menstruation, you cannot go to the

mosque because you're in a dirty period. It is hard to explain, you are not dirty but this is a dirty time for you. (Z1)

Restrictions:

- No sexual intercourse
- No fasting practices
- Does not enter the mosque
- No praying
- Not allowed to touch the Koran but can read the translation

Another participant described how menstruation could be classified as an illness in Islam after a certain timeframe.

We have certain categories of menstruation. We can only have menstruation for 15 days. If you get it for over 15 days in a row, we classify it as a sickness. It's a sickness. Lets say you have menstruation on the 16th day, it is not menstruation anymore, it is a sickness blood. We have the term in Arabic but I can't translate it. You know like we have to pray 5 times daily? On the 16th day you have to pray even though you're bleeding. (S4)

From the interviews conducted it was clear that the religious constraints imposed on women during menstruation interrupt their ability to practice their faith continuously. However, it is a burden most women have become accustomed too and follow without questioning. Only two of the women interviewed have rejected following these religious restrictions in adulthood after self-educating themselves on menstruation as a human process, not a religious taboo.

It is worth noting that the Catholic women in this study did not feel that their religion had a negative view of menstruation and did not have any religious restrictions imposed on them during menstruation.

What does period poverty mean to you?

All participants defined period poverty with some reference to Sanchez and Rodriguez's (2019) definition, "*Period poverty is the lack of access to sanitary products, menstrual hygiene education, toilets, hand washing facilities, and, or, waste management*" (para. 1). Most participants described period poverty in terms of a lack of access to, or inability to afford, menstrual supplies.

Period poverty is when you don't have access to the sanitation requirements to support your menstruation and that can be because you can't afford to buy things [menstrual supplies] or there is no access to it because you are living in a rural area and there are limited places that sell it. (Z1)

In terms of access, women used specific language, "*readily available access*" (M1), "*when you need them*" (S1) to convey how vital it is for them to have easy access to sanitary items when they require them, especially in an unexpected and distressing circumstance.

Three respondents included limited access to sanitation facilities like washrooms and disposable bins as part of their definition. Two women touched on poor hygiene practices due to a lack of menstrual health education as part of their definition of period poverty. Similar to defining menstruation, a couple of women also described period poverty through their lived experience, "*for me it's the amount of money I'm spending trying to manage my period using these things like tampons and pads and how it leads to so much money out of my pocket*" (S4).

Themes

The latent findings of this research are the four prominent themes that emerged from analysis across the fourteen interviews conducted. These themes are highly interconnected and at times conflicting. Each theme is vital in conveying how women

experienced period poverty why they felt menstrual supplies are not viewed as basic health necessities in society.

Theme one: Fear

As previously mentioned, fear was identified as an impact of poor menstrual health education. The term fear has been used to capture the participant's feelings about managing their menstruation and dealing with period poverty. The specific language women used to describe these experiences were nerve-racking, stressful, low confidence, constantly worried, embarrassed, suffocating, grossed out, confined, and scared. The fears that women in this study spoke about have been broken down into three sub themes:

- Not being able to afford their other needs
- Being judged and blamed by others for their financial hardship
- Speaking out and not being heard

I identified these three fears as the most prominent and on-going fears expressed by women in this study. Participants extensively described a fear of meeting all their priorities within a tight budget, fear of being judged and ridiculed by others, particularly men, for their financial and personal struggles, and fear of their struggles getting ignored or minimised if they did choose to speak out about it. These three critical fears have been explored further.

Fear of not being able to afford their needs

The ideas participants spoke about in relation to this theme were not being able to afford enough menstrual supplies to manage their cycles, and worry about overspending on menstrual supplies and having to compromise their other needs.

Most individuals have a certain budget from which they need to afford their basic needs and anything else they require. For people experiencing poverty, this budget can be scarce and confining, thus limiting their ability to acquire the necessities they need to

manage their health effectively. Participants in this study spoke about the tremendous struggle they experience trying to manage their priorities and meet their menstrual health needs within a strict budget. Participants spoke about how men and women mainly have similar needs, such as water, food, and shelter. Society has recognised these needs as vital for the health of both men and women. However, women have the additional cost of buying menstrual supplies, a necessity that has been unrecognised by society as a basic health requirement for them. The additional cost of having to buy menstrual supplies every month intensifies the financial burden placed on women already facing poverty. It is an additional and significant cost that men do not need to consider within their own budgets.

Some women in this study felt that although they personally view menstrual supplies as a priority, at times they are unable to prioritise it due to the significant cost it produces. These women would deprioritise buying menstrual supplies in order to afford their other needs.

I think it's not a very high, like in terms of budgeting its not very high on the priority list for women. Like I have a finite amount of money and so it doesn't help you know, it [menstrual supplies] is a significant cost just especially if I happen to have a heavy flow which isn't my choice. Sometimes I have to substitute in toilet paper. (S1)

Some times women feel like menstrual supplies are not a priority because its too expensive or they can substitute it with other things. I consider sanitary pads a basic need for women, but if you can't afford it then you can't prioritise it. The women I was surrounded by had to prioritise food, spices, even milk for their infants over buying sanitary items. (Z1)

Other women in the study, those experiencing menstrual health conditions like endometriosis, felt that they had no choice but to buy menstrual supplies and sacrifice

their other needs. For example, women talked about how they would compromise the amount they spent on their variable bills, such as groceries.

Everything else is fixed like my rent and bills. My groceries are the most variable option. There were two months where I was unemployed and I thought 'do I really need to buy it this month' but I didn't want to risk an infection. I definitely compromise on the amount of food I buy so that I can afford my menstrual supplies. Like I either compromise the quality of the food I buy, my social life, or other things I spend money on that aren't fixed like my rent and bills. It's not right you know? (S3)

Right now I'm not earning so obviously I have to think about other supplies as well like if I have to buy something this week or pay rent, or electricity or something. I have to think 'okay I'll buy it next week rather than this week'. I have to budget carefully. I have to make space in my budget to buy it [menstrual supplies]. I just have to think about with the little money I have, how am I going to afford it? It's a necessity because obviously even if I had to pay like \$300 to buy it, I would have to find some way to buy it, there is no way around it. Obviously, I would have to buy it if I have my period no matter what. (H2)

One participant spoke about having to skip her university classes to afford menstrual supplies.

I used to pay rent and car insurance but put that together and that was like my whole wage. So I would skip uni [university] like quite a few times so I could use that transport money to buy other necessities like sanitary supplies and food. I was lucky my lectures were recorded. (H1)

Another participant, a single mother, said that she had faced a mental conflict when purchasing menstrual supplies in the past because it took money away from providing for her child.

You think to yourself 'why would I spend so much on something I have to throw away?'. Because if you have other things like bills and food and family, children and all sorts of other responsibilities like I did, spending like lots of money on sanitary wear is something that most people like me wouldn't want to do because we have other responsibilities. I didn't want to overspend on pads, I had other responsibilities, a child to worry about. (M2)

In the above stories, it is clear that women are struggling to afford all of their basic needs with the additional cost of buying menstrual products. Several women in this study when talking about managing their priorities, budget, and meeting their needs frequently used the words compromise and sacrifice.

In this study, the participants under 30 years (mostly students) talked about sacrificing their social lives, transport costs to university, insurances, and the quality and quantity of food they purchased to buy menstrual supplies. For women over 30 years who were working professionals, they spoke about sacrificing the money they spent on their children, as well the quality and quantity of food they purchased to afford menstrual products. Both groups of women had a recurring fear that they would not be able to afford their menstrual supplies alongside their other necessities, with their tight budget. This was articulated as a fear that is unique to poor women, and a concern poor men do not even have to consider.

Fear of being judged and blamed

The key ideas that were expressed by participants in this theme were, fear of being humiliated or ridiculed by men for talking about menstruation, discussing menstruation openly, damaging their health and contracting infections, missing university or school, and not being able to complete their day to day activities.

Women in this study were very aware of the stigma attached to menstruation in all societies. Their experiences in childhood and how they learnt about menstruation had taught them not to speak about it to others. In adulthood, this had prevented them from speaking out about period poverty. They felt that voicing their struggles with period poverty would inevitably subject them to judgment, shaming, and victim blaming. One participant had a clear memory of seeing menstruation as a shameful topic when purchasing menstrual products in her home country.

I don't know if this is a barrier but I know that when I buy sanitary napkins everyone is really hush about it. So like in [New] Delhi if I tell the shopkeeper that I need [sanitary] napkins, he would just guide me to the section. He would give me a black garbage bag to put it in. It's so you can't see through the bag to what is inside. For sanitary napkins, it's this black, opaque garbage bag so you put it in that and you don't really talk about it. Obviously, I thought this was a shameful purchase. (A1)

Many women had witnessed other women being victim-blamed in the media for poor budgeting and prioritising, and did not want to risk falling victim to the same judgment by speaking out.

I don't know, I haven't told anyone about this [period poverty]. People might look down upon me and say like 'oh she can't afford it but she can afford like you know to dress properly, buy shampoo'. I hear that kind of stuff all the time. It's of course something that I'll be always be concerned about... like what people would say about it. It's a necessity, not a want so if I can't afford my needs how can I afford my options or wants. You know what I mean? (S3)

One participant had experienced victim blaming by her father for struggling with period poverty.

My dad has said that to me before actually. He'll be like 'oh you can afford to go out but you can't buy yourself some pads?'. Yeah... he was like that kind of person. (H1)

Women in this study also discussed their views on being victim-blamed by men and the media for experiencing period poverty. They felt that victim blaming was an unjust and cruel response to them voicing their struggles with period poverty. Many participants felt that questioning women's ability to budget should not be included in the period poverty narrative. They believed that women are victim-blamed because men are unaware of how difficult women's financial situations can be with the added stress of needing to purchase menstrual supplies. These women also felt that shifting the focus to blaming women's budgeting abilities distracts from the real conversation, which is the misrecognition of menstrual products as a need for women.

From what I've seen, women are a lot better at budgeting than men are. If someone can't afford menstrual supplies it's just a reflection on how tough their financial situation is so people should stop talking about that [budgeting]. (H1)

Other women were insulted by the attacks made on their budgeting abilities and felt they should not have to subject their budgets to other people's opinions. Two participants felt that their struggles with affording menstrual supplies, something they consider a priority, is an issue outside of how they spend their money.

I would out rightly counter that statement like no I am budgeting myself well but it's just that I can't afford to spend you know like \$400-\$500 on pads for the year. I mean if I'm the one making that money, I'm going to decide how and what I spend it on... how do I say that in a more polite manner? Like we shouldn't be answerable to other people for our personal hygiene. (P1)

I wouldn't think that's true to say that women are not budgeting. Every woman is not the same. There could be women that are not budgeting who are more involved in things like, if you're a woman who is like onto drugs, or alcohol, or smoking okay then they might give priority to that rather than this, but there will be women that are actually struggling in financial terms where they have to be more focused on their children, on what they spend on their children, on their food, and probably their rent and bills. So in the case, I don't think those women aren't budgeting well. It's just that they cannot afford it. So that statement isn't true that women are not budgeting. Most women do, it's just the odd woman who isn't prioritising it.
(M2)

Fear of speaking out and not being heard

Women in this study expressed their fears of being silenced, ignored, having their struggles minimised or exaggerated, and not being able to reach those who can create substantial change with this issue.

Women often get asked why they don't speak out about their difficult experiences and why they don't seek help. They are also told if an issue is significant in many women's lives, more women would speak up about it and more people would be aware of it, therefore if most people are unaware of a certain issue, it must be a minor issue that cannot be generalised to most women. In this process, women are simultaneously told that they are at fault for not voicing their struggles, but that if they do choose to speak out, their struggles will be reduced to an exaggeration or minor, individual difficulty. Due to this contradictory process, women in this study were fearful that if they speak out about their issues, including period poverty, they would not be heard by society.

Some people act like period poverty is like a trend or the topic to talk about right now but it's seriously not. Honestly, I think women are just too fearful to speak out and not be heard. (S3)

Women in this study were well informed on how men and women are viewed and treated differently in society, and understood this as a reason more precedence is given to the voices and struggles of men over women. They felt that gender inequality largely contributed to the reason they are not heard and the rest of society does not take their issues seriously.

They see men as like the practical human beings like they're apparently more simple but they see women as like so complicated, they need all these products and maintenance they think. (Z1)

Men always seem to have the power when they speak and they are heard when they're going through something. When women do it, it's not seen as a big deal. Like people just think "oh, they can handle it". If men menstruated there would be more conversations about it for sure. (A1)

Many women in this study were unconvinced or sceptical that women's issues, such as period poverty, could be heard and addressed at the higher levels of government due to the scarce female representation in these spheres. They felt that as men largely represent most governments, including the one in New Zealand, the priority given to women's issues is low on their agendas. Thus, women's efforts to speak out would scarcely reach the people that can institute considerable change, like policy-makers.

There are very few women in power in New Zealand so like even if they want to include something or change something it'll be difficult, I'm not saying it'll be impossible but it will definitely be difficult. (H2)

I think the New Zealand government is full of men so they probably know about women's issues but they don't know the intricacies of it. Like its really easy to think of periods as normal, but to understand the intricacies of it, you really need someone who experienced it or does experience it to know it can be a problem. (A1)

Theme two: Them vs. Us

Across all fourteen interviews, participants indirectly spoke about two distinct groups in society – one group labelled as ‘them’ and the other group labelled as ‘us’. Other terms participants used to label the ‘them’ group were ‘people’, ‘everybody’, and ‘they’. Other terms participants used to label the ‘us’ group were ‘our’ and ‘we’. The distinction made by participants between these two groups portrayed their views on how society is divided into two types of people. Participants described the ‘them’ group as outsiders who could not relate to menstruation and period poverty in a personal way. In contrast, the ‘us’ group with whom they identified, was described as the insiders who had a lived experience of struggling with menstruation and/or period poverty.

The distinction participants made between these two groups was vital in understanding why they believed menstruation has been stigmatised in society, how women’s struggles have been minimised, why menstrual supplies have not yet been classified as a basic need, and why period poverty continues to be unaddressed as a pressing issue for women.

Men vs. Women

There were diverse descriptions given by women in this study as to who belonged in the ‘us’ collective. Most participants felt that as all women have had a lived experience of menstruation, the ‘us’ group embodied women in general. In this explanation, the two groups were simply divided by the two genders in society – the ‘us’ group represented women and the ‘them’ group represented men. The participants that subscribed to this distinction felt that *all* women understood, related to, and empathised with other women’s experiences and struggles. They felt that the reason menstruation had been stigmatised and women’s struggles have been minimised, ignored, and shamed in society was because of the outsider group - men. Three participants described the difference between the insider and outsider experience of menstruation.

There’s like a social stigma. Like with a girl you can more easily talk about it, like ‘oh this is what’s happening to me, I have cramps’, and she’ll console me. When it comes to guys or guy friends I can only tell

them like 'I have cramps' but most guys don't even know what it [menstruation] is, what it's about or what exactly happens. Maybe they know some of the biological part of it but they don't know about like the symptoms or how it feels. They just associate it with raging hormones, but they don't know what goes on in our minds, the pain, the ache, or how we feel. People don't understand all that. A little more awareness would be good. Women who go through it know exactly what happens so they can relate to it but men can't. I don't know, I mean I haven't had this conversation with anyone. At least Indian men don't know about it. (H2)

They think that it's something a woman has to have, it's something we have to live with and it's something we have to get on with. It's not something they actually bother to find out whether we can actually afford to do things when we have it. Unless otherwise somebody is having some complications where then we would go to a doctor and start doing some medication about it or something like that. Other than that, they just think it's a part of our life. Men don't go through it so they think it's just a part of our lives, it's just a part of another day in our life. Men will not understand it unless they're living with a woman whose struggling with it medically. Otherwise they will not understand it. Otherwise they'll think just 'get over it' you know? They won't accept it. They would just say 'so what, you get it every month, just get over it' unless otherwise we're having a medical issue with it, they will not understand. (M2)

They just think like 'oh its just blood coming out of your vagina'. But little do they know it's painful as hell, it can make you dizzy or give you cramps the whole day. They don't know that. They just think its just blood coming out. For us women we know the side effects of these things, even if it's different colours or it's clotting, why it's delayed. You know, like we think about that kind of stuff but men would just

be like it's just blood coming out of your vagina. They only think it's a physical process. (H1)

The above anecdotes provided by women in this study illustrate how through their experiences, these women have learnt what men think about menstruation. These experiences have taught them that, 1) men's understanding of menstruation is often limited to the physical aspect of it, 2) men believe women's experiences of menstruation are homogenous, 3) men have reduced menstruation to a neutral and non-disruptive part of women's lives, and 4) men will only take women's struggles with menstruation seriously if it becomes a medical issue.

One participant told a story about witnessing a friend staining herself with menstrual blood at school. She described the opposing reactions her female friends had to her male friends. The girls empathised with the student's situation, whilst the boys were ignorant and callous.

One of my friends when I was in school, she was writing on the board and she had menstruation and it was staining her uniform. Everyone was laughing at her, even my teachers. They were men. We didn't know what to do... it could have been us. They really bullied her. She didn't come to school for a week. All the guys made fun of her. They called her Bloody Mary. We felt so bad for her. (H3)

A few participants described their experiences as insiders trying to communicate their struggles to an outsider, and the responses they received. One participant spoke about how her father and ex-boyfriend felt that engaging with menstruation threatened their masculinity, and how this contributed to their refusal to help her with period poverty.

There was one time I asked my dad to buy it [menstrual products] for me because I had it [menstruation] and I had stained my clothes and I was not feeling well. I couldn't afford to buy a single pad. I couldn't even leave the house. I asked dad to buy it and he said he didn't want

too. He was like 'do it by yourself, I don't want to touch the packet'. He said that you know like 'just ask your mum to buy it for you, not me'. He thinks of it like it's not like a manly thing to do, to touch a napkin. Yeah, like for my mum he doesn't buy it either. Even my ex-boyfriend didn't want too, he'll be like 'buy it for yourself, I don't want to see it [sanitary napkins] on my grocery receipt'. It's not like manly stuff to them. (H3)

Another notion participants discussed is how men and women's hygiene is viewed differently in society, and how this contributes to menstrual discourse. Women in this study felt that men have the power to openly discuss and express their hygiene without judgment, a privilege that women have not been afforded. Two participants discussed how men have normalised the dialogue and act of grooming for themselves. Conversely, they felt that women face a double burden of having to hide and maintain their hygiene, whilst simultaneously adhering to unrealistic expectations of cleanliness and standards of beauty set by men.

I feel like being period positive is tied into feminism and those kinds of things, but menstruation is still kept under wraps. This is a huge generalisation but like if guys had menstruation it would probably be more known about. I feel like in general guys are listened to more and they're possibly more vocal. Like even with shaving, its more known for guys to shave and girls can't just say like 'oh I shaved my legs yesterday' kind of thing, whereas guys can even shave in public and its fine. It's more of a secret of how girls have to maintain themselves. There's more shame in feminine hygiene than there is in men's. Like quietness about it, like you can't just say 'I shaved my armpits'. There's an expectation that girls are clean and perfect all the time. (N1)

I think anything to do with female genitals seem to be super sexualised so if you don't want to talk about that, you generally get

hushed up into not saying anything. You can't just talk about cleaning yourself. I think a lot of us come from places where, or cultures where if you were menstruating... there were certain protocols around what you can do and what you can't do and I think those are somewhat shaming as well. (S1)

Men and some women vs. other women

When making the distinction between 'them' and 'us', a couple of participants felt that some women belonged to the 'them' group as well, as they were partly responsible for perpetuating menstrual stigma. These women, participants felt, fell into one of two categories. The first category was women who had been afforded very little menstrual education and had relied on their male relatives' negative views of menstruation to form their own understandings of it. These women were most likely to impose menstrual rituals, traditions, and restrictions onto their daughters. Two participants described how their female relatives had internalised a negative view of menstruation, and described the ways these views had affected their lives.

I think women view it as a dirty thing and for men it's kind of like a red alert to stay away from women during their period. So I think all men think the same. Like in my experience women are the ones that keep passing on these nonsense traditions and rituals. My dad didn't want me to sleep in the other room when I was having menstruation, but my grandma said I had too. I think men are actually very neutral about it and women say you have to do this and don't do that during your period. (D1)

My mum is a typical Filipino mum, like when I throw my napkin and if it opens up because the sticky side doesn't stick, she will get mad. She will be like 'are you not a woman? Why are you showing your napkin like that?'. When you throw a napkin out and the blood shows my mum thinks it's like a rude thing because some people will see it, and when you have stains on you, she'll be like 'quickly go change

now' because they think its dirty. It doesn't look good, it doesn't smell nice, and the men think it's dirty. It's awful. Men and women both believe that. (H3)

The second type of woman participants felt belonged in the 'them' group were privileged women who could afford menstrual supplies and therefore minimised other women's struggles with period poverty.

Some women can afford it so they don't care if we can't afford it. They forget we also have to afford it because they don't have to even think about that. They can actually think about other things. (M2)

Some of my women friends think it's dirty and will be like 'go wash yourself, you're dirty, it's not good'. Some women think they need to hide it because they think it's dirty. Like if they see a stain on me I can't just say to them, 'oh I can't change it because I can't afford it'. They will make fun of me. They will be like 'you can't even afford to get your pads? Like what's wrong with you? Oh, you're so poor'. (H3)

At its core, the distinction participants made between men and women's views of menstruation represents the power imbalance in society between these two genders, and how this has affected women's access to menstrual supplies. This notion is analysed and discussed in depth in the third theme.

Theme three: Buying menstrual supplies is a necessity, not a choice

The Ottawa Charter for Health Promotion, established in 1986, states, "*the fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity*" (World Health Organisation, 2019, para. 4). These conditions and resources are considered the pre-requisites of health for both men and women. The criticality of these needs has been well documented and has been agreed upon by both genders. However, women also have the

additional need of menstrual supplies, which men do not need. Women in this study felt that as this additional need is imperative only to women, it has not been classified and priced in society as a basic need.

I'm not sure if this is going to make a lot of sense or not but for instance water is free, I can just open a tap anywhere and I can have water. It's a necessity and everyone deems it so. But so are pads. I shouldn't have to manage my finances in order to save up enough to buy a packet of pads, which I need. (A1)

In this quote, the participant makes a vital point about how period poverty became an issue, and why it continues to be one. The key idea mentioned above is that water is available to everyone because both genders deem it a necessity. In the case of menstrual supplies, there is a divide between women who deem it and value it as a necessity in their lives and men who have no regard or use for it. Therefore, having access to menstrual supplies can be considered a gendered need.

Luxury is a choice

It [menstrual supplies] is more of a necessity but because it's so expensive it becomes a luxury. If it's not affordable for everyone then it becomes a luxury, and then how many people in society can afford luxury these days? Because it's a necessity, it has to be able to be afforded by everyone. (M2)

The women in this study felt that in many societies menstrual supplies have been misrecognised and poorly labelled as a luxury rather than a need. Many participants felt that most people, mainly men, were unaware of how vital it is for women to have constant access to hygienic menstrual products.

Like cloth is considered "okay" especially in poor parts of the world because there's no conversation about the risks of it or that it's not

okay. That there are problems that come out of it like using that same piece of cloth over and over again but no one talks about it or knows about it. (A1)

Maybe they [men] think things can be substituted like some people use tissue or something like that. They think we can do that but it's not possible to use those. It's like not good for your body. For me at least, I'm not comfortable with anything but with pads. I don't know why people think that it's a luxury. I don't think that. (H1)

A crucial part of this theme is the relationship between luxury and choice. Participants strongly believed that many men are highly misinformed on how menstruation occurs out of women's control. The experiences women in this study spoke about suggested that some of the men with whom they have interacted believed that women have a choice in having their period, and therefore can choose to forgo buying menstrual products if they wanted. Participants felt strongly about this misconception and voiced their views on menstruation as a biological process out of their control.

I very honestly don't know. It's a necessity. A woman cannot go without it. It's not like she has a pause option on it, so we have to go through it and even if we did want to do a pause option that is also very costly. (S2)

I think it is a necessity for every woman because menstrual period, it's a very normal thing, a very common thing. I mean it's a part of a woman's health. People say it's a luxury, well luxury is more of a choice. It's not really your choice if you want to have your period. It's a very human thing that every woman experiences so I find, I don't know, like providing condoms is more of a luxury. (M1)

In the above quotes, participants used specific language to articulate that buying menstrual products is not a choice, but a requirement for maintaining their health. For

example, some of the language they used, “cannot go with it”, “a human thing” “have to go through it”, “not really your choice”, illustrates the lack of choice and control women have over getting their periods and having to buy menstrual products.

Managing menstruation without menstrual supplies

The lack of choice and control women have in getting their periods is a key part of the period poverty issue. All women, whether they can afford to buy menstrual products or not, have to find ways to manage their menstruation every month for a significant portion of their lives. For women who cannot afford to buy these menstrual products, like the participants in this study, they have developed strategies to cope and manage their menstruation in alternative ways. The three main alternative methods participants spoke about was using unhygienic substitutes to menstrual products, importing supplies at a cheaper price from overseas, and isolating themselves and avoiding others during their menstrual cycles every month.

Unhygienic alternatives

Most of the women in this study had used alternatives to menstrual products at one point in their lives. Most participants had fashioned old rags and cloths into pads and used these for a significant portion of their childhood. Participants described using cloth in this way as unhygienic, uncomfortable, a restriction on their movement, and difficult to sanitise. For many of these participants, the cloth was the only option they had to manage their menstruation.

My grandmother noticed that I was bleeding so she came in and she handed me two pieces of cloth and she said ‘just keep changing between these two and once you feel that it's staining your clothing just change it’. I don't think it was sufficient but it was the only option that I had. Washing each cloth would take 25-30 minutes and then you have to wait for it to air-dry. Sanitary napkins were a lot more convenient. The cloth wasn't enough to absorb my blood. It used to stain quite regularly on me. If we squeezed it and blood didn't drip from it, then we considered it clean. (A1)

We used to get the old clothes of my grandmother and cut it in squares and just use that as the napkin. That's what I was taught. I never used a [sanitary] napkin at that time. I used the cloth. (D1)

When I was young my mum used to give me cloth as a substitute for pads and for a few years I was always using that. I thought it was because I was having heavy bleeding that that's why my mum gave me that, but now I know its because we couldn't afford pads. (H2)

Cloth was the only option at the time because my mum was receiving money from my grandparents because she wasn't working at that time, so she always needed to account for where money was going. (S4)

For some of the other participants, particularly those that had experienced heavy menstrual bleeding, they used creative methods to thicken the lining of their cloths so that it could absorb more blood.

If I was on a heavy period I would just have to do my best to manage that. Like if it was too much blood I would add toilet paper on top it so I didn't have to change it. I don't know... I would just use strategies like that. I just didn't change it as much as my friends would. (N1)

In my experience, when life was so tough and I couldn't even buy a napkin like I couldn't buy even one napkin sometimes and if I could, I would have to use it for a whole day and overnight. So almost one and a half days. Sometimes when the napkin was so full I would need to use a flannel to put it inside. Or like used cloths that were clean I would cut it and put it in my undies because buying another one [sanitary pad] was too expensive if you're poor. Sometimes I had no napkin so I used a flannel or towel or I've used old clothes before. I've

tried using a newspaper on my bum so it would not stain so much.

(H3)

Importing menstrual supplies

A novel and unexpected strategy that some women in this study used to manage their menstruation was importing menstrual supplies, or bringing them in bulk from overseas during their travels. Many women stressed how much cheaper menstrual supplies were in their home countries and how they had used this price difference to their advantage. Some participants, when visiting their home countries, bought and stocked their suitcases with plenty of sanitary pads.

When I came back from home [Malaysia], I brought back enough pads for me to stay here in New Zealand for the year at least. So I brought a lot of sanitary pads for myself because compared to back home, the pads here are so pricey. Half of my luggage itself was sanitary pads. (S3)

I brought the pads with me I needed when I went to the Philippines which I'm comfortable with because I haven't seen them in New Zealand and if they're here, they're very expensive. (M1)

One participant spoke about how her mother would import boxes of sanitary supplies from overseas (Indonesia) to New Zealand. This participant spoke about the burden she experienced having to ration her menstrual supplies from overseas to avoid buying it at a higher price in New Zealand.

We couldn't afford [menstrual] supplies when I was in school so my mum would have to import supplies from overseas and bring them here because it was so much cheaper there than it was here. We would have to ration it a little bit because you can only have a certain amount and I remember her telling me to not waste it. We would have to be careful of how much we were using. That's what

made me hate it [menstruation] pretty fast because it's not nice to feel like you're sitting on a wet diaper. It's just annoying when you have to buy it because it's not something you can control. It feels like why do I have to afford this thing when having it is like out of my control? Like she would import massive bags over or two and then we would kind of go through that. She's gone through menopause now so she doesn't get them anymore, so now I have to buy it. It was cheaper to get it there and that was the only option. (N1)

Another participant talked about how importing menstrual supplies was a common strategy used amongst her friends who also struggled with period poverty in New Zealand, and how she normalised this coping method in her life.

When I came from India I brought a lot of [menstrual] supplies. I think almost all my friends that came from India brought them over too. A friend of mine has like two years worth of supplies. It's really costly here. I brought like a years supply or something, and then later on in the year, my mum sent me some additional supplies. I only buy it here if it's an emergency. Its easier to bring it over from India if I'm visiting because it's much cheaper than buying it here. I feel like it's a normal thing because I've seen my friends, all my roommates they've got their supplies from India as well so I feel like it's a normal thing. Like almost all of them bring supplies over. We discuss it like that's why we feel like nobody buys it here, like all my friends, because we feel like its too expensive unless we feel like its necessary to buy them like for an emergency. (H2)

Isolation and avoidance

The third common strategy used by participants to cope with period poverty was limiting their movements and interactions with others during menstruation. Women discussed in depth how not having access to sanitary supplies during menstruation

hindered their ability to confidently interact with others and fully engage in their day-to-day lives.

Well, it's [period poverty] a huge impact because you cannot go out into society if you can't afford to have a basic pad or anything like that. You just can't walk out of your house. You're not confident enough to go somewhere or sit down, you'll be always like thinking 'oh no I don't have my pad and I've got my period and I can't afford it', so you like become stagnated. Its very stressful because sometimes some people need to change, they need at least a pad every two to three hours depending on how heavy their flow is. (M2)

You need it as a person. It's not like makeup where you can just leave your house without it. But if you've got menstruation and you don't have a pad, it's like so hard. The confidence will be so low. (H3)

Participants' fears of being judged or blamed by others for their inability to purchase menstrual supplies, discussed in the first theme, closely ties into this strategy. At times when there was no access to menstrual supplies, participants chose to isolate and confine themselves, for example to their rooms, to avoid judgment and ridicule from others. Mental distress, self-pity, and embarrassment were feelings that contributed to their decisions to limit their interactions with others during these times.

I used to be just confined to my room for those five days because it was really nerve-wracking to think it was going to stain my clothes when I go outside. So I just used to stay in my own area of comfort and avoid others. (A1)

When I was at school I was constantly worried I would bleed out and stuff and that would be so embarrassing so I would always just wear black so you couldn't see or just not go out. That's basically how I dealt with it. I felt grossed out about it [my period] because I felt like

I couldn't change it as much as I would have if I had an unlimited supply, so it more made me feel grossed out. I couldn't change it as often as I would have liked, it became something that I dreaded basically. It was like a restriction on my day-to-day life. During that time I would spend most of my time on my own. (N1)

Practising isolation and avoidance during menstruation created a barrier for many participants to attend to important parts of their lives, such as school, university, and work. Many women in this study spoke about having to miss days of school and take sick leave from work due to period poverty.

I would take about three days off every month from school I mean back then. I had too. If I don't use a pad now, it just feels like that day I cannot do anything like I just want to stay at home or take leave from work. (M1)

I really pitied myself because like sometimes I couldn't go to school because I couldn't buy napkins and I had stains on my uniforms and my friends would laugh at me. You can't say to them 'oh I can't buy one', they would bully you, they would laugh at you. Of course with my family too I couldn't say 'oh sorry I can't go to the family dinner because I can't buy a [sanitary] napkin'. They would judge you, especially the guys. I just felt a lot of pity for myself. You just feel so uneasy like 'Do I smell bad?' 'Do I have a stain?' you just feel so uneasy. (H3)

Some participants had normalised these coping strategies as part of having a period while experiencing financial difficulty. Others felt that it was an unjust circumstance for women to have to face. However, all women agreed that ending the exploitation, and the conversion of these products into profit was a crucial step to eradicating period poverty.

Theme four: Women's things are always monetised

This fourth and final theme is closely linked to the third theme as it examines how industries have contributed to the misconception that menstrual supplies are luxury items. This theme centres on the participants' views of the current menstrual supplies available on the market, how industries capitalise on menstrual products for financial gain, and the role branding and advertising play in depicting menstrual supplies as luxuries, not basic health needs. The latter part of this theme responds to the question participants were asked about - in our current patriarchal society, would menstrual supplies still be deemed and priced as luxury items if men menstruated?

Branding and advertising menstrual products

Participants strongly felt that period poverty is largely due to industries capitalising on menstrual products as if they were a luxury. They felt that unlike other basic necessities - water, food, even toilet paper - the sale of menstrual supplies are poorly regulated, and thus they are priced, advertised, and branded as luxury items in retail outlets and the media. A shared belief amongst women in this study was that society is fully aware that menstrual products are a basic need for women; therefore, industries have exploited women's dependency on this need for their own profit.

I don't think it's a luxury. It's all about the branding they do for it. Some pads are around \$50 for like 6 pads and that's so costly. Even if you're a manufacturer and you're manufacturing at such a high price, they should sell it at a reasonable range. They're thinking about just earning because it's not a necessity for them. It's just a product for them to earn money. It's all marketing strategies, that's what I'm saying. You shouldn't think of menstrual products as marketing products you know? It's kind of a basic need for the people. It's just like toilet paper; they should treat sanitary napkins the same way. (D1)

Many participants were critical of and unimpressed with the marketing techniques that

have been used by corporations to increase the price of menstrual products. For example, a technique many women in this study mentioned was the way that the elaborate packaging of the menstrual products, a feature that adds no extra value to the quality of the products, has been used to justify an increase in its sale price. Many participants felt that this marketing technique is an exploitation of a woman's basic need, and a ploy to deceive women into buying more expensive products.

I think the packaging should be different. We don't need some fancy packaging. So you waste money on that. I don't support competition between manufacturers for this product. There should just be like one producer producing this product and it should be good quality for everyone. If the people producing the napkins are not producing them at a price that is affordable to us, then the government should not allow them to send their products here from overseas because you exploit poor people and give their money to businesses. (D1)

Its more expensive when its better quality, especially when they have designs. I don't know why they put designs on [sanitary] napkins it doesn't show. The products now just cater for the mass. They don't think oh someone can have PCOS [polycystic ovary syndrome] or this. I don't think they think of people who have conditions like us. They just think of earning money and they think dressing them up pretty will make us buy it. (H3)

The packaging looks... I mean they can reduce the amount spent on packaging. Like they should spend less money on trying to sell them and more money on improving the quality. The packaging and everything looks very glamorous and interesting. Maybe they should reduce it and use that to improve the quality. (H2)

Participants also talked about how the advertising of menstrual supplies in the media contributes to the misconception in society that menstrual products are a luxury, not a need. They felt that the media has falsely advertised menstruation, and buying

menstrual products, in a glamorous light when the reality of it is quite the opposite in their opinions.

I don't know why it's not seen as like a basic need I guess. Maybe because it's advertised on TV with all these different brands, the wings, slogans like 'this feels so good', and the girls all look so happy and playing sports and stuff. It's kind of seen more as like a fun thing even though it's annoying to have a period. (N1)

One participant discussed her views on how unregulated the price of menstrual products are in New Zealand, and how this negatively affects the availability of these products for women.

Most of the companies that make pads are multinational companies and that's why they're very expensive. They don't have anything here like uniform price regulation. Like a supermarket like Countdown would be selling an X brand pad for like \$5 but the dairy next door will be selling it for \$7, so you know I think at least something like menstrual supplies should be regulated because that's not a product that you should be ripping someone else off on. Suppose I have an emergency, I'm not able to go to Countdown because it's cheaper, because it's way further, so I'm just going to go to the nearest store and buy it however expensive it is, because I need it at that time. I'm going to spend that money on it. So I think a price regulation at least on basic health supplies would be a good thing to do. Also, when like an MNC [multinational corporation] makes those products you have like an import tax that's on it so obviously it's going to be expensive. (P1)

The price of menstrual supplies

An accusation often made of women struggling with period poverty is, 'there are so many menstrual products available to women, even as cheap as \$2, so how can women

say they can't afford it?'. Many women in this study have faced or witnessed these victim-blaming accusations, however they had not been allowed to respond and clarify their positions. Many participants explained that although there is a large selection of menstrual products available for sale in New Zealand, this range of products is of little relevance to the lowest income-earners who still struggle to afford them. Women in this study felt that many people, mostly men, were highly misinformed on how different menstrual products suit different women, concerning hygiene, size, comfort etc. therefore suggesting that women should just settle for the cheapest option is unreasonable when it comes to a health requirement like menstrual supplies.

You can say the same for uni [university] students like maybe you can afford your textbooks if you didn't spend your money on alcohol kind of thing, but there are still people trying to help students get free textbooks because they know they need textbooks at the end of the day. I personally haven't seen pads as cheap as \$2 and trust me I've looked for the cheapest ones as possible and personally I haven't seen them at that price. There's definitely a difference in quality like how one type can hold more blood than another one. It's just like food, they can say 'you can get \$1 noodles and eat it three times a day so why can't you use that kind of technique with pads and buy the cheapest ones?' But it's not right for everyone and it's not always the healthiest thing like some pads can react badly with your skin and stuff like that. Some girls have to get hypoallergenic pads or something. It's like if someone has a gluten allergy you can't just tell them to eat whatever they can get because they're poor. (N1)

I don't know why there should be classifications with sanitary pads. Why can't they just make one good brand and make it affordable? Why do they have to have two classes like if you want the cheapest one this is all you can get. Buying the cheapest one will eventually cost you more anyways because you have to change more often and it doesn't stay as together... so you have no option but to buy the expensive one. (M1)

The quotes above clarify a misconception often thought about menstruation - it is not a homogenous experience for all women. The accounts given by participants about their menstrual cycles varied greatly with respect to frequency, consistency, and heaviness of flow. Some participants experienced very light menstrual flows and could use their sanitary pads for longer. Other women in this study experienced heavy flows, which significantly increased the amount of money they had to spend each month buying menstrual products.

You know like tampons that are leak-proof compared to the regular ones and the pricing difference is like \$5-6. Just because they're like regular versus long term super use. So I just think they cost so much that when I look at this on my own perspective, I feel like its very, very expensive. It takes a big chunk out of my pocket. Like the ones I buy now, each month about \$40 goes just for pads. I've tried cheaper brands. Like there have been brands I've used that weren't up to par and they've not always been as promising as their advertisement. There are ones that have over-promised and under-delivered. (S3)

I could not have managed with the regular pads. Definitely not. I remember when I used the regular pads, it wasn't enough to last me like even a class and they tend to like clump up or rip apart. It's really disgusting. Like If I bought the cheaper ones I would have to buy at least two because of the bad quality and that's like double the price. (H1)

Many participants felt that poor quality menstrual products were ineffective in absorbing menstrual blood, were damaging to their health, and caused a lot of physical discomfort. However, due to a lack of choices, many of these participants had learnt to accept these poor quality products as a viable option for them to use for at least part of their menstrual cycle.

So I have two boxes of pads for my cycle, one is quite costly, it has 12 pads for \$20 and the other one is \$8. So what I do is I use the

expensive one for the first three days and the cheaper one for the rest of the days. So towards the end I start to compromise the quality. The first three days are crucial for me. I can't afford the quality I want for like the full cycle because you need at least one and a half boxes for your complete 5 days of cycle. So it would be about \$40 for your one period cycle but I manage it in about \$20 but doing it this way. (D1)

I still buy the cheap ones even though I'm working now because I have to change really often because I have heavy bleeding. I buy the cheaper ones at the beginning of my cycle because if I buy the expensive ones I can just have the 10 pads but if I buy the cheap one I can have 20 pads in one buy. At the end of my cycle I buy the cheapest ones. The quality is so bad but I just go through it. If I choose the quality over the quantity, it's so expensive and I'll be poor. Most of my budget will go on it. But if I tend not to be picky and choose the cheaper one then I'll still have something I can use rather than nothing. Beggars cannot be choosers you know? (H3)

So far, the key ideas that can be inferred from this theme are, 1) manufacturers have profited greatly from the menstrual product market and exploited women's dependency on this need, 2) the depiction of menstrual products on media platforms has grossly miscommunicated the reality of having a period, 3) many men have misunderstood menstruation as a homogenous experience for all women, and 4) women in this study have been forced to ignore the risks of using poor quality menstrual products in order to manage their menstrual cycles.

Capitalising on men's things

Products that men use have not been immune to profit making, however they have been less impacted by it. During their interviews, many women in this study discussed how even though menstruation has always been a consistent part of women's lives; it still is poorly understood and accepted by society. In contrast, participants felt that men's needs and wants have been voiced, heard, documented, and attended to by society.

Many participants used the example of free condoms to illustrate this point. They felt that the sexual needs and urges of men are well known and have been accepted by society, and in response the availability of free condoms in places like universities, clinics, and schools etc. has increased. I pointed out the benefits of condoms to the participants (i.e. the prevention of pregnancies and sexually transmitted infections) despite this, they felt that the increased availability of free condoms was initially designed to respond to men's sexual needs.

I mean women accept whatever is provided to them. Men are more aggressive about what they want so people listen to them. Like they say 'we can't control ourselves' so free condoms are provided in like schools and clinics you know? But women are not so active or able in promoting things that will benefit them. If they see it as important to our health to promote condoms, it's also very necessary to provide free sanitary pads for every woman who has her period, especially unexpectedly. (M1)

When it comes to sex, boys are always on the frontline of the conversation and they are heard, whereas women will always be quiet about it. We know about their sexual needs so there are like free condoms out there. Condoms are like more of a luxury I would say. Every boy in this country has a sister, mother, somebody who is a female in their life and they know that they go through it [menstruation] so they shouldn't be hush about it. (S2)

Additionally, when discussing men and women's needs, participants felt there is an unfair bias towards men, which has made their toiletries more affordable and accessible. A few participants used the example of shaving supplies, a product both men and women use, to articulate this argument.

The toiletries that men use are a lot cheaper than for women. We both shave but they [industries] act like only they [men] shave. I

didn't think about it but now that you mentioned it... yeah, even toiletries are much cheaper for men. (D1)

Based on the responses given it was clear that women in this study strongly believed capitalism has a lesser impact on male commodities than women's products. To interrogate the concept of capitalism further, participants were asked whether they believed menstrual products would be capitalised on the same way as they are now, and if issues like period poverty would exist still, if men only or also menstruated. Most participants felt that if men menstruated, menstrual supplies would be cheaper, more available, and manufactured at a higher standard of quality. The main justifications they provided for this claim were:

- Most societies uphold a patriarchal structure, which affords greater priority, authority, and importance to men's issues and needs over those of women's
- In most governments, including in New Zealand, there is a greater representation of men than women, therefore men's issues are higher on their agendas
- Men occupy most of the power positions in corporations, which allows them to make decisions that benefit themselves

Participants gave their concluding thoughts on this final theme:

It's a male-dominated society everywhere so men wouldn't have had my experience if he had a period. Like as the head of the family and the person that makes the decisions, he would choose better for himself. Like there won't be restrictions I guess and there wouldn't be problems like accessibility. I think women just follow but men rule so they have the power to change things if they want too. (D1)

Women's things are always monetised. I mean if it was that men menstruated they would make it more accessible, simple, and

practical for usage. I mean at the end of the day they [men] do treat women different in society. (Z1)

They [men] would at least complain, they would complain, they would struggle, they would grumble, so then the whole world would know that they were going through this [period poverty] and would find some ways to make it easier for them to manage. (M2)

Conclusion

This chapter analysed and organised the findings of this research, which were based on the fourteen interviews conducted with participants. The first part of this chapter centres on the semantic findings of this study. It reflects on the stories told by women in this study about their experiences with menstruation and period poverty, and how these experiences had shaped their lives. The second part of this chapter centred on the latent findings of the study. This latter part investigated the four themes identified in this study, which were *Fear, Them vs. Us, Buying menstrual supplies is a necessity, not a choice*, and *Women's things are always monetised*.

Discussion chapter

Introduction

This study used a feminist framework within a public health paradigm. The qualitative analysis of the results enabled the data to be examined from the perspective of women's health needs and wants, eliciting information about women's lived experiences of period poverty. The four themes that emerged from this method of analysis were *Fear, Them vs. Us, Buying menstrual supplies is a necessity, not a choice*, and *Women's things are always monetised*. The first half of this chapter will discuss, in detail, the key ideas that I

extrapolated from these themes, and will conclude with recommendations, from me and the women interviewed, for addressing and eradicating period poverty in New Zealand. The main discussion points of this chapter are:

- The relationship between menstrual health and education
- Trusting women and taking their fears seriously
- Why menstrual poverty must be recognised as a public health issue
- A political response is imperative to eradicating period poverty

Discussion

If people only knew about it [period poverty] they might finally understand that it's not just a problem located in developing nations. It's occurring in first world countries. I'm just saying... it shouldn't be happening in a place like this [New Zealand]. (A1)

Menstrual health and education

This study found that menstruation is, and continues to be, a scarcely explored, understood, and taught, area of inquiry. Most of what is known about menstruation, and more broadly, women's health, has been investigated and documented from the perspectives of men. As a result, menstruation has been stigmatised and earned a reputation in society for being dirty, unhygienic, evil, and dangerous; a reflection of men's observations of menstruation from the outside.

A discovery I made in the semantic findings is the way inaccurate information about menstruation is passed on, either unchanged or changed, when it reaches the next generation. In this study, the participants were taught about menstruation by their female relatives, who themselves were uninformed on the subject. These relatives were conditioned as young girls to objectify their menstruating bodies as unclean and a threat to men, thus they internalised the shame, embarrassment, and fear associated with menstrual stigma. Due to the traditional family structures observed in South Asian

cultures, as young girls these female relatives were denied a voice to speak up and question what they were experiencing. Consequently, in adulthood these women simply passed on information they were taught about menstruation and health to their daughters without questioning whether this information was in their best interests. This is an example of the traditional method for relaying information to the next generation, which is observed in most societies, particularly in South Asia. The implication of this is that a damaging and long-lasting cycle is created, in which generation after generation of women are denied the opportunity to know, accept, and manage their bodies and health in a way that benefits them. Rather, they continue to be forced to conform to men's views of how a woman's body should be managed.

I observed in the findings that menstrual education, both formal and informal, was key to changing the menstrual narrative for the next generation. The findings illustrated that the participants who had been given a formal menstrual education at school were able to dispel menstrual myths and understand menstruation from a biological rather than religious/cultural perspective. Although these women were still subjected to religious impositions in their youth due/related to menstruation, attaining this formal education prevented them from internalising and believing the inaccurate information they were taught by their relatives. Thus, in adulthood the women in this study broke the cycle of menstrual stigma by practising for themselves, and passing on to the next generation, accurate menstrual knowledge and hygiene practices.

Many of the participants, in adulthood, informally re-educated themselves on menstruation using the resources available to them i.e. the Internet and talking, for example, to their GP's and better-informed peers. Using this method, participants went through a process of unlearning what they knew, and acquired new knowledge about menstruation, for example, information about safe hygiene practices and menstrual suppression. Through this informal re-education process many participants discovered that their experiences with menstrual rituals and restrictions in their youth, although common, were a violation of their dignity, freedom, and empowerment as women. Having gained this new information these women now have the opportunity to communicate more accurate information about menstruation to the next generation of

young girls.

Although an informal menstrual education benefited participants in adulthood, many of them insisted that receiving a menstrual education at school would have helped them, at the very least, understand their own biology in their youth. Therefore, I have identified receiving a menstrual education at school as a protective factor against internalising and passing on inaccurate menstrual knowledge.

The literature review in this study discovered that only a few schools in New Zealand provided a formal menstrual education, and that these existing programs have been criticised by scholars for being sparse and out-dated. This study will make recommendations at the end of this chapter for improving menstrual education in New Zealand schools.

Taking women's fears seriously

The first theme to emerge from this study was women's fears related to menstruation – the multiple types of fears they experience and how these fears are responded to by society. This research illustrated fear as an ever-present feeling women experience across various parts of their lives.

Most of the literature on menstruation suggests that women are most fearful, powerless, and susceptible to disease during their menstrual cycles. This is the prevailing menstrual narrative in society. This study argues that women do not fear menstruation nor are they biologically more vulnerable while on their periods; rather, their fears during menstruation are grounded in the unjust treatment they receive from society during this time and the inadequate products they must use that cause harm to their bodies. The women in this study articulated menstruation as a time where they are more susceptible to ridicule, blame, and exclusion from society due to menstrual stigma. As a natural response, these women have developed multiple fears surrounding menstruation, for example, fear of others knowing they are menstruating, fear of buying menstrual products in public, and fear of being harassed or humiliated for menstruating,

to name a few.

Women experiencing period poverty face the burden of a double stigma, one stigma for menstruating and the other for their low economic status (Wootton, 2018). The intersection of these two variables places these women in a highly compromised situation in which they cannot afford menstrual supplies and cannot ask for help with this issue openly. Consequently, women facing period poverty have their fears associated with menstruation compounded by additional fears associated with money, i.e. fear of not being able to afford their menstrual products and other needs, fear of being blamed and judged by others for their financial hardship, and fear of speaking out and not being heard.

In society, there is an inherent distrust of women and a perception that women are incompetent (Hager, 2001). Thus, women's fears and struggles are rarely validated or addressed by society. This perception is evidenced in this study on period poverty. Women for generations have struggled with affording menstrual supplies and feared the treatment they will receive for speaking out about these struggles in public. The attempts women have made to seek help with period poverty have often been met with victim blaming, an interrogation of their budgeting abilities, or neglect (Mitchell, 2018; Young, 2019). The participants in this study had themselves experienced or had been witness to similar responses when seeking help with this issue. This means that when women voice their struggles, they are immediately assumed to be incompetent, which permits society to question whether their struggles are honest, important, and valid. In the case of period poverty, this assumed incompetence of women allows society to blame this issue on women's own mismanagement of money and ineffective prioritising. In doing so, society remains unaccountable for the struggles and fears women face with period poverty, rather, women are referred to budgeting services as a technique to shift the blame onto their incompetence.

My observation is that period poverty has been a long-standing issue in society and one that has evoked several fears within the women experiencing it. Through negligence, distrust, and victim-blaming behaviours, society has managed to keep this issue

relatively covert and silenced the few women that have spoken out. I believe that without taking women's fears and struggles seriously, to the extent that they describe them, period poverty will continue to grow in scale until it becomes a crisis.

Period poverty is a public health issue

At first glance, period poverty presents as a highly personal issue experienced by a few women facing financial difficulty. The investigation conducted by this thesis suggests period poverty is a public health issue that exists on a large scale and must be addressed by a public health approach for the following reasons.

Firstly, it should be stated that healthy menstruation is a crucial part of women's health and a process that occurs outside of their control. Therefore women's ability to continuously access affordable menstrual products is vital to their health and without it, they will experience period poverty. Women can experience period poverty at any point during their menstruating years, from menarche to menopause. For some women, those with little to zero financial independence, period poverty is experienced as an on-going condition throughout their lives. For other women, period poverty is faced at one or multiple points in their lives depending mainly on their financial circumstances. The literature indicates that period poverty is experienced by copious amounts of women in both developed and developing nations. This suggests that period poverty is not a circumstance unique to a few individuals; rather, its affected population is widespread across the globe and of varying ages. In my opinion, the considerable population affected by period poverty justifies a public health approach, which will focus on preventing and addressing this issue for the whole population rather than by individual cases.

Secondly, period poverty should be considered a public health issue because the main contributors to its prevalence are cultural and economic factors occurring at the societal level (World Health Organisation, 2020). From the available literature, and this thesis, inferences can be drawn that women's lower economic status compared to men, capitalist/neo-liberal exploitation of women's needs, negative societal attitudes towards

menstruation, and oppressive cultural/religious practices surrounding menstruation are largely responsible for period poverty. These societal factors have restricted women's ability to both afford menstrual supplies and voice their struggles with this issue. As a result, generations of women have in the past, and at present, face the damaging effects of period poverty in silence. Given that the factors mainly contributing to the prevalence of period poverty occur at the societal level, the approach taken to address this issue must be of equal scale. I believe a public health approach would be most suitable for addressing period poverty as it will examine and de-construct the societal structures that hold women responsible for period poverty and allow it to prevail in society.

Thirdly, current studies both global and in New Zealand (Kidscan, 2018; Phillips-Howard, Weiss, Hennegan, & Hytti, 2018) have found that the damaging impacts period poverty has on women's lives extends beyond their health. For example, these studies show that women affected by period poverty are less able to participate in their education, are more frequently absent from work, and are more susceptible to mental health issues such as low self-esteem, anxiety and depression. This suggests that period poverty compromises not only women's physical and mental health, but also their ability to receive a full education, succeed at their jobs, and confidently engage with others. Therefore, period poverty impacts on women's access to other determinants of health such as education, employment, and income. Employing a multi-disciplinary approach within a public health response can ensure that period poverty and its indirect/direct effects on other parts of women lives are addressed from a holistic lens.

It is clear from the above arguments that period poverty is a public health issue with an increasingly global presence. The wide reach period poverty currently has in the world and its ability to damage the health of generations of women means it cannot be fixed at the individual level. To address this issue holistically a public health/determinant level approach, with support from other governmental agencies like the education and employment sectors, is critical to resolving this issue.

Currently, there is no assigned public health funding for menstrual products in New

Zealand's health care system. Recommendations to subsidise the costs of menstrual products in New Zealand will be made at the end of this chapter.

A political response to period poverty

In the last three years, during 2016 – 2019, period poverty received increased media attention both locally and globally. In this time, many developed nations received criticism from human rights organisations and women's rights activists for failing to address an issue that was jeopardising women's health and wellbeing. In response, several developed countries Canada, Scotland, and the United Kingdom to name a few, acknowledged period poverty as a growing and urgent issue within their nations. These countries recognised that access to sanitary products and hygienic infrastructure were essential to women's health, and have since directed resources towards eradicating period poverty in their countries. For example, countries like Canada and Australia have removed the GST on menstrual products, whilst others like Scotland and the UK introduced free menstrual products to their secondary schools. Although the measures these nations have taken to end period poverty are still at the infancy stage, their efforts to initiate this social change have been met by global praise.

Period poverty made headlines in New Zealand media around this same time. Consequently, this issue became the agenda for several social enterprises and university student groups who aimed to create greater exposure of the issue. As previously mentioned, in 2017, the New Zealand government granted Kidscan \$50,000 to supply New Zealand schools with menstrual products and in 2018, Kidscan conducted a quantitative survey on period poverty depicting the wide extent of the issue in New Zealand. This was and still is the only survey to date conducted on this issue, in New Zealand, on this scale. The results of this survey were extensively reported on by the local media and came as a shock to the general public. New Zealand in the broader context has been known for its support of women's empowerment, having been the first nation to give women the right to vote. However, New Zealand's on-going issue with period poverty threatens its reputation for gender equality and justice. At present, the

New Zealand government has not issued a political response to period poverty. Therefore, in the global landscape, New Zealand remains stalled on this issue whilst other developed nations are moving forward by actively working towards eradicating period poverty.

The New Zealand government has the power to significantly reduce the prevalence of period poverty by initiating two changes, 1) by removing the GST on sanitary products in New Zealand, similar to Canada and Australia's initiatives, so that menstrual products will no longer be taxed like non-essential goods, and 2) by making sanitary products freely available in primary and secondary schools, like Scotland and the UK did, to reduce the number of girls who are missing school because of period poverty. Neither of these changes can be initiated at the individual level, therefore a governmental response to period poverty is imperative to addressing this issue. Additionally, in the present situation women are earning less than men and are expected to afford more expenses than them without any acknowledgement or support from the New Zealand government. This is an unjust situation women are facing and it can no longer be ignored.

Up till now, women facing period poverty have merely been offered short-term solutions at the individual level, which has only prolonged and exacerbated this issue. I believe it is vital that the New Zealand government recognises menstrual products as basic health necessities for women, comprehending the financial and health burdens it places on them, and takes immediate steps to address this issue. Steps the New Zealand government can take to eradicate period poverty and empower women will be made in the recommendations section.

Recommendations

All of the following recommendations derive from the suggestions made by the women in this study. These recommendations require the New Zealand government to actively engage in actions that address and eradicate period poverty.

Menstrual health education

I recommend that New Zealand schools deliver comprehensive menstrual health education for both girls and boys for a myriad of reasons, 1) to debunk menstrual myths and inaccurate menstrual information that has been communicated to them by relatives, the internet and peers, 2) to teach boys and girls that menstruation is a normal experience and should not be stigmatised, and 3) to allow young girls to understand and accept their bodies and biology.

The delivery of this menstrual health education must be interactive. Young girls and boys should be allowed to ask questions about what they have been taught at home and should be directed to useful resources in the school i.e. menstrual products at the nurse's office. Most importantly, this menstrual health education should not be disguised as an opportunity to teach about teen pregnancy and sex education. Rather, it should focus on:

- Depicting menstruation holistically as a biological and cultural phenomena
- Normalising menstruation for girls and boys
- Teaching girls how to manage their menstruation in a hygienic manner
- Teaching boys how they can support girls during menstruation and to believe and take girls' menstrual experiences seriously i.e. the severity of their menstrual cramps

Lunette (2019) states that menstrual education is delivered in New Zealand schools during either primary or intermediate. This means students can receive menstrual education at any point during six years to thirteen years of age. As girls are increasingly

attaining menarche at a younger age, I recommend menstrual health education be delivered at the primary school level, between ages six and seven, to ensure girls and boys learn about menstruation before girls attain menarche. This menstrual health education should not be siloed to a single session. Rather, it should be taught in an on-going capacity through till high school, up till age eighteen.

Free sanitary products in schools

A popular strategy to reduce the number of girls missing out on school due to period poverty is to provide free menstrual products in schools. This policy has been adopted by several developed countries and produced favourable outcomes. For New Zealand to achieve similar results it needs to undertake two of the following steps.

1. The New Zealand government must recognise period poverty as a significant public health issue, which has created barriers for girls to fully participate in their education and engage in society.
2. The New Zealand government should use public health funding to supply schools with menstrual health products, as a method to decrease the number of girls skipping school because of period poverty. A plan must be created to ensure this supply of products is on-going and sustainable in the long-term. These menstrual products should be available to students of all ages, from primary school to university.

Cheaper menstrual products

Currently, menstrual products in New Zealand are unregulated, unsubsidised, and subjected to GST. These three factors are largely the reasons why women in this study felt menstrual products were unaffordable to them. These factors also clearly exemplify how menstrual products are not treated or priced like basic health necessities in society. All three of these issues must be addressed to reduce the incidence of period poverty.

Remove GST: Many OCED countries have removed their GST on items they deem

essential, to create fairer access to this product in society. For example, both Australia and Canada have removed their GST on menstrual products such as tampons and sanitary pads to make these products more affordable and accessible to women in their nations. In contrast, New Zealand only permits tax exemptions on a few items, which themselves are non-essential, like donations for example. By allowing menstrual products to continue being taxed like other non-essential goods, New Zealand portrays a callous attitude towards women's health and an unsympathetic view towards period poverty. Removing the GST on menstrual products in New Zealand will decrease the price of menstrual products, which in turn will increase their affordability to women. This initiative must be actioned by the New Zealand government to show support for women's health needs.

Subsidised sanitary products: Menstrual products in New Zealand are unsubsidised and therefore have become unaffordable to many women. It is vital that the New Zealand government intervene to reduce the costs of these products and in turn reduce the incidences of period poverty. In 2016, a resident submitted an application to PHARMAC for menstrual products to be subsidised (Beard, 2019). Their request was denied on the basis that menstruation was a biological process; therefore, menstrual products could not be considered medicinal. I argue that menstrual products are crucial to women's health and without them, women fall victim to health complications like infections and mental distress, which then denies them the ability to live a healthy life. PHARMAC's rigid stance on menstrual products contributes to the prevalence of period poverty in society. Subsidising the cost of menstrual products will make them more affordable, which will mean fewer women will have to face period poverty and its negative effects. This will also create a healthier and more equal population for New Zealand.

Uniform price regulation (UPR): At present, the prices of menstrual products are unregulated in New Zealand. This means that a box of tampons can be sold for \$7 at a supermarket and the same box can be sold for \$13 at a petrol station or convenience store. This lack of regulation on menstrual products has created several adverse consequences for women. For example, women without access to transport and women living in rural areas who are unable to commute to an outlet that sells menstrual

products at the lowest price have to purchase their products at any price. This also applies to women who have irregular cycles or have a menstrual emergency, as they will have to buy menstrual products from the places closest to them, no matter the cost. As women facing period poverty already struggle with affording menstrual products, asking them to plan their finances in order to avoid the above situations is not a plausible option. The New Zealand government must implement a UPR on menstrual products to stop third party vendors from capitalising on these products for their own gain. By doing so, women will expect to pay a fixed price for their menstrual products no matter the outlet at which they are sold and will not be subjected to hiked up prices.

Conclusion

Overview

Period poverty is a pervasive public health issue with a global presence. Despite this, this issue has been scarcely investigated and little is known about the affected population, its damaging impacts, and what is required to address and eradicate it. Through this study, I have highlighted a vital yet absent perspective in this discourse – women’s knowledge of, and lived experiences with, period poverty. I did so by employing a feminist framework within a public health paradigm. This allowed participants to discuss their views on the thesis topic openly and volunteer their perspectives on related subjects, such as gender inequality, capitalism, and the influences of culture on their lives. It is clear that when given a non-judgmental platform to speak on issues that concern them, women have the capability, knowledge, and willingness to come forward with their struggles and proposals for change.

I found that period poverty derives from a lack of proper menstrual health education and poor recognition of women's health needs by society. At present, the prices of menstrual products in New Zealand are unsubsidised, unregulated, and taxed. This has allowed menstrual products to be priced as luxuries and capitalised on by vendors. The consequence of this is that menstrual products have become unaffordable to the women that need them. Although women perceive this issue as a palpable threat to their health, it is not an apparent issue to men who do not require these products.

Women who cannot afford menstrual products have been forced to endanger their lives with unhygienic alternatives, and sacrifice other essential needs to afford sanitary products. The lack of response from the New Zealand government has only strengthened this issue and allowed the rate of period poverty to grow covertly in society.

A political response to period poverty from the New Zealand government is crucial and urgent. Strategies to address period poverty recommended in this thesis were: to include comprehensive menstrual health education in New Zealand schools, to take women's fears seriously, to recognise period poverty as a public health issue, and to develop a political response to this issue. Period poverty cannot be addressed at the individual level by teaching certain women to budget their money better or reassess their priorities. To implement these strategies, active engagement from the New Zealand government is essential. Going forward, it is vital that the New Zealand government 1) create supportive environments that allow women to speak openly about period poverty and seek help with the issue, and 2) implement policy/legislation that ensures girls/women have on-going access to affordable menstrual products to meet their health needs.

Each woman's experience in this study depicts a story of struggle, pain, and suffering. Collectively, these stories reflect the resilience and strength women exercise daily to manage their menstruation and survive in financially deprived circumstances.

Study limitations

A specific and small collection of women represented the participant group in this study. This study included fourteen South Asian women, residing in Auckland, who were mostly students on low-incomes. This participant group allowed for an in-depth analysis of the way South Asian cultures and religions influence menstruation. However, it is difficult to draw conclusions from this study about the way most women in New Zealand, embodied largely by Maori and Pākehā, view and manage their menstruation. Given the small size of the participant group, it may also be difficult to generalise the results of this study to the wider New Zealand population. As well, most participants were students who either worked part-time or received student allowance; therefore, they could not speak about the affordability of menstrual products from the perspective of a full-time earner.

A final limitation is that the qualitative design employed for this study means the scope of period poverty in New Zealand has not been further clarified; therefore, the Kidscan (2018) survey remains the only quantitative study to investigate this issue.

Future directions

This research and a handful of other studies represent all that is known about period poverty in New Zealand. Therefore, several steps need to be taken to create a comprehensive view of this issue. Firstly, considerable research needs to be conducted on period poverty, to both gauge the scope of this issue and to understand what women need in response. Below I've listed a few useful lines of inquiry other researchers can explore:

- The relationship between period poverty and educational outcomes must be further explored to contemplate the feasibility of free menstrual products in schools
- A greater investigation into the statistical significance of menstrual poverty in New Zealand would provide invaluable data to inform strategies that address this issue
- Given that women are often referred to budgeting services and reminded of their access to welfare payments when seeking help with period poverty, it would be valuable to investigate whether welfare payments factor in the cost of menstrual products amongst other essentials for women

Period poverty is a public health issue; therefore the public and the New Zealand government, both of whom have a stake in the well being of the population, must research it.

Secondly, this research needs to manifest into policy implications. Until the New Zealand government responds to this issue and shows its support for women's health, few women will overcome period poverty. The New Zealand government must follow in the footsteps of other developed nations i.e. Scotland, Australia, and the United

Kingdom, and take political actions to address and eradicate this issue. When doing so, the New Zealand government must consult women affected by period poverty, to ensure that their response holistically meets women's health needs and does not create further stigma or harm.

Appendices

Appendix One: Consent form

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project title: Period poverty in New Zealand: the failed recognition of menstrual supplies as basic health necessities

Principal Supervisor: Dr. Debbie Hager

Student Researcher: Vinuli Withanarachchie

I have read the Participant Information Sheet, have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have had them answered to my satisfaction.

- I agree to take part in this research.
- I understand that I am free to withdraw my participation at any time during the interview and to withdraw any data traceable to me at any time, without giving a reason.
- I agree to be audio recorded [Even if you agree, you may choose to have the recorder turned off at any time].
- I agree to have my data stored by the researcher on the University of Auckland computers.
- I understand that my data will be held for 6 years and then destroyed.
- I understand that no data will be traceable to me and will only be represented as a code.
- I understand that all my information will only be accessible to the student researcher and supervisor.
- I wish / do not wish to receive the summary of findings.

Name:

Signature:

Date:

Approved by the University of Auckland Human Participants Ethics Committee on 10 May 2019 for three years. Reference Number 022830.

Appendix Two: Participant Information Sheet

Project title: Period Poverty in New Zealand: the failed recognition of menstrual supplies as basic health necessities.

Principal Supervisor: Debbie Hager

Student researcher: Vinuli Withanarachchie

An invitation:

Hello, my name is Vinuli Withanarachchie and I am a Masters of Health Sciences student at the University of Auckland, Dr. Debbie Hager is my supervisor. I would like to invite you to participate in this research project. The aim of this study is to look at the factors that contribute to period poverty in New Zealand and to explore the political actions needed to address this issue. I highly value your thoughts on this issue.

Your participation is voluntary and you may choose not to participate. Your decision to not participate will not result in any disadvantage to you.

What is the purpose of this research?

Sanitary items are a basic health necessity for women and girls around the world. A woman is expected to purchase a lot of sanitary items over the course of their lifetime in order to take care of their health and well-being. The ability to keep affording these sanitary items amongst other necessities can be difficult for women, causing them to deprioritise their menstrual hygiene. We are interested in why women believe sanitary items are not seen and priced as necessities in greater society.

We have also noticed that there isn't a lot of political actions looking at period poverty in New Zealand. Thus, we are also interested in understanding what women believe needs to happen at the political level to address this issue. I am doing this research to guide future policy to meet women's basic health needs.

Why have I been invited to participate in the research?

You have been invited to participate in this research because of your knowledge and experience in relation to the research topic. I will be recruiting 10-15 participants for this research.

What will happen in the research?

I would like to conduct one 30-60-minute face-to-face interview with you between May and June 2019. We can conduct the interview at a public location of your choice. During the interview, you do not have to answer all the questions and you can stop participating at any time. The interview will be audio-recorded and transcribed. You can ask for the recorder to be turned off at any time.

After the initial interview, I may contact you again just to clarify the information you've given me. I will not make the transcripts or recording available to anyone else. Any personal information that you give in the interview is confidential and your name and identifying details will not be used when the results of the interviews are written up. Choosing not to participate will not result in any penalty towards you. You can withdraw your participation and information at any time, without giving a reason.

Some topics we will discuss in your interview are: your understanding of period poverty in New Zealand, why you believe the situation continues to exist, and your suggestions for addressing period poverty at the policy/government level - how you think we can make a change.

What are the benefits for you when participating in this research?

You will receive a one-off payment of \$30 for participating in this research. Your participation in this study will help provide important information for policy-makers on how to address period poverty in New Zealand, which will improve the quality of women's lives.

How will my privacy be protected?

I will audio record your interview so that its contents can be transcribed verbatim (*i.e.*, word-for-word) for analysis. The audio material will be owned by the University of Auckland and will be stored securely on University of Auckland machines for 6 years, then all forms of data (digital voice recorder, electronic data, and copies of the transcripts) will be destroyed and permanently erased from electronic storage.

To protect your privacy, no real names or other identifying features will be used in transcriptions; instead, a system of letters and numbers that are not identifiable will be used to identify participants when quotes are used in the written material or presentations. For example, if it is the fourth participant, they will be identified in all reports as p4.

What are the costs of participating in this research?

The only cost for you is 30-60-minute of your time for the interview and some additional travel time to our agreed public location.

What happens to the research?

I will not be providing you the transcripts for editing/reviewing. You can withdraw your participation and any of your data from the research at any point. The contents of the interview will be published in my master's thesis and submitted for conferences and publications. Once the research is published, I will email you a summary of the results, if you want a copy. Please indicate on the consent form whether you would like to receive a summary of these results.

How do I agree to participate in the research?

You may agree to participate by informing Student Researcher Vinuli Withanarachchie by e-mail (vwit273@aucklanduni.ac.nz) or phone 021 070 6128, or the Supervisor Debbie Hager (d.hager@auckland.ac.nz) 09 3737599 ext. 89208.

What do I do if I have concerns about the research?

Any concerns regarding the nature of this research project should be notified in the first instance to the Principal Investigator Dr. Debbie Hager d.hager@auckland.ac.nz 09 3737599 ext. 89208 or Student Researcher, Vinuli Withanarachchie vwit273@aucklanduni.ac.nz.

Approved by The University of Auckland Human Participants Ethics Committee on date for three years, Reference Number 022830. For questions regarding participants' rights and ethical conduct of research, contact the Ethics Committee at humanethics@auckland.ac.nz, +64 9 373 7599 extension 87830, Research Integrity Unit, Level 10, Building 620, 49 Symonds Street, Auckland, New Zealand.

Contact details

Student research	Vinuli Withanachchie vwit273@aucklanduni.ac.nz 021 070 6128
Supervisor	Debbie Hager Social and Community Health Phone – 09 3737599 ext. 89208 Email - d.hager@auckland.ac.nz Address - Level 3, Room 360, Tamaki Building 730 Tamaki Campus Gate 1, 261 Morrin Road, St. Johns, Auckland 1072
Head of Department	David Newcombe Social and Community Health Phone - +64 9 923 6557 Email – d.newcombe@auckland.ac.nz Address - Level 3, Room 342, Tamaki Building 730 Tamaki Campus Gate 1, 261 Morrin Road, St. Johns, Auckland 1072
For any concerns regarding ethical issues you may contact the Chair of the University of Auckland Human Participants Ethics Committee	Chair, the University of Auckland Human Participants Ethics Committee Phone - 09 373-7599 ext. 83711 Email - humanethics@auckland.ac.nz University of Auckland, Research Office,

Approved by The University of Auckland Human Participants Ethics Committee on 10 May 2019 for three years, Reference Number 022830.

Appendix Three: Organisational Information Sheet

Project title: Period Poverty in New Zealand: the failed recognition of menstrual supplies as basic health necessities.

Supervisor: Dr. Debbie Hager
Student researcher: Vinuli Withanarachchie

Hello, my name is Vinuli and I am a Masters of Health Sciences student from the University of Auckland, and I am conducting research on period poverty in New Zealand.

Study brief

Sanitary items are a basic health necessity for women and girls around the world. A woman is expected to purchase copious amounts of sanitary items over the course of their lifetime in order to take care of their health and well-being. The ability to continuously afford these sanitary items amongst other necessities can be difficult for women, causing them to deprioritise their menstrual hygiene. Hence, we are interested in why women believe sanitary items are not deemed and priced as necessities in greater society.

We have also noticed that there is a lack of political action underlying the significant issue of period poverty in New Zealand. Thus, we are also interested in understanding what women believe needs to happen at the political level to address this issue. I am doing this research to guide future policy to meet women's basic health needs.

Information given to participant:

The advertisement given to participants will state: I will be conducting one 30 minute face to face interview with each participant between July and August 2019. The interviews will be audio-recorded and transcribed by me. The audio material will be owned by the University of Auckland and will be stored securely, then all forms of data (digital voice recorder, electronic data, and copies of the transcripts) will be destroyed. Participants can choose not to participate and withdraw their information at any time during the research without giving a reason.

Topics of discussion in the interviews will be: the participant's understanding of period poverty in New Zealand, why they believe the situation continues to exist, and their suggestions for addressing period poverty at the policy/government level - how they think we can make a change.

The contents of the interview will be published in my master's thesis and submitted for conferences and publications, once the research is published.

Contact details:

Student Researcher: Vinuli Withanarachchie (vwit273@aucklanduni.ac.nz)

Supervisor: Dr. Debbie Hager (d.hager@auckland.ac.nz) 09 3737599 ext. 89208

Approved by The University of Auckland Human Participants Ethics Committee on 10 May 2019 for three years, Reference Number 022830.

Appendix Four: Advertisement

Research subjects wanted

The title of this research study is - *Period poverty in New Zealand: the failed recognition of menstrual supplies as basic health necessities.*

Period poverty is a woman's inability to afford menstrual supplies. This research seeks to understand WHY women believe menstrual supplies are not recognised as basic health necessities & HOW this can be fixed at the policy level. You will be asked to describe your knowledge of, and experience with, period poverty in NZ.

Eligibility:

- *Are you a South Asian woman?*
- *Are you 18+ years old?*
- *Have you been affected by period poverty?*
- *Can you effectively communicate in English?*

If you said YES to these questions, you may be eligible to participate in this research.

If you are interested in participating please contact Vinuli Withanarachchie for more info

Email – vwit273@aucklanduni.ac.nz

Phone – 09 3737599 ext. 89208

Approved by

The University of Auckland Human Participants
Ethics Committee on 10 May 2019 for three years,
Reference Number 022830.

Appendix Five: Interview schedule guide

Part one – Source and impacts of period poverty

1. What does the expression period poverty mean to you?
2. What do you think the impact of this would be on a woman or girl?
3. Do you think that sanitary items are very accessible to all women in society?
4. Often in the media and in other forums, sanitary items are spoken of as a luxury in society, rather than a necessity - why do you think that is?
5. Are there other barriers to accessing menstrual supplies, other than affordability?
6. Why do you think a woman's inability to afford this product isn't considered important?
7. How do you believe menstruation is viewed, labelled, and understood in society?
8. Do you believe men and women perceive menstruation differently? If so, how?
9. Do you believe menstruation shame exists? E.g. what drives it, where does it come from etc.
10. If men menstruated instead of women, how do you imagine things would be different? Please describe in full detail.
11. Women have long been blamed for not budgeting for their pads, which is a form of victim blaming. Why do you think that is?

Part two – Future policy actions

1. How do you think the government views the period poverty issue in New Zealand?
2. Why do you think nothing is happening about period poverty on a political level?
3. What do you think needs to happen on a political level to address this issue?
4. How do you think this can happen?

Approved by The University of Auckland Human Participants Ethics Committee on 10 May 2019 for three years, Reference Number 022830.

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