



Period Drama: How to Address Period Poverty in Aotearoa

25 October 2022

Claire Marsh

Having periods can be bloody hard work, but for some people they present additional difficulties because products like tampons and pads are priced out of reach. Period poverty impacts Kiwis everyday and is often an unseen problem. Period products are now available for free in schools in Aotearoa, but what more can be done?

What is Period Poverty?

Many people experience periods as a mundane, if at times inconvenient, part of their everyday lives. However, periods can present serious ongoing consequences when the

prohibitive cost of products such as tampons or pads stops people from going to work or school¹⁻². Period poverty refers to the specific impact of material poverty on girls, women, trans, and non-binary people who menstruate¹. Period poverty is a public health and health equity issue that must be effectively addressed in Aotearoa.

The Impacts of Period Poverty

Educational achievement is related to improved health and better employment opportunities, but research has found that the lack of affordable menstrual products means that some people miss school, tertiary education, or work, or use potentially unsafe alternatives that can cause health problems¹⁻⁴. Absenteeism due to period poverty can also affect people's personal finances as they miss out on wages, and reduced labour participation negatively affects the economy at large⁴.

Limited access to period products is more common for people with low incomes, those experiencing homelessness, or who are part of marginalised communities, thus it compounds existing inequities⁵. Period poverty has also been linked to poorer mental health, shame, and distress, mirroring other research that shows having unmet basic needs negatively impacts mental health⁵⁻⁶.

In Aotearoa, 12% of high-school students reported that cost was an impediment to accessing menstrual items, with 5% reporting this occurred at least once a month¹. Māori, Pasifika, and less well-off students are disproportionately affected by period poverty, as they were more likely to have experienced it and more likely to have missed school as a result¹.

Materially driven poverty often combines with other factors such as stigma or taboo around discussing periods, the social determinants of health, and the lack of seriousness attributed to a problem that mostly affects women⁷⁻¹¹. Stigma perpetuates the problem and its resultant inequities in educational and employment opportunities^{8, 11-12}. Period poverty is also linked to human rights issues such as the right to education, dignity, and a standard of living adequate for health¹¹⁻¹³.

What Solutions Have Been Enacted So Far?

There has been a recent increase in market share for re-usable period products such as menstrual cups, "period pants", and washable pads¹⁴⁻¹⁵. These present the benefit of reduced cost over the long term as the products simply need to be washed before being re-used¹⁴⁻¹⁵. They also create less landfill waste thereby reducing the indirect impact of pollution and climate destruction on health¹⁵⁻¹⁶. However, there are some barriers to access due to a high upfront cost of some of these products, perceptions around ease of use or efficacy, and difficulties managing the cleaning of such products¹⁴⁻¹⁵.

The Warehouse launched a range of pads in 2020 that cost \$1 for a pack of ten¹⁷ but improving health and educational outcomes should not be reliant on corporate generosity. In 2021, the New Zealand government's commitment to provide free period products in all schools generated much international interest¹⁸⁻¹⁹. However, providing these for free in schools does not address the wider problem of social inequity relating to periods and fails to address the broader issues around stigma, or period poverty experienced by people who are not attending school²⁰.

What More Could be Done?

In Aotearoa, people who are not in school cannot access menstrual products for free. Consequently, the cost of period products remain an impediment to people with periods managing their health in a safe, convenient way, and continue to hinder their free participation in work and extra-curricular areas of life^{3, 8}.

Following the lead of countries such as the United Kingdom and Australia by removing the tax on these products would be the first step towards reducing the cost and making them more affordable for all people who menstruate^{5, 8}. This would also help reduce the upfront cost of more sustainable and reusable products such as menstrual cups^{15, 21}.

A further solution would be to have period products subsidised, or paid for in full, by the government in recognition that periods are a costly but unavoidable factor in many people's lives. Pharmac has previously rejected a proposal to fund or subsidise period products² claiming there was not enough information to show they offered a therapeutic benefit or were medical devices²², but researchers argue that they are medical products because they are necessary for people with periods⁸. Removing the costs associated with all menstrual products would help the health system to maintain its commitments to Te Tiriti o Waitangi, as the current principle of Ōritetanga (equity)²³ is not upheld when Māori are disproportionately affected by period poverty¹. It would also put a wider variety of options within the reach of all people who menstruate and enable them to choose the product that suits them best^{15, 21}.

Of course, achieving health equity for people with periods takes a lot more than cheap pads, it is about viewing effective management of periods as a public health issue and addressing all the relevant factors such as access to sanitary bins, quality education about menstruation, access to menstrual health care, recognition of the impact of period pain, and removal of stigma around periods^{8, 11, 24}. In fact, improving menstrual health has been identified as enabling progress towards the Sustainable Development Goals²⁵. We should aim for menstrual health for all, "a state of complete physical, mental, and social well-being", rather than period products for some^{10, p. 32}. Nevertheless, reducing or removing the cost of essential period products for all people who menstruate is the crucial first step in achieving health equity around periods in Aotearoa.

***Author details:** Claire Marsh is studying a Post-graduate Diploma in Public Health at Te Kunenga ki Pūrehuroa/Massey University. She is also undertaking a PhD in Psychology at Te Herenga Waka/Victoria University of Wellington. Email: Claire.Marsh@vuw.ac.nz

References

1. Fleming, T., Archer, D., Sutcliffe, K., Dovovan, S. & Clarke, T. (2020, February 18). *Period poverty: A Youth19 fact sheet*.
2. Head, M. (2018). Menstrual management – An equity issue. *Kai Tiaki: Nursing New Zealand*, 24(2), 37-37.
3. Sebert Kuhlmann, A., Peters Bergquist, E., Danjoint, D., & Wall, L. L. (2019). Unmet menstrual hygiene needs among low-income women. *Obstetrics and Gynecology*, 133(2), 238-244. doi: 10.1097/AOG.0000000000003060
4. Munro, A. K., Hunter, E. C., Hossain, S. Z., & Keep, M. (2021). A systematic review of the menstrual experiences of university students and the impacts on their education: A global perspective. *PLoS ONE*, 16(9), e0257333. doi: 10.1371/journal.pone.0257333

5. Barrington, D. J., Robinson, H. J., Wilson, E., & Hennegan, J. (2021). Experiences of menstruation in high income countries: A systematic review, qualitative evidence synthesis and comparison to low- and middle-income countries. *PLoS ONE*, 16(7), e0255001. doi: 10.1371/journal.pone.0255001
6. Cardoso, L. F., Scolese, A. M., Hamidaddin, A., & Gupta, J. (2021). Period poverty and mental health implications among college-aged women in the United States. *BioMed Central Women's Health*, 21(14), 1-7. doi: 10.1186/s12905-020-01149-5
7. Babbar, K., Martin, J., Ruiz, J., Parray, A. A., & Sommer, A. (2021). Menstrual health is a public health and human rights issue. *The Lancet Public Health*, 7(1), E10-E11. doi: 10.1016/S2468-2667(21)00212-7
8. Crawford, B. & Spivack, C. (2017). Tampon taxes, discrimination, and human rights. *Wisconsin Law Review*, 3, (491-549).
9. Dahlgren, G., & Whitehead, M. (2021). The Dahlgren-Whitehead model of health determinants: 30 years on and still chasing rainbows. *Public Health*, 199, 20-24. doi: 10.1016/j.puhe.2021.08.009
10. Hennegan, J., Winkler, I. T., Bobel, C., Keiser, D., Hampton, J., Larsson, G., Chandra-Mouli, V., Plesons, M., & Mahon, T. (2021). Menstrual health: A definition for policy, practice, and research. *Sexual and Reproductive Health Matters*, 29(1), 31-38. doi: 10.1080/26410397.2021.1911618
11. Sommer, M., Hirsch, J. S., Nathanson, C., & Parker, R. G. (2015). Comfortably, safely, and without shame: Defining menstrual hygiene management as a public health issue. *American Journal of Public Health*, 105(7), 1302-1311. doi: 10.2105/AJPH.2014.302525
12. Sommer, M., Caruso, B. A., Sahin, M., Calderon, T., Cavill, S., Mahon, T., & Phillips-Howard, P. A. (2016). A time for global action: Addressing girls' menstrual hygiene management needs in schools. *PLoS Medicine*, 13(2), e1001962. doi: 10.1371/journal.pmed.1001962
13. United Nations Department of Public Information. (n.d.). Universal declaration of human rights – English.
14. van Eijk, A. M., Jayasinghe, N., Zulaika, G., Mason, L., Sivakami, M., Unger, H. W., & Phillips-Howard, P. A. (2021). Exploring menstrual products: A systematic review and meta-analysis of reusable menstrual pads for public health internationally. *PLoS ONE*, 16(9), e0257610. doi: 10.1371/journal.pone.0257610
15. van Eijk, A. M., Zulaika, G., Lenchner, M., Mason, L., Sivakami, M., Nyothach, E., Unger, H., Laserson, K., & Phillips-Howard, P. A. (2019). Menstrual cup use, leakage, acceptability, safety, and availability: A systematic review and meta-analysis. *The Lancet Public Health*, 4(8), e376-e393. doi: 10.1016/S2468-2667(19)30111-2
16. Grose, R. G., & Grabe, S. (2014). Sociocultural attitudes surrounding menstruation and alternative menstrual products: The explanatory role of self-objectification. *Health Care for Women International*, 35(6), 677-694. doi: 10.1080/07399332.2014.888721
17. Foxcroft, D. (2020, February 22). *The Warehouse battles period poverty with \$1 sanitary products*. Stuff.
18. Frost, N. (2021, August 27). *New Zealand to roll out free period products to all students*. The New York Times.
19. Roy, E. A. (2020, June 3). *New Zealand tackles 'period poverty' with free sanitary products for all schoolgirls*. The Guardian.
20. Koskenniemi, A. (2021). Say no to shame, waste, inequality—and leaks! Menstrual activism in the market for alternative period products. *Feminist Media Studies*, Vol. ahead-of-print, 1-18. doi: 10.1080/14680777.2021.1948885
21. Hennegan, J. (2019). Inserting informed choice into global menstrual product use and provision. *The Lancet Public Health*, 4(8), e361-e362. doi: 10.1016/S2468-2667(19)30126-4

22. McCulloch, C. (2017, April 19). *Pharmac rejects request to fund tampons, pads*. Radio New Zealand. Radio New Zealand.
23. Berghan, G., Came, H., Coupe, N., Doole, C., Fay, J., McCreanor, T., & Simpson, T. (2017). *Te Tiriti o Waitangi-based practice in health promotion*. Treaty Resource Centre – He Puna Mātauranga o Te Tiriti.
24. Sommer, M., & Mason, D. J. (2021). Period poverty and promoting menstrual equity. *Journal of the American Medical Association Health Forum*, 2(8), e213089. doi: 10.1001/jamahealthforum.2021.3089
25. Sommer, M., Torondel, B., Hennegan, J., Phillips-Howard, P. A., Mahon, T., Motivans, A., Zulaika, G., Gruer, C., Haver, J., Caruso, B. A., & Monitoring Menstrual Health and Hygiene Group. (2021). How addressing menstrual health and hygiene may enable progress across the Sustainable Development Goals. *Global Health in Action*, 14(1), e doi: 10.1080/16549716.2021.1920315
26. (2021). *Natracare's organic cotton period products* [Photograph]. Unsplash.

Public Health Expert Briefing (ISSN 2816-1203)

Source URL:

<https://www.phcc.org.nz/briefing/period-drama-how-address-period-poverty-aotearoa>