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Period Poverty and Menstrual Perceptions Among Unhoused Menstruators in an Urban Center in Southern Ontario

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A thesis submitted in partial fulfillment of the requirements for the Master of Science degree in Health and Rehabilitation Sciences

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Abstract

The purpose of this study is to uncover, describe and examine period poverty among unhoused menstruators accessing an urban shelter in Southern Ontario. Situated in a postmodern feminist lens and explored through thematic analysis, I employ participant observations and semi-structured interviews with shelter residents ($n=13$) and shelter staff ($n=3$) to conduct an exploratory case study at Dahlia Women and Family Shelter. The study findings suggest that menstruators at Dahlia experience period poverty and undergo significant challenges to their menstrual hygiene management. Menstrual perceptions were also found to vary based on the menstrual education that menstruators received and the unique socio-cultural context under which they received them. By shedding light onto the socio-cultural dynamics of period poverty and menstrual perceptions, this study endeavours to offer practical recommendations that, when implemented in shelters across Southern Ontario, may work to reduce instances of period poverty and negative menstrual perceptions among unhoused menstruators.

Keywords

Period Poverty; Menstruation; Unhoused Menstruators; Menstrual Education; WASH Services; Postmodern Feminism

Summary for Lay Audience

The purpose of this study is to examine the experiences of unhoused menstruators who access a shelter in an urban center in Southern Ontario. A menstruator is defined as someone who is able to menstruate. Period poverty, characterized by a menstruator's inability to support their own menstrual hygiene practices, is a pressing issue as many low-income and unhoused menstruators cannot afford to purchase period products (e.g., pads and tampons) or access adequate water, sanitation, and hygiene (WASH) services. Many unhoused menstruators thus rely on shelters for their menstrual hygiene management, among other necessities. This reliance, however, becomes an issue when shelters are not aware of the unique socio-cultural circumstances that inform a menstruator's menstrual perceptions which, in turn, may result in the inadequate provision of menstrual services and thereby compound instances of period poverty and stigma among menstruators.

Situated in a postmodern feminist lens and explored through thematic analysis, I employ participant observations and semi-structured interviews with shelter residents ($n=13$) and shelter staff ($n=3$) to conduct an exploratory case study at Dahlia Women and Family Shelter. The study findings suggest that menstruators at Dahlia experience period poverty and undergo significant challenges to their menstrual hygiene management. Menstrual perceptions were also found to vary based on the menstrual education that menstruators received and the unique socio-cultural influences under which they were taught. By shedding light onto the socio-cultural dynamics of period poverty and menstrual perceptions, this study endeavours to create practical recommendations that, when implemented in shelters across Southern Ontario, may work to reduce instances of period poverty and negative menstrual perceptions among unhoused menstruators.

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1 Introduction

For many menstruators, menstruation can be a significant source of stress and anxiety, especially when compounded with period poverty and stigma (Vora, 2020; Sommer et al., 2020). Period poverty, defined as the inability to fund one's menstrual hygiene, is disproportionately experienced by unhoused menstruators as they endure multiple layers of hardship and oppression on top of having to fund their menstrual hygiene practices (Parrillo & Feller, 2017; Sommer et al., 2020; Luckow, n.d.; Meadows-Fernandez, 2017). With one in five Canadians struggling to afford the necessary period products, period poverty has been labelled a pervasive public health issue that requires ongoing recognition at the municipal, provincial, federal, and global levels (UNICEF, n.d.; Plan International Canada, 2022; Sommer et al., 2015).

Period poverty can also be exacerbated by a lack of access to water, sanitation, and hygiene facilities (also known as WASH facilities) such as showers, toilets, and sinks (Tull, 2019; Rossouw & Ross, 2021). WASH facilities play an important role in maintaining menstrual hygiene as menstruators require access to safe and convenient facilities in order to routinely cleanse their bodies (Tull, 2019; Rossouw & Ross, 2021). Inaccessible WASH facilities, coupled with a lack of access to period products, can make it increasingly difficult for unhoused menstruators to menstruate with dignity, confidence, and security (Vora, 2020). As such, many unhoused menstruators experiencing period poverty often engage in menstrual hygiene practices that are dangerous and cause adverse health issues such as urinary tract, yeast, and other gynecological infections (Vora, 2020; Rossouw & Ross, 2021; Tull, 2019; Sommer & Mason, 2021; Sommer et al., 2020). Additionally, many menstruators may go several hours or even days without changing their period product, further subjecting them to dangerous bacteria and ultimately putting their health and well-being at risk (Vora, 2020; Rossouw & Ross, 2021; Tull, 2019; Sommer & Mason, 2021; Gurman, 2017).

1.1 Study Objectives and Questions

While there is a growing field of research that explores the biological underpinnings of menstruation, research is scarce on the particular experiences of unhoused menstruators. As such, this research aims to: 1) describe the menstrual perceptions of unhoused menstruators accessing shelters, 2) understand the experiences of shelter residents as they navigate their menstrual hygiene management and 3) co-create recommendations with shelter residents and staff to reduce period poverty and negative menstrual perceptions among shelter communities. I hope that by creating and implementing these recommendations, shelters in urban centers across Southern Ontario, as well as other Canadian cities with similar social demographics, will be better equipped to serve their menstruating community.

The purpose of this research study is to answer the following questions:

- 1) What are the menstrual perceptions of unhoused menstruators accessing a shelter in Southern Ontario?
- 2) What are some unique issues that menstruators experience when engaging in menstrual hygiene management in shelters?
- 3) What are some challenges that shelter staff can identify regarding the provision of menstrual management services in shelters?
- 4) What are some actionable recommendations that can be implemented in shelters to reduce instances of period poverty and stigma among shelter residents?

2 Literature Review

Menstruation, colloquially referred to as “a period”, is a natural biological process of the female reproductive system (Hillard, 2002; Diaz, Laufer & Breech, 2006). Although menstruation is a normal part of the female physiology, with it comes a plethora of complex physical, emotional, social, and cultural challenges that many menstruators are expected to navigate on their own (Critchley et al., 2020). As such, menstruators may find it increasingly difficult to manage their menstrual cycle while simultaneously confronting these issues (Critchley et al., 2020). This literature review seeks to establish a foundational understanding of the various physical, emotional, social, and cultural challenges that menstruators, namely those menstruators who are unhoused, may experience.

2.1 The Menstrual Cycle

The menstrual cycle is a series of tightly regulated endocrine processes that signals the onset of puberty, occurring between the ages of 12 and 13 for many menstruators (Diaz, Laufer & Breech, 2006; Hillard, 2002). A typical menstrual cycle lasts approximately 28 days and consists of four phases: the follicular phase, ovulation, the luteal phase, and menstruation (Thiyagarajan, Basit & Jeanmonod, 2022). The follicular phase begins on the first day of the menstrual cycle and initiates the gradual release of estrogen. This rise in estrogen stimulates the thickening of the uterine wall and causes tiny fluid-filled sacs containing immature eggs (or oocytes) to mature and develop. During ovulation, subsequent increases in hormone production cause the now mature oocyte to travel down the fallopian tubes towards the uterus, where it awaits potential fertilization by male sperm. As the uterus prepares for the arrival of sperm, the body enters the luteal phase and continues to thicken the uterine lining, creating a healthy environment for potential fertilization. If the oocyte is not met by sperm and fertilization does not occur, the body will transition into the last phase of the menstrual cycle, known as menstruation, where a significant decrease in hormone levels causes the inner uterine lining to slough off, thus marking the onset of menstrual flow. The average menstrual flow can last anywhere from three to five days and produces approximately 30 mL (or six teaspoons) of blood (Thiyagarajan, Basit & Jeanmonod, 2022).

During the average 28-day menstrual cycle, a menstruator may experience a wide range of symptoms that may make it increasingly difficult for them to perform even the most mundane daily tasks (Yonkers, O'Brien & Eriksson, 2008). These symptoms can include back pain, abdominal pain, headaches, migraines, tiredness, mood swings, irritability, heavy bleeding, breast tenderness, bloating, and much more (Yonkers, O'Brien & Eriksson, 2008). A survey of over 42,000 menstruating women found that 50% of women regularly experienced back pain, headaches and heavy menstrual bleeding during their period (Schoep et al., 2019). It is thus imperative to recognize that many menstruators may be navigating the physical, mental, and psychological manifestations of their menstrual cycle while still being expected to function and carry on with their daily tasks as if they were at peak performance (O'Flynn, 2006; Schoep et al., 2019; Yonkers, O'Brien & Eriksson, 2008). This unrealistic expectation for menstruators to regularly perform while menstruating can lead to increased exhaustion and stress as menstruators attempt to navigate their daily schedules while simultaneously coping with debilitating pain (O'Flynn, 2006; Schoep et al., 2019; Yonkers, O'Brien & Eriksson, 2008).

2.2 Definitions

Thus far, menstruation studies have largely focused on the experiences of cis-gendered women and therefore routinely exclude the experiences of trans and non-binary menstruators (Rydström, 2020; Lowik, 2020). Not all women menstruate and not all menstruators are women (Rydström, 2020; Lowik, 2020). As such, it is important to adopt gender-inclusive language in menstruation research and period equity initiatives to bridge the gap in inclusion and work together to solve issues of period inequity. Although there are other pressing issues in the menstrual management space for trans and non-binary menstruators, such as managing menstruation in traditionally gendered bathrooms and navigating the use of hormonal contraceptives with estrogen-containing hormonal options, it is important to use language that is gender-inclusive and includes all menstruators (Lowik, 2020). Furthermore, by using gender-inclusive language in the menstrual research space, researchers, activists, and stakeholders can minimize feelings of dysphoria for trans

and non-binary menstruators (Lowik, 2020). Going forward, those individuals who are capable of menstruation will be here on exclusively referred to as “menstruators” unless otherwise specified or stated. This terminology becomes particularly relevant when discussing challenges in the menstrual management space, such as period poverty.

Period poverty is defined as a menstruator’s inability to fund their menstrual hygiene practices due to issues of access to menstrual products or financial restraints (Tull, 2019; Sommer & Mason, 2021; Vora, 2020; Chen & Kiefer, 2018). Period poverty may also include a lack of access to water, sanitation, and hygiene facilities (also known as WASH facilities), such as showers, toilets, and sinks (Tull, 2019; Rossouw & Ross, 2021). WASH facilities play an important role in maintaining one’s menstrual hygiene as menstruators require access to safe and convenient facilities that enable them to clean their bodies (Tull, 2019; Rossouw & Ross, 2021). The inability to access WASH services, coupled with the lack of access to period products can make it difficult for menstruators experiencing period poverty to menstruate with dignity, confidence, and security (Vora, 2022). As such, many menstruators will employ adverse techniques to offset the consequences of period poverty (Vora, 2022; Rossouw & Ross, 2021, Tull, 2019; Sommer & Mason, 2021). For example, menstruators experiencing period poverty often resort to using alternative menstrual hygiene practices that are dangerous and unsafe (Vora, 2022; Rossouw & Ross, 2021, Tull, 2019; Sommer & Mason, 2021; Sommer et al., 2020). This can include using old newspapers, dirty rags, socks and bunched-up toilet paper to absorb period blood (Vora, 2022; Rossouw & Ross, 2021, Tull, 2019; Sommer & Mason, 2021). Similarly, menstruators may go several hours or even days without changing, sterilizing, or washing their menstrual cup, period underwear, pad, tampon, or other alternative period product (Vora, 2022; Rossouw & Ross, 2021, Tull, 2019; Sommer & Mason, 2021). These precarious menstrual management techniques can, in turn, cause an abundance of adverse health outcomes such as yeast, urinary tract, and other gynecological infections (Vora, 2022; Rossouw & Ross, 2021, Tull, 2019; Sommer & Mason, 2021; Sommer et al., 2020).

Menstruators may also experience period poverty due to a lack of menstrual hygiene education and information (Mahon & Fernandes, 2010; Tull, 2019; Vora, 2020).

Knowledge of the basic biological processes, awareness of the early signs of one's period and the tracking of one's menstrual cycle can lead to menstruators being better equipped to budget for and effectively mitigate any issues that may arise from the sudden onset of their period (as cycles may vary from month to month and even day to day) (Mahon & Fernandes, 2010; Tull, 2019; Rossouw & Ross, 2021; Vora, 2022).

In summary, an individual may experience period poverty for several reasons, with the most common being a lack of access to period products and adequate WASH facilities (Vora, 2022; Tull, 2019; Rossouw & Ross, 2021). Therefore, experiences of period poverty may be further exacerbated in those menstruators who are experiencing homelessness as they may lack access to both period products and WASH facilities (Vora, 2022; Sommer et al., 2020).

2.3 Period Products

A menstruator typically has 451 periods across 34 years, accumulating to about 2,555 days or a total of seven years spent menstruating (Chavez-MacGregor et al., 2008; UNICEF, 2018). To absorb the fluids, odours and potential leaks that may arise from one's menstrual cycle, menstruators typically use menstrual hygiene products, more commonly known as period products, to manage their menstrual secretions (Johnston-Robledo & Chrisler, 2020). There are many different types of period products such as pads, tampons, menstrual cups, period underwear and menstrual discs, with pads and tampons being the most popular choices among menstruators (Johnston-Robledo & Chrisler, 2020; Koskenniemi, 2021). Period products also come in reusable and non-reusable options, with some products designed for one-time use (such as pads and tampons) and other products (such as menstrual cups and period underwear) designed for prolonged usage (given that they are properly maintained and sterilized) (Koskenniemi, 2021). With the Canadian government currently failing to provide free menstrual products to citizens, and the most popular and convenient period products being those that are non-reusable, individuals may find it increasingly difficult to fund and maintain their menstrual management needs (Koskenniemi, 2021; Government of Canada, 2022).

Research suggests that a menstruator changes their tampon every six hours and menstruates for about five days, the average menstruator is hypothesized to use about 20 tampons per cycle (Pandia Health Editorial Team, 2021; Gurman, 2017). This adds up to about 9,120 tampons used in any one menstruator's life (Pandia Health Editorial Team, 2021). With tampons typically coming in a box of 36 and costing roughly \$7 per box (with provincial tax not included), it equals about \$1,773.33 spent on tampons across a menstruator's lifetime (Pandia Health Editorial Team, 2021). Alternatively, some menstruators prefer to use pads, using about three to five pads per day (Pandia Health Editorial Team, 2021). This, across a five-day period, equals about 20 pads used per cycle and equates to roughly \$4,752 spent on pads throughout a menstruator's lifetime (Pandia Health Editorial Team, 2021). It is important to note that these numbers may be significantly undershooting as 1) menstrual flow can vary between and among menstruators 2) some menstrual cycles last longer and are heavier than others and 3) menstruators may use more (or less, although not advised) depending on personal preference and comfort (Pandia Health Editorial Team, 2021). For example, many menstruators may use many different period products in one given cycle as each product may offer a different type of convenience or comfort that resonates most with the menstruator (Pandia Health Editorial Team, 2021). Finally, it is important to note that although the average menstruator spends about \$6,525.33 on period products, this price does not include the cost associated with period blood stains on underwear and clothing, (costing about \$2,280 over a lifetime to replace), period care and other medications associated with menstruating (such as painkillers, heating pads, hot water bottles ... etc) and medication used to regulate periods (such as birth control pills) (Pandia Health Editorial Team, 2021; Gurman, 2017; Parraga, 2020). The data on a menstruator's total expenses on period hygiene management is not available in the literature, however, it is safe to estimate that the average menstruator may spend upwards of \$7,000 on period hygiene care their lifetime (Gurman, 2017; Pandia Health Editorial Team, 2021). It is important to note that this estimate may be almost doubled for those menstruators living in remote, rural, and northern communities (Parraga, 2020).

2.4 Policy

Although the Canadian government does not currently provide free menstrual products, the country is making some positive strides towards reducing period poverty (Government of Canada, 2023). On May 10th, 2023, the Canadian Government announced that starting December 15th, 2023, they will require federally regulated employers to carry menstrual products available at no additional cost to all employees at the workplace (Government of Canada, 2023). This comes as the Canadian Labour Program received a petition in October 2020 with over 2000 signatures calling for the Canadian Government to provide free menstrual products at all federally regulated workplaces (Government of Canada, 2022). Previously, the Canada Labour Code had requirements for employers to provide sanitation supplies to employees such as toilet paper, soap, warm water, and a mechanism to dry their hands, but failed to include anything about menstrual products (Government of Canada, 2022). After discovering that the absence of menstrual products at the workplace may result in physical and emotional distress for menstruating workers, the Government enacted an amendment to their labour code that includes period products and mandated that federally regulated employers carry free menstrual products for their workers (Government of Canada, 2022). The Canadian Government hopes that by doing this, they can “build a more inclusive Canada”, “address systemic inequities...” and “continue to stand up for fairness and equality” (Government of Canada, 2022, Objective).

Similarly, on September 21st, 2023, the Canadian Government announced that they will be partnering with Food Banks Canada, Canada’s largest organization focused on fighting food insecurity, to run a national pilot project that aims to address barriers related to period poverty and stigma (Government of Canada, 2023). Food Banks Canada received \$17.9 million to distribute free menstrual products to organizations that serve low-income and marginalized populations (Government of Canada, 2023). The Canadian Government hopes that by launching this pilot project, they will be able to educate Canadians about menstrual equity, reduce menstrual stigma and provide menstruators with the resources they need to combat period poverty (Government of Canada, 2023).

2.5 Social Determinants of Health and Period Poverty

The social determinants of health and period poverty are intimately connected. The latter is usually an extension of the former as the various social determinants of health play a significant role in one's experience of period poverty and stigma (Babbar et al., 2022). The Government of Canada defines the social determinants of health as a broad range of social and economic factors that can influence health (Government of Canada, 2023). The Canadian government lists 12 determinants of health, including: 1) income and social status, 2) employment and working conditions, 3) education and literacy, 4) childhood experiences, 5) physical environments, 6) social supports and coping skills, 7) healthy behaviours, 8) access to health services, 9) biology and genetic endowment, 10) gender, 11) culture and 12) race/ racism (Government of Canada, 2023). Of the 12 social determinants of health listed by the Government of Canada, 4 appear to influence one's experience of period poverty and its associated stigma.

As mentioned above, an individual may experience period poverty due to limited financial resources and mobility (Sommer & Mason, 2021; Vora, 2020). As such, a low-income menstruator may find it increasingly difficult to purchase menstrual products and may instead resort to using unsafe and unhygienic alternative methods such as using a tampon for an extensive amount of time or using dirty rags as makeshift pads (Vora, 2022; Rossouw & Ross, 2021, Tull, 2019; Sommer & Mason, 2021). Additionally, many menstruators with minimal income are often forced to budget their limited financial resources to obtain food and shelter, often sacrificing purchasing period products in the process (Boyers et al., 2022; Vora, 2022). Conversely, many menstruators may reduce parts of their food budget to purchase period products for the month (Boyers et al., 2022). This, in turn, may cause a menstruator to experience food insecurity as they fail to achieve sufficient caloric and nutrient intake (Burriss, 2018; Boyers et al., 2022).

A menstruator's physical environment may also play a role in their experience of period poverty and stigma (Tull, 2019; Rossouw & Ross, 2021; Vora, 2022). This can include instances where a menstruator is experiencing housing instability or homelessness and is

unable to access WASH facilities, therefore making it difficult to menstruate with safety, confidence, and dignity (Tull, 2019; Rossouw & Ross, 2021; Vora, 2022). For example, a menstruator experiencing homelessness may only be able to access a public bathroom during the nighttime and thus may be subject to violence or harassment as they attempt to practice menstrual hygiene (Maroko et al., 2021). Furthermore, these public bathrooms may be soiled, smelly and riddled with vandalism and inadequate supplies such as empty soap dispensers, broken and dirty sinks, and minimal drying supplies (Maroko et al., 2021). This, in turn, can make it increasingly challenging for menstruators to practice safe and hygienic menstrual management due to the inadequacy of their physical environment (Maroko et al., 2021).

Moreover, menstruators experiencing homelessness may access shelters for their menstrual management needs (Vora, 2016; Vora, 2020). This can include obtaining free menstrual products from shelter services, having a safe and functional place to practice menstrual hygiene management, and accessing WASH services to clean their bodies (Vora 2016; Vora 2020). Here, however, menstruators may be faced with flooded or clogged toilets, long lines to access shelters and even inadequate disposal sites for the menstrual products, forcing them to keep their soiled products and further contributing to feelings of uncleanliness (Sommer et al., 2020). Finally, a menstruator experiencing homelessness may experience period poverty due to their inconsistent physical environment as they constantly have to move around and thus do not have a stable “home” with consistent access to WASH facilities (Vora 2020; Vora 2016). As such, the physical environment is an important social determinant of health when discussing a menstruator’s experience of period poverty.

Social support and coping skills may be an important social determinant of health when considering a menstruator’s experience of period poverty as it may greatly contribute to a menstruator’s feeling of safety, warmth, and comfort (Vora, 2020). For example, menstruators with strong social supports may be able to rely on their social network during instances when they need a place to rest, require access to WASH facilities or simply need warmth and comfort (Vora, 2020). Menstruators without these strong social support

networks may thus be subject to increased emotional and physical exhaustion and have no choice but to use public spaces for their menstrual management needs (Vora, 2020).

Education and literacy are also important social determinants of health as access to comprehensive menstrual health materials can improve a menstruator's understanding of menstrual hygiene management (Rossouw & Ross, 2021). Some menstruators may have limited knowledge of their menstrual cycle and thus may be inadequately prepared to manage menstrual symptoms, infections, or personal hygiene (Tull, 2019; Brinkley & Niebuhr, 2023). Equipping menstruators (and non-menstruators alike) with sufficient knowledge about menstruation may also work to de-stigmatize menstruation and clear up any misconceptions that people have about it, mainly that it is shameful and dirty (Brinkley & Niebuhr, 2023; Vora, 2020). As such, if menstruators are unable to access relevant health education and menstrual literacy materials, it may contribute to their overall experiences of period poverty and stigma (Brinkley & Niebuhr, 2023).

2.6 Intersectionality and Period Poverty

Intersectionality, a term coined by Kimberlé Crenshaw, is used to explain the different ways in which the intersections of one's identity make for a unique and complex system of oppressions (Carbado et al., 2013). It is important to note that many menstruators may be at the intersection of the above-mentioned social determinants of health and thus may be facing a type of "double discrimination", where individuals are judged for the culmination of their social identities (Johnson, 2021; Foley, 2019). For example, a menstruator may identify as trans, black, and homeless and thus may be subject to racism, transphobia, bigotry, and classism (Foley, 2019). Therefore, it is important to keep in mind intersectionality when doing research on period poverty and menstrual equity (Johnson, 2019).

3 Theoretical Framework – Postmodern Feminism

This next chapter will serve to develop some of the relevant concepts and ideas from postmodern feminist literature. This includes the medicalization of menstruation, the culture of concealment, hegemonic menstruality, stigma, the menstrual closet, euphemisms, menstrual moaning, menstrual etiquette, womanhood and bonding, and sexuality. Exploring these concepts may, in turn, shed some light on the specific challenges faced by menstruators as they access shelter services.

3.1 Postmodern Feminist Theory

Feminist theory is a broad sociological framework that aims to explore and uncover the prevailing issues of gender inequality, discrimination, and oppression from a feminist perspective (Mohajan, 2022). Historically, women have been severely undermined and disadvantaged by the patriarchal society, forcing them to abide by strict gender stereotypes and norms (Mohajan, 2022). This, in turn, would subject them to generations of subordination, oppression, marginalization and exploitation (Mohajan, 2022). Although the many sexist and discriminatory policies that existed in the past have since been abolished in many parts of the world, their consequences still linger as women are routinely confronted with navigating gender inequality and discrimination (Mohajan, 2022). As such, feminist theorists' critique and challenge longstanding societal institutions, policies, and norms to propose a new set of structures that do not perpetuate gender-based disparities and injustices (Mohajan, 2022).

For my research, I use the theoretical underpinnings of postmodern feminist theory as it acknowledges and incorporates the importance of one's intersectional social identities and their complex contribution to oppression (Mohajan, 2022; Saulnier, 2000). This includes integrating factors such as race, class, culture, ethnicity, and sexuality when identifying sources of discrimination and inequality (Mohajan, 2022; Saulnier, 2000). Postmodern feminism rejects the idea that there are fixed universal traits in being a man or a woman and underscores the idea that gender is something that people "do" instead of something that they simply "are" (Saulnier, 2000). Postmodern feminists also believe that gender

inequality and injustice are a result of complex intersecting social and political factors (Mohajan, 2022; Saulnier, 2000). Proponents of this theory also recognize that feminist movements may resonate differently for different groups and that not all women experience the same levels of oppression (Mohajan, 2022). As such, postmodern feminist theory serves as the theoretical foundation for my research as it allows me to identify the different forms of oppression experienced by menstruators.

3.2 Medicalization of Menstruation

Medicalization is understood as a sociological phenomenon and refers to the process in which a non-medical experience is pathologized until it is predominantly viewed as a medical condition (Kaufert & Gilbert, 1986). Menstruation became subjected to medicalization as early as the seventeenth century when physicians became interested in documenting their hypothesis regarding the human body in medical texts (Dawson, 2005; Crawford, 1981). During this period, often referred to as the late Renaissance, medical practitioners postulated that menstruation was due to one of two models; the Hippocratic model and the Galenic model (Dawson, 2005; Crawford, 1981).

The Hippocratic model claimed that menstruation was a way in which a female's blood could be cleansed of its impurities, a process similar to fermentation (Dawson, 2005; Crawford, 1981). Medical practitioners at this time claimed that because females had colder bodies and less active dispositions, they could not sweat out the toxins in their blood like males (Dawson, 2005; Crawford, 1981). Instead, they participated in a fermentation-like process where impurities were excised by way of bleeding through the reproductive area (Dawson, 2005; Crawford, 1981). During this time, menstrual blood was commonly referred to as "the flower" of a female's fermented blood (Dawson, 2005; Crawford, 1981). Although scholars no longer believe in the Hippocratic model, the word "flower" is still widely used by the general population to describe menarche as it is believed that females are similar to flowering plants (Crawford, 1981; Wall et al., 2018). For example, when a plant flowers, it is finally able to produce fruit, similar to when a female first experiences menarche and they are finally able to produce children (Crawford, 1981; Wall et al., 2018).

The other most commonly used model to explain menstruation in the late Renaissance period was the Galenic model, which argued that menstruation was a means to reduce excess blood (Dawson, 2005; Crawford, 1981). Medical writers believed that males were able to absorb the food they ate into life-saving blood whereas females bled the excess blood through their reproductive pathways and were thus considered physiologically inferior to males (Dawson, 2005; Crawford, 1981).

During this time, human thought and experiences were greatly influenced by biblical texts, which often served as a medical foundation (Dawson, 2005; Crawford, 1981). As such, medical texts that emerged from this era reflected the political and social climate more than they did medical discoveries (Dawson, 2005; Crawford, 1981). For example, many biblical texts claimed that menstrual blood was dirty and impure by nature (Dawson, 2005). Passages in Leviticus specifically referred to menstruating females as pollutants and stated that anyone who interacted with one was infected, making sexual intercourse with a female prohibited and even punishable by death (Dawson, 2005; Crawford, 1981). Thus, the major influence on menstrual texts in the late Renaissance period was the Bible, which in turn, was used to justify and defend the subordination of females (Dawson, 2005; Crawford, 1981).

The medicalization of menstruation continued to increase in the rise of the eighteenth and nineteenth century as gynecology was seen as an increasingly important medical field (Strange, 2000). Unfortunately, this marked the era of pathologizing the female reproductive system as menstruation was almost exclusively defined in terms of pathology from the 1850s onward simply because a menstruator bled once a month (Strange, 2000). 100 years later, Dr. Robert Frank was the first to discover premenstrual symptoms (or premenstrual tension), a set of symptoms that was said to occur to most menstruators during specific times of their menstrual cycle (Kissling, 2006). Dr. Frank identified premenstrual symptoms to include ailments like headaches, fatigue, emotional distress, back pain and more (Kissling, 2006). This promoted the idea that menstruators became “sick” once a month and subsequently required immediate medical treatment to treat their “illness”

(Kissling, 2006). In the 1980s, the American Psychiatric Association (APA) decided to diagnose premenstrual symptoms and include it in the upcoming edition of the Diagnostic and Statistical Manual of Mental Disorder (or the DSM), naming it Premenstrual Dysphoric Disorder (or PDD) and later referring to it as Premenstrual Dysphoric Disorder (or PMDD) (Kissling, 2006). Because a disorder involving menstruation was now firmly cemented in the DSM, pharmaceutical companies began the race to design a drug that effectively targets the symptoms of PMDD, thus marking the onset of the modern-day medicalization of menstruation (Kissling, 2006).

By framing menstruation as a medical problem rather than a natural bodily process, it directly pathologizes it and perpetuates the idea that menstruation is to be cured, controlled or eliminated, contributing to ideas of menstrual shame and stigma (Kissling, 2006). This, in turn, plays a significant role in the culture of concealment and subsequent negative menstrual perceptions held by menstruators and society.

3.3 The Culture of Concealment

From menarche to menopause, menstruators in many parts of the world are taught to adhere to menstrual hygiene practices that endorse the culture of concealment (Houppert, 2000; Bobel & Fahs, 2020; Stephens-Chu, 2022). The culture of menstruation concealment can be defined as a set of practices that menstruators are socialized into upholding to maintain the idea of hegemonic menstruality (Houppert, 2000; Bobel & Fahs, 2020; Stephens-Chu, 2022). Hegemonic menstruality can be defined as any social norm or practice that encourages menstruators to “menstruate correctly” to feel less stigma than if they behaved otherwise (Stephens-Chu, 2022).

Hegemonic menstruality is routinely promoted and maintained culturally. From textbooks to television, menstrual products to marketing campaigns, menstruators are constantly exposed to discourse that insinuates that menstruation is a process that should be intimately and properly concealed from others (Stephens-Chu, 2022; Bobel & Fahs, 2020). This can be evidenced through tampon advertisements as early as the 1930s where brands claimed

if women used their product, “[you wouldn’t even] know you’re wearing one – and neither [would] anyone else” (Houppert, 2000, p.14). A modern example of hegemonic menstruality in today’s marketing techniques includes using blue liquid in pad commercials to allude to period blood rather than using the actual reddish-brown colour so that the audience would not have to confront accurate representations of menstruation (Chrisler, 2011). The above are just two examples that showcase the many subtle ways in which menstruators are taught to conceal their period and instead menstruate in silence and secrecy (Houppert, 2000; Bobel & Fahs, 2020). According to Stephens-Chu (2022), hegemonic menstruality can also include:

- Never openly discussing menstruation, especially in the presence of men (...)
- Understanding that menstruation’s main purpose is to reflect one’s reproductive health status
- Understanding that menstruation is both a symbolic and physiological marker of womanhood (...)
- Hiding menstrual blood
- Hiding other signs of menstruation including physical sensations such as cramps, bloating, fatigue, acne, headache, etc., and emotional sensations like irritability or anger (p. 4).

The next sections provide an overview of mechanisms maintaining and promoting hegemonic menstruality.

3.3.1 Stigma

One cannot begin to discuss ideas of concealment without bringing up the contributions of Erving Goffman (2009) and his work related to stigma. Goffman (2009) defines stigma as “an attribute that is deeply discrediting” (p. 12), similar to a scar or a mark, that alerts others of a defect or spoiled identity (Johnston-Robledo & Chrisler, 2020). Goffman (2009) then goes on to describe three different types of stigma: 1) abominations of the body, 2) blemishes of individual character and 3) tribal stigma. Menstrual blood is believed to be

deeply stigmatized as it uniquely fits into all three categories of stigma (Goffman, 2009; Johnston-Robledo & Chrisler, 2020).

Menstrual blood is considered an abomination of the body as it is believed to be a waste by-product that is reminiscent of a failed pregnancy, a task that women are expected to routinely perform without any issue (Johnston-Robledo & Chrisler, 2020; Bramwell, 2001). Additionally, menstrual blood is thought to be a toxin in many cultures and is said to spoil rivers, fruits, and men if any contact has occurred (Chrisler, 2011; Bramwell, 2001). Due to this and many other historical misunderstandings of menstruation, period blood became known to be a deformity of the body and thus fit into Goffman's (2009) first classification of stigma (Johnston-Robledo & Chrisler, 2020). Subsequently, due to the aversion to menstrual blood, any stain or marking that is indicative of period blood, such as a blood stain on clothing, may be interpreted as a blemish of individual character, thus adhering to the second categorization of stigma (Goffman, 2009; Johnston-Robledo & Chrisler, 2020). A blood stain or "leak" can be considered a blemish of character as it can be perceived as emblematic of a menstruator's "contamination" and thus represents "weak will" as the menstruator is not able to exert bodily control over their bleeding (Goffman, 2009; Johnston-Robledo & Chrisler, 2020). Furthermore, menstruation may be considered a tribal stigma as only those individuals with a uterus can menstruate and are thus subject to stigmatization simply based on their group membership as a female (Goffman, 2009; Johnston-Robledo & Chrisler, 2020). Due to the many different classifications of stigma felt by any one menstruator, it is no wonder that many menstruators go to great lengths to maintain the illusion of not menstruating and instead, opt to hide any evidence of menstruation (Stephens-Chu, 2022). This idea of menstrual stigma can, in turn, have grave implications for unhoused menstruators accessing shelters as their inability to conceal their menses may result in disproportionate feelings of stigma and shame (Vora, 2020).

3.3.2 Hidden but not Gone

Menstruators avoid talking about menstruation in front of others, routinely attempt to hide their menstrual blood from the public and frequently strive to conceal their menstrual symptoms, simply because, unconsciously or not, they wish to avoid the stigmatization of

their menstruating body (Chrisler, 2011; McHugh, 2020). For example, menstruators are expected to be in a constant state of surveillance as they must be aware of the relative timing of their menstrual cycle, what kinds of products they have readily available to them and if they feel any sort of menstrual discharge leaking from their period product, all while concealing these ongoing thoughts from others (McHugh, 2020; Young, 2005; Chrisler, 2011; Johnston-Robledo & Chrisler, 2020; Wood, 2020). Younge (2005) highlights this constant surveillance:

From our earliest awareness of menstruation until the day we stop, we are mindful of the imperative to conceal our menstrual processes.... Do not discuss your menstruation . . . leave no bloodstains on the floor, towels, sheets, or chairs. Make sure that your bloody flow does not visibly leak through your clothes, and do not let the outline of a sanitary product show (p. 106–7).

The idea of concealment is further highlighted in popular advertisements and media as period product companies emphasize how menstruators should purchase products that make them feel fresh, safe, confident, and guarantee leak-free usage (Chrisler, 2011). This avoidance of confronting one's own body contributes to the idea that menstruation is dirty, impure and should be done in silence and secrecy, creating a vicious cycle that menstruators are unable to escape from (McHugh, 2020).

The term “menstrual closet” is used to describe this ongoing culture of secrecy (Younge, 2005, p. 106). Period product companies contribute to the menstrual closet as menstruators are socialized into purchasing products that conceal the visual, tactile and olfactory components of menstruation (Lee, 2009; Stephens-Chu, 2022; Chrisler, 2011). Menstruators, on the other hand, contribute to the menstrual closet by concealing their menstrual products and wearing clothes that do not bring attention to their menses (such as wearing dark clothing to avoid the sight of potential leakage and/ or opting to dress in baggy clothing so as not to show the outline of their menstrual product) (Lee, 2009; Stephens-Chu, 2022; Chrisler, 2011). Menstruators may also reinforce the idea of a menstrual closet by way of using euphemisms to describe their menses.

3.3.2.1 Euphemisms

Euphemisms, as defined by Bhartiya (2013), refer to mild or inoffensive phrases that are used to substitute something unpleasant and instead make it more polite and aggregable in conversation. There are many different euphemisms for menstruation (Johnston-Robledo & Chrisler, 2020; Ernster, 1975). A study by Ernster (1975) found that most menstrual euphemisms are categorized into seven distinct categories: 1) female visitors, 2) male references, 3) cyclicity, 4) illness or inconvenience, 5) red or blood, 6) period products, 7) nature and 8) references to behaviours. Some examples of common euphemisms that are still in practice today include “my friend is here”, “it’s that time of the month”, “I’m feeling under the weather” and “mother nature’s gift” (Johnston-Robledo & Chrisler, 2020, p. 186-187; Ernster, 1975, p. 6-7; Chrisler, 2011, p. 203).

The many different euphemisms for menstruation beg the question, why does there need to be euphemisms for menstruation in the first place? Scholars believe that because menstruation is stigmatized and needs to be done in secrecy to adhere to societal norms, there needs to be a way for menstruators to speak to each other regarding their menstrual cycle without drawing undue attention to their menstruating bodies (Bhartiya, 2013; Johnston-Robledo & Chrisler, 2020; Ernster, 1975; Chrisler, 2011). Menstrual euphemisms are also preferred by menstruators as they offer a more “polite” way to discuss their menses while also providing a comforting shield that they can hide behind so as not to confront their menstruating body (Bhartiya, 2013). In conclusion, the use of euphemisms further perpetuates the idea that menstruation is embarrassing and is a process that ought to be kept undercover unless speaking with another menstruator or a trusted individual, further contributing to its stigmatization (Ernster, 1975). A similar concept that is uniquely and intimately linked with menstrual euphemisms is the idea of menstrual etiquette.

3.3.2.2 Menstrual Etiquette

Menstrual etiquette can be defined as the strategic concealment of all things menstruation to avoid the potential stigmatization that may arise from exposing one’s menstrual

management practices (Seear, 2009). Abiding by the rules of menstrual etiquette is a form of self-discipline that many menstruators are expected to engage in from the moment they begin menstruating (Young, 2005). These expectations of menstrual etiquette are typically introduced to menstruators by other menstruators as well as by popular period product brands, encouraging menstruators to act in a way as to not show their menstruating predicament to others (Seear, 2009). This subtle encouragement is made apparent through euphemisms (as mentioned above), the expectation that menstruators wear sanitary products for the duration of their bleeding, as well as the belief that menstruators should dispose of their menstrual product discretely (Seear, 2009). For example, Kotex, a popular menstrual product brand, created a marketing campaign in 2004 that urged menstruators to buy their product simply because it employed a new type of “crinkle-free wrapper” that kept the unwrapping of one’s menstrual product hidden from others in public bathrooms (Chrisler, 2011; Kissling, 2006). Practicing menstrual etiquette ensures that menstruators remain in the menstrual closet so as not to be ostracized and stigmatized by others, even if that includes other menstruators (Chrisler, 2011; Kissling, 2006; Seear, 2009). However, engaging in menstrual etiquette may also encourage menstruators to participate in female friendships and bonding as evidenced by menstruators asking each other to check their clothing for stains and/or if they have spare menstrual products that they are willing to share (Young, 2005). This coincides with another one of Stephens-Chu’s (2002) examples of hegemonic menstruality as “menstruation is both a symbolic and physiological marker of womanhood” (p. 4).

3.3.3 Menstruation as Symbolic for Womanhood and Female Bonding

Menstruation can serve to initiate female bonding as menstruators engage in menstrual moaning, menstrual etiquette (as mentioned above) and menstrual synchrony (Fahs, 2016; Brantelid et al., 2014). ‘Menstrual moaning’, a term coined by McHugh (2020) to describe the negative embodiments of menstruation, is a common way in which menstruators engage in bonding as sharing one’s menstrual symptoms with another menstruator can be symbolic of sisterhood and friendship. Complaining about one’s unpleasant menstrual symptoms can contribute to feelings of friendship as “shared misery may create a sense of connection” amongst menstruators (McHugh, 2020, p. 410). Additionally, practicing

menstrual etiquette may give rise to female bonding as menstruators “check” each other for stains and share period products, experiences and knowledge with each other (Brantelid et al., 2014; Young, 2005). By speaking to other menstruators about their menstrual management, Brown (2006) states that menstruators become resilient to menstrual shame and instead build empathy, connection, and community (McHugh, 2020).

Menstruation may also result in female friendship and bonding over menstrual synchrony (Fahs, 2016). The belief that menstrual cycles synchronize when menstruators are in close proximity has yet to be confirmed by empirical evidence, however, it is a phenomenon that many menstruators report (Fahs, 2016). Perceptions of menstrual synchronization may greatly contribute to feelings of friendship and bonding as menstruators are able to engage in menstrual ‘moaning’ together while also being accepted of their menstruating identity (Fahs, 2016; McHugh, 2020). This feeling of solidarity among menstruators experiencing cycle synchronization can lead to better mental health outcomes and lead to increased feelings of connection, community, and “sisterhood” (Fahs, 2016, p. 5). Menstruation is also emblematic of womanhood and is often associated with a female’s “primary purpose” of engaging in reproductive practices, an idea that reinforces the concept of hegemonic menstruality as outlined by Stephens-Chu (2002).

3.3.4 Menstruation’s “Main” Purpose

The belief that the main purpose of menstruation is to reflect one’s reproductive health status is an idea that maintains hegemonic menstruality, as it catapults menstruators into womanhood, motherhood and sexual beings (Jackson & Falmagne, 2013; Hawkey et al., 2020; Lee, 2009). Because menstruation establishes a menstruator’s potential to reproduce, it is often linked to a menstruator’s emerging sexuality and transition from childhood to womanhood (Jackson & Falmagne, 2013). In many cultures, the first menses is culturally significant and is a reason for celebration as it is emblematic of a rite of passage into womanhood (Jackson & Falmagne, 2013). Mothers typically inform menstruators of the necessary menstrual hygiene practices during their very first menses and thus serve as their first exposure to informal menstrual education (Hawkey et al., 2020). This is an important and significant moment in a menstruator’s life as a mother’s attitude towards menstruation

serves as the foundation for the menstruator's understanding of menstruation, "which if inadequate, might negatively affect [the menstruator's] experience of menarche and ongoing perspectives toward menstruation and sexuality" (Hawkey et al., 2020, p. 100).

Many menstruators detail their first menses as an event that ripped them out of their childhood as they were forced to confront their sexual maturation due to their newfound changing bodies as well as having the burden to constantly practice and maintain menstrual etiquette (Lee, 2009). The onset of menstruation also meant that for many menstruators, it was time for them to look forward to becoming a wife and a mother (Hawkey et al., 2020). Even if menstruators weren't immediately engaged or married once they began menstruating, they were still subject to discourse that made it seem like they could fall pregnant if they acted out of line (Hawkey et al., 2020). This is evidenced by popular cultural sayings that warn menstruators to "avoid boys", "be more careful" and "watch your step" (Hawkey et al., 2020, p. 102). This idea of catapulting a menstruator into womanhood, motherhood and sexuality is another way in which hegemonic menstruality is maintained and proliferated in society.

3.4 Summary

In summary, medicalization, stigma, shame and hegemonic menstruality are all concepts rooted in postmodern feminism and collectively influence societal perceptions of menstruation, contributing to its stigmatization and the subsequent marginalization of menstruators. When menstruation is predominantly viewed through a medical lens, it can be perceived as a problem rather than a naturally occurring bodily process (Patterson, 2014). This idea that menstruation is an ailment introduces and may further reinforce the idea that menstruation is an inconvenient, abnormal and troublesome part of the female experience, thus contributing to negative attitudes and stereotypes (Patterson, 2014). Similarly, menstrual stigma perpetuates negative perceptions of menstruation and, in turn, may contribute to feelings of embarrassment and shame among menstruators, consequently preventing open dialogue and education and periods (Johnston-Robledo & Chrisler, 2020). Finally, hegemonic menstruality portrays menstruation as something that needs to be kept

hidden and discrete (Stephens-Chu, 2022). This can further reinforce stigma, shame and the marginalization of menstruators (Stephens-Chu, 2022). These theoretical underpinnings served as the foundation for creating open-ended interview questions that revealed the nuanced experiences and menstrual perceptions of unhoused menstruators accessing a shelter in Southern Ontario.

4 Research Design and Methodology

This chapter outlines the methodological underpinnings of my research. In this chapter, I detail my ontological and epistemological foundations, research design, methods, as well as the ethical considerations for this work and reflect on my positionality as a researcher.

4.1 Ontological and Epistemological Foundations

My research adopted a relativist ontological position following the assertion that “reality cannot exist without perspective” (Pessu, 2019, p.39). Relativists refuted the notion that there was one, singular objective reality and instead nurtured the idea that there were multiple different realities, all of which were fair, valid, and right (Pessu, 2019). By adopting a relativist ontological position in my research, I remained receptive to the subjective realities of my participants by acknowledging that their realities might differ based on their circumstances, experiences, social interactions, and relative positionalities. This, in turn, allowed me to understand my participants and encouraged them to share the truth about their experienced realities (Pessu, 2019).

In alignment with such ontological foundations, my research adopted an interpretivist epistemological approach. Epistemological interpretivism defends that humans create knowledge through individual experiences and interpretations of the world and thus, rejects the idea that there is only one objective interpretation of reality (Hiller, 2016). Interpretivism recognizes that knowledge is context- and perspective-dependent, and thereby provides an opportunity for researchers and participants to assign different meanings to experiences, facilitating the co-construction of knowledge (Hiller, 2016; Scotland, 2012; Flick, 2022). Furthermore, interpretivism appreciates the importance of social context in creating knowledge as it underscores the idea that “the social world could only be understood from the standpoint of individuals who were participating in it” (Cohen et al., 2007, p. 19; Scotland, 2012). Acknowledging the social context was integral to my research as it recognized the diverse social backgrounds of participants and the singularity of their experiences. This recognition was central to my research on period poverty and stigma as it highlighted the situationality of each menstruator and how a menstruator’s

experience might vary based on their unique social background and complex identity (Babbar et al., 2022). As such, adhering to an epistemological interpretivist approach in my research allowed me to best understand knowledge created by participants and yielded data that was thick in description. This epistemological position therefore aligned with my research goals, as it created conditions for participants to assign value, truth, and importance to their unique experiences of period poverty and menstrual stigma through semi-structured interviews.

4.2 Research Design

A case study was the research design of choice as it allowed me to best perform an empirical investigation of period poverty and stigma amongst unhoused menstruators in a natural setting (Algozzine & Hancock, 2017). Case studies are typically conducted in settings that are free from outside manipulation and therefore allow the phenomena being studied to become noticeably apparent (Algozzine & Hancock, 2017; Harrison et al., 2017; Crowe et al., 2011). While experimental designs are primarily concerned with hypothesis testing, case studies prioritize understanding the “why” and “how” of phenomena rather than comparing outcomes and controlled controls (Crowe et al., 2011), which I believe is central to my understanding of period poverty within the shelter context. Case studies also promote the production of highly rich and descriptive data as different types of evidence such as participant quotes, personal vignettes, researcher observations, and field notes are triangulated to answer the same research questions (Yin, 2009; Algozzine & Hancock, 2017). As such, I believed that adopting a case study research design would be most conducive to my research goals and objectives.

This research specifically followed an exploratory case study research design as it explored a complex phenomenon in a real-life setting (Crowe et al., 2011). By adopting an exploratory case study research design, I defined the parameters of the case and performed an in-depth investigation of the participants, location, and time of the study (Harrison et al., 2017; Crowe et al., 2011). This particular research was an instrumental exploratory case study as I investigated a shelter in Southern Ontario, anonymized as Dahlia Women

and Family Shelter, to gain a rich appreciation of how menstruators utilizing shelters managed their menstrual cycle while navigating their unhoused status.

Furthermore, this research explored an issue that is currently underdeveloped, as noted by Elman, Gerring, and Mahoney (2020). The current and available research on period poverty and stigma amongst unhoused menstruators is seriously scarce and requires further in-depth exploration. By conducting an instrumental exploratory case study, I hope to bring more attention, inquiry, and exploration to this matter as this research represents one of the pioneering efforts in the field.

4.3 Context of the Research

I chose to focus my investigation of period poverty and menstrual perceptions within the shelter context because I thought to myself that the individuals who were most likely affected by period poverty were those menstruators who were unhoused and relied on supplementary services to fund their menstrual hygiene management. Studies from Vora (2020), Sommer et al. (2020) and Maroko et al. (2021) later confirmed this thought and highlighted the many challenges faced by unhoused menstruators accessing shelters and managing menstrual hygiene. I drew inspiration from these papers and chose to focus my research on period poverty and menstrual perceptions within the shelter context to further explore and examine these challenges through a postmodern feminist lens.

To begin my research, I researched local shelters in an urban center in Southern Ontario and began contacting them to see if they would be interested in participating in a study about period poverty and menstrual perceptions. While most of the shelters I contacted seemed receptive to being part of the research, many did not have the proper bandwidth to support such research as they were low on staff, relocating their services or were in a transitional period where they could not accept any volunteers or researchers.

Dahlia Women and Family Shelter, however, replied, indicating that they were more than willing to participate in this research as they felt that the research findings would benefit

their organization. I then began the process of signing volunteer forms, confidentiality reports and filling out police record checks to ensure that I was eligible to work with a vulnerable population. After signing the required forms and passing the police record check, I began volunteering at the shelter three times a week on a bi-weekly basis for three and a half months. During my time volunteering at the shelter, I engaged in several tasks that allowed me to familiarize myself with the shelter, the research context, the research participants as well as collect participant observation data. Some of my tasks included serving meals to residents, conducting room checks with senior staff members, packing school lunches for children, sorting through donations, conversing with shelter residents and assisting shelter staff with any outstanding tasks they may have.

4.3.1 Creative Nonfiction

Creative nonfiction in research involves utilizing creativity and storytelling techniques to emphasize research findings, explore concepts, and convey information in an engaging manner (Smith et al., 2015). Unlike conventional academic writing, which typically presents data in a formal and perceived objective manner, creative nonfiction integrates personal experiences, dialogues, anecdotes and vivid imagery to illustrate key points while also fostering an emotional connection with the audience (Smith et al., 2015). The following ethnographic vignette aims to detail a typical day in my life volunteering at Dahlia Women and Family Shelter. The purpose of this text is to immerse the audience in the research setting while offering a firsthand perspective of the shelter experience from my vantage point as both a volunteer and a researcher, albeit as an outsider.

The characters depicted in this vignette have been anonymized using pseudonyms and the events described are a condensed representation of numerous days spent volunteering at the shelter.

The building stands gray and silent, nestled in the corner of a busy street, tucked away from all the hustle and bustle of the downtown core. As I stand there, observing the concrete structure, I can't help but notice a distinct iciness emanating from the building. Even on a sunny winter morning, a thin layer of frost can be seen covering the windows, hiding any

sign of life from within. As I quietly open the front door, out rushes a swarm of children and their parents. The school bus is to pull up any minute. Energy and excitement evaporate off the children like steam. As the parents wave hello and fight their young ones to put on a winter jacket, I can't help but appreciate how a concrete structure, seemingly devoid of any life, could be home to so much hope.

Upon entering the shelter, this place is in fact, very much alive. Lining the bright blue interior of the building are colourful drawings and paintings. In one corner, a group of adults huddled around tables in animated conversations over steaming cups of coffee. Today's breakfast lingers in the air as the smoky aroma of sausages can be smelled intertwining with the sweet aroma of syrup on pancakes. As I put my things inside the staff locker, the hum of chatter dominates as people of all ages, races, and religions talk and laugh together. The Dahlia Women and Family Shelter is home to almost 20 families, totalling to just above 60 people packed to the brim of the two-story building. The shelter provides comfort, food, warmth, and safety, along with a myriad of other resources to those families who have been recently unhoused.

Harper, a chatty mom of two, approaches the front desk. She waves hello, proclaiming: "Guess who visited me today?! The one and only, Mother Nature!". I, along with the 3 other staff members at the front desk laugh loudly as Harper's fake crying and animated performance can only do. "She didn't even have the decency to let me know in advance! Thanks to her, I bled through my last pair of underwear and my favourite pair of tights! Can you please grab me an extra pair of underwear?", says Harper, faking indignation. "Of course!", says Monica, a senior staff member at Dahlia. "Would you also like some period products as well? You like tampons, right?", Monica asks Harper. "Yes, please! I hate feeling like I'm wearing a diaper all day, so tampons are the way to go!".

As I chuckle, thinking this interaction aligns very well with my research, Monica comes out of the toiletries closet looking apologetic: "I'm so sorry Harper. It seems we only have the size 1 pads. Is that okay with you?". "Ah I was just telling them how I hate pads!! But

it's okay, I'd rather a diaper than bleeding through more underwear!", she responds, her hands up in the air with amusing frustration as she takes the pad and waves goodbye.

Today, Ben, a caseworker at Dahlia, has tasked me with calling some nearby motels to note their daily, weekly, and monthly rates as a lot of families and singles are dropping by Dahlia and asking if they can move in. He tells me that because we are at full capacity, we oftentimes have to turn away individuals seeking shelter. I get started on my task immediately and begin working away. This takes me up until lunchtime.

Excitedly, I head to the dining area for my favourite part of the day. Entering the kitchen, there's a sense of calmness tempered by the quiet buzzing of the refrigerator. I get briefed about what we're serving for lunch; chicken teriyaki, steamed vegetables, white rice and halal grilled chicken, for the Muslim residents. Becky, the head chef, gives me a nod. I brace myself and cover my ears.

"Goooooood afternoon, residents! It is now 12:01 pm. Could the first group, Group #1 come down to the kitchen for lunch please. That's Group #1, Mohammed, Zaynab, Jessica, Lincoln, Brandon, Kelsey, and Brianna, down to the kitchen for lunch please. Thank you!", yells Becky into the intercom.

Immediately, I can feel the vibrations of the residents' steps as they rush down the stairs, in eager anticipation as they line up outside the kitchen. Zaynab is the first in line and she is holding a baby girl in her arms. "Hi Amina", I say in a soft voice, smiling at the 3-year-old and waving at her mother. I list the menu options to Zaynab and ask her, "What would you like today?". Zaynab smiles at me and winks, saying, "You already know". I nod, laughing and loading up her plate with rice, vegetables and halal chicken. "How's little baby Husayn now?", I say, "Grade 3 is no joke". Zaynab lets out a large laugh and says, "Oh little Husayn is not so little anymore! He even gets mad when we call him baby in Arabic!". "Oh noo!" I laugh, "well, tell him I say 'hi'" I say. "I will", says Zaynab, "thank you so much, Kristina". "Yes, of course!" I replied, "enjoy!". Lunch continues with the smell of chicken teriyaki and the sound of conversation dancing through the halls.

After serving lunch, I go back to the front office and help sort out a brand new donation pile as I'm informed that a donor dropped some clothes off during lunch. I spent the next few hours organizing the donations into neat piles based on item, size, and colour.

As the sun begins its early descent into the night sky due to the shorter winter days, I see what appears to be a woman and her dog standing outside the shelter doors, dark shadows covering her face. Her silhouette is ghostly and she stands silently, her gaze fixated on the building in front of her. In the fading light, her features are unrecognizable, but it is quite evident that she is cold. Covering her is a thin flannel shirt and a pair of ripped-up tights with soggy brown boots. Elizabeth, one of the senior staff members at Dahlia, slightly cracks open the window, "Hello, can I help you?" she says politely. The woman, her eyes suddenly wide with what seemed to be desperation and fear, hesitates slightly and responds, "Please. I have nowhere else to go. Can you help me?". Elizabeth looks at me and I know exactly what to do. The woman looks like she is alone and being a family shelter, we only accept families, not to mention that every room at Dahlia is currently occupied. This means we must turn her away. Knowing this, I begin immediately assembling a care package kit. As I rummage through the supplies, I begin pulling out the essentials. In her care package, I folded 1 pair of oversized sweatpants, some black tights, 2 pairs of socks, a thick wool jacket, and a large gray scarf, hat, and mittens from the donations we received earlier. I also pack a few oranges, some granola bars, an apple, a fresh pair of underwear and a handful of tampons and panty liners of all sizes as we are out of tampons. As I make my way back to the woman, I hand her the care package and let her know that she can always come back if she needs anything. She nods and gently thanks me, waddling away into the darkness with her dog.

This nonfiction piece aims to provide a vivid and personal insight into the experiences of menstruators navigating homelessness and seeking shelter refuge. Through descriptive storytelling, I highlight the unique realities of residents at Dahlia Women and Family Shelter while also including staff interactions and day-to-day challenges within the shelter environment. This narrative also serves to evoke empathy and encourage readers to

consider the broader social and structural factors that may influence a shelter resident's lived experiences.

4.4 Sample Size and Eligibility Criteria

To ensure a comprehensive understanding of period poverty and menstrual perceptions among unhoused menstruators, the sample size was determined by the number of individuals who were willing and able to provide unique personal accounts of their lived experiences navigating menstrual hygiene management at shelter. Sampling ended when the data reached a level of theoretical saturation in which subsequent interviews did not result in any new information added to the already collected data (Flick, 2022).

To be eligible for this study, participants who were shelter residents had to: (1) be biologically female; (2) be 18 years of age or older; (3) be able to menstruate; and (4) be able to read, comprehend and speak in English. Note that not all biological females are physically able to menstruate due to early menopause, stress, disease, hysterectomy, and other factors.

To be eligible for this study, participants who were shelter staff had to: (1) be an employee or volunteer at the shelter; (2) be 18 years of age or older; (3) specialize or have experience regarding the distribution and provision of menstrual hygiene products OR knowledge of the water, sanitation, and hygiene (WASH) facilities in the shelter; and (4) be able to read, comprehend and speak in English.

The shelter from which this research is based, anonymized as Dahlia Women and Family Shelter, was chosen to be the exemplar shelter for this case study as it met the inclusion criteria of: (1) being located in Southern Ontario and (2) providing some type of menstrual management relief to menstruators in need.

I collaborated with key gatekeepers at Dahlia Women and Family Shelter to recruit and access participants. A recruitment poster (see recruitment poster, Appendix H) with the

study information was posted in high-traffic areas inside the shelters and shared among key gatekeepers in the community, who in turn, were entrusted with sharing the study information with other shelter users. Executive staff at Dahlia Women and Family Shelter also assisted with the recruitment of shelter staff as they provided shelter staff with a recruitment card (see recruitment card, Appendix I) containing the study information. Interested parties then contacted me directly for more information.

4.5 Methods of Data Collection and Analysis

Semi-structured interviews were the primary method of data collection for this research and were supplemented by my field notes, collated through participant observation. Analysis of the data set was done through Nvivo and was based on Gibbs (2018) understanding of thematic analysis.

4.5.1 Data Collection

I chose to conduct semi-structured interviews for my research as I believed that it would be the most conducive to uncovering thick and rich data (Algozzine & Hancock, 2017; Flick, 2022). Because semi-structured interviews have a degree of openness, in that the questions are open-ended, it allows the participants to share their thoughts, feelings, and experiences while also providing the interviewer with the opportunity for follow-up questions (Algozzine & Hancock, 2017; Flick, 2022). This, in turn, promoted the development of free thought and expression and subsequently allowed participants to deeply reflect on their experiences and provide meaningful and relevant contributions (Algozzine & Hancock, 2017; Flick, 2022). Therefore, by conducting semi-structured interviews, the aim was to provide participants with a space to freely discuss and reflect on their menstrual management.

In addition to the semi-structured interviews, the data set was composed of field notes from participant observation while volunteering at Dahlia Women and Family Shelter as this allowed for a more robust and well-rounded data set (Yin, 2009). The data obtained by this method was valuable to the production of well-rounded qualitative data as the simple act

of observing and reflecting, allowed me to explore and uncover the subconscious thoughts, feelings, and attitudes of shelter residents and staff as they engaged in conversations about menstrual management as well their normal day-to-day routines. Field notes also contributed to the triangulation of data and thereby strengthened the evidence and findings erected from the research (Yin, 2009). Finally, field notes helped me to enhance my reflexivity as a researcher as it allowed me to reflect on my own biases and assumptions, thus promoting a more nuanced interpretation of the data through iterative analysis (Tracy, 2010; Srivastava & Hopwood, 2009).

During the semi-structured interviews, I consulted the interview guide (see Appendix D for Shelter Residents and Appendix E for Shelter Staff) and spoke with each participant in a private and secure area. Both shelter resident and staff interview guides were informed by theoretical concepts and underpinnings from postmodern feminist theory such as intersectionality, diversity and the importance of lived experiences. Integrating these concepts into the interview guide involved designing questions that took into consideration the complexity of participants' social identities and went on to further explain how these identities, among other factors, shaped their lived experiences of period poverty and menstrual perceptions.

For shelter residents, the interview began with introductory questions that allowed participants to share information about their diverse intersecting identities. Shelter residents then went on to explain their experiences learning about menstruation, navigating menstrual hygiene management, confronting feelings of shame and stigma as well as exploring barriers to their menstrual hygiene management while at Dahlia. Finally, menstruators were asked to reflect on potential solutions and strategies for addressing these issues and were encouraged to speak from their own positionalities, considering the needs of themselves and their intersecting identities. For shelter staff, this was done by asking them to reflect on their relative contributions to a menstruator's menstrual management and how the shelter is potentially contributing to the promotion or inhibition of adequate menstrual hygiene management.

I also took field notes during each of my days volunteering and interviewing at Dahlia Women and Family Shelter, jotting down how I felt, what I observed and any connections I made regarding the data from interviews and pre-existing literature. This allowed me to engage in constant reflexivity regarding the research process, the research participants as well as reflect on my time at Dahlia Women and Family Shelter as highlighted in the critical non-fiction in section 4.3.1 above.

4.5.1.1 Description of Participants

The semi-structured interviews were recorded and transcribed verbatim through the Microsoft Team's software. Additionally, the Apple iPhone 'Recordings' application was used as a backup recording device.

Research participants comprised of shelter residents at Dahlia Women and Family Shelter ($n = 13$) as well as shelter staff ($n = 3$), with all participants identifying as cis-gendered women. Although most participants did not directly reveal their age and race in the semi-structured interviews, data collected from my observational notes and time volunteering at the shelter allows me to believe that all shelter staff ($n = 3$) were white women between the ages of 25 to roughly 60 years, while shelter residents ($n = 13$) ranging in age, with the youngest participant being 21 and the oldest being 48. The shelter resident's race also varied, with ($n = 2$) being Black, ($n = 2$) being African, ($n = 1$) being Middle Eastern, ($n = 1$) being South Asian, ($n = 2$) being Hispanic and ($n = 5$) being White. Shelter resident interviews averaged approximately 57 minutes whereas the average shelter staff interview lasted for about 28 minutes. Resident interviews took place either in the activity room or the staff lounge, while staff interviews took place in the staff member's office.

Residents varied in terms of the length of their stay at Dahlia Women and Family Shelter, with ($n = 7$) living at the shelter for less than two weeks and ($n = 6$) staying at the shelter for just under three months. Based on my observations, most residents at Dahlia Women and Family Shelter stay for an average of three months, with some leaving in less than a week and others staying for more than four months. This seemed to vary based on the housing needs and criteria of the residents as well as their overall monthly income.

Interviewed staff at Dahlia Women and Family Shelter were all employees, with ($n = 2$) being resident care workers who worked at the shelter for just under two years and ($n = 1$) being a senior resident care worker who was employed at the shelter for over 25 years.

4.5.2 Data Analysis

The data obtained from both semi-structured interviews and researcher field notes were analyzed through the Nvivo software. My thematic coding and analysis for this research was informed by Gibbs (2018) work on analyzing qualitative data as he illustrated the different stages to ensure comprehensive and thorough data analysis.

I first began my data analysis journey by reviewing the interview transcriptions from Microsoft Teams to re-familiarize myself with the data and to fix any errors that resulted from transcribing. I did this by listening to the audio recordings of the interviews and manually fixing any errors I caught, making sure to add conversational features such as [laughter] and facial animations in the process so that I don't lose the context under which certain statements were made. From then, I began engaging in deeper interactions with the data, jotting down notes in the margins, highlighting commonalities and reflecting on implicit and explicit meanings of certain words and phrases. I then started analytically coding the data, connecting ideas to bigger themes within menstrual literature and creating a list of key thematic ideas. This is also known as concept-driven coding, where the researcher (myself) analyzes the coding based on evidence and understanding from available literature (Gibbs, 2018). Next, I uploaded the data onto Nvivo and began engaging in computer-assisted qualitative data analysis, using the software to help me categorize themes, ideas, and concepts. This led me to create a preliminary set of themes for the data based on my engagement with the transcripts thus far. After creating these preliminary themes, I went back into the data and began coding again, this time being cautious of relationships and patterns within each data component and across the whole data set. This allowed me to form my final thematic structure, as I felt confident about the different interacting themes and their relevance to answering my research question and objectives, as well as offering a valid and rich account of the participant's experiences. Through frequent engagement with the data, I was able to introduce a final thematic

structure that has a more nuanced, in-depth review of the menstrual perceptions of residents and hygiene management at Dahlia Women and Family Shelter whereas the initial thematic structure provided a broader overview of the topic. By referencing Gibbs' (2018) guide to thematic analysis, I allowed myself to reflect and think about what themes, quotes and participant observations addressed the research questions I originally proposed. The first and final thematic structures are listed below:

4.5.2.1 Initial Thematic Structure

- 1) Profiles of Unhoused Individuals: Understanding Shelter Residents and Pathways to Unhousing
- 2) The Shelter Experience: Impact on Resident Lives and the Utilization of Resources
- 3) The Interplay of Sociocultural Experiences and Perceptions of Menstruation
- 4) Menstrual Realities in Shelter: Understanding Menstrual Hygiene Management, Barriers and Challenges
- 5) Behind the Services: Shelter Staff Experiences with Menstrual Management Support
- 6) Enhancing Menstrual Management in Shelters: Recommendations from Shelter Residents and Staff

4.5.2.2 Final Thematic Structure

- 1) Gaps in Menstrual Education: Impact on Menstrual Preparedness
- 2) Socio-Cultural Influences on Menstrual Perceptions
- 3) Menstrual Services Available at Dahlia Women and Family Shelter
- 4) Issues with the Current Menstrual Services Available at Dahlia
- 5) Enhancing Menstrual Management in Shelters: Recommendations from Shelter Residents and Staff

4.6 Ethical Considerations

As a researcher working with a vulnerable population, it was imperative that I considered all the ethical implications of my work. For example, I recognized that it may be uncomfortable or potentially distressing for menstruators to speak about their menstrual hygiene management due to its private and stigmatized nature (McHugh, 2020). I also recognized that unpleasant feelings regarding menstrual management may be further exacerbated in those menstruators experiencing period poverty (Vora, 2020). As such, it was my duty as a researcher to ensure that participants felt safe and comfortable speaking to me about their menstrual hygiene management while also making it apparent to them that there are supports and resources in place to assist them with any potential unpleasant thoughts, feelings or emotions. I made an effort to do this by providing resources in the letter of information and consent as well as in the debriefing letter (which participants get to keep).

Additionally, it was important to recognize that I am what's called an "outsider" in this environment as I am a researcher entering a foreign space, their space (Wigginton & Setchell, 2016). As such, I acknowledged that an issue of trust and respect could arise as participants debate whether they wish to trust me with their thoughts, experiences, and emotions (Wigginton & Setchell, 2016). I navigated this issue by volunteering at the shelter for a period of time before conducting interviews so that I built trust and rapport with participants. During data collection, I spoke in a kind, gentle, and empathetic manner so that participants may feel safe and comfortable sharing intimate personal details about their lives with me (Wigginton & Setchell, 2016). Similarly, I maintained an object of curiosity throughout the interview process so that I could interview participants holistically and be genuinely curious about their answers, engaging in what's called active listening (Wigginton & Setchell, 2016).

There was also an inherent problem with conducting interviews as "power is always present in the transactions of [an] interview" (Nunokoosing, 2005, p 699). Because the position of interviewer has some degree of power over the interviewee (because the interviewer is

asking the questions and the interviewee is answering them) and vice versa (because the interviewee holds the knowledge that the interviewer is hoping to uncover), it is important to always attempt to equalize power between the two respective authorities (Nunkoosing, 2005). This in turn, will help ensure that the interviewee does not feel intimidated by the interviewer asking questions and that the interviewer does not feel desperate to uncover the knowledge of the interviewee (Nunkoosing, 2005).

I attempted to do this in two phases: the volunteer phase and the interview phase. During the volunteer phase, I practiced building rapport with potential participants by showing genuine interest in their lives while also trying my best to assist them as a volunteer with anything they needed. During the interview phase, I made an effort to clearly communicate the purpose of my research while also being friendly and letting the participants ask any and all questions they wanted. I also engaged in active listening by nodding, making eye contact and providing verbal cues so that participants knew that I was engaged and attentive to what they were saying. Furthermore, I made sure to respect boundaries and gauge the participant's comfort level by reading social cues and body language so that I minimize potential discomfort experienced by the inherent interview power dynamics. Finally, I ensured that I expressed gratitude and thanked participants for their time and willingness to participate in the research, acknowledging the potential value of their contributions. By implementing these strategies, I believe I created an environment that was supportive, respectful and encouraging so that participants could feel safe and comfortable while also providing meaningful data for the research.

Additionally, I realized that participants may also view me as an employee working for Dahlia Women and Family Shelter and thus may feel reluctant to share information about how they wish the services at Dahlia to be improved in fear of being kicked out of the shelter and/or facing any type of negative backlash. To potentially mitigate this issue, I volunteered at Dahlia Women and Family Shelter for several months and put introduction posters (see introduction posters, Appendix G) around the shelter so that potential participants could begin to recognize me as a researcher for the university instead of an

employee at Dahlia. I also introduced and interacted with residents while volunteering and at the beginning of each semi-structured interview.

Finally, it was important to acknowledge that I am a menstruator who has never had to stay in a shelter and/or depend on shelter services to meet my menstrual management needs. I have also never experienced period poverty. Thus, it was imperative that I recognized my privilege as many menstruators at Dahlia Women and Family Shelter experience the realities of period poverty every day. Therefore, it was of the utmost importance that I acted in a way as not to highlight my privilege but instead in a way that respects all different types of menstruators and their lived experiences. I did this by centralizing participant experiences and validating their thoughts, comments and suggestions. Furthermore, I ensured that I approached each interview with humility, empathy and critical self-awareness so as not to perpetuate stereotypes or use stigmatizing language. I believe that by employing the methods above and being sensitive to the unique complexities that come with interviewing a vulnerable population, I was able to uncover data that was meaningful, rich and centred in participant experiences.

4.7 Researcher's Positionality

I am a cis-gender, racialized person of colour, who has always been passionate about social justice initiatives and women's rights issues. I first stumbled upon this research when I went back home to Sri Lanka for vacation and got my period on the plane ride there. I didn't think to pack any spare menstrual products (I only had two in my bag) because I was not expecting my period to come until after the trip was over. Once we landed, I found myself asking my cousins if they had any spare menstrual products and to my surprise, they did not. I asked them how they managed their menstrual cycle and they said that most of the people in our village did not regularly have access to period products because they were expensive and instead used reusable cloths and rags as makeshift pads. Me, being naïve and young, I could not fathom the idea of not having the safety, comfort and security of having a disposable menstrual product when I most needed it. Once I came back to Canada, I realized that this was certainly not just an issue in my birth country but one that

surely occurred throughout North America and the world. This sparked my interest in menstrual activism, and I began to join clubs and initiatives that worked to de-stigmatize menstruation while also collecting donations and talking to government stakeholders in efforts to make menstrual products free for all those who needed them. I continued my passion for menstrual activism and participated in blogs, workshops and events that dealt with poverty, intersectionality and menstruation. I was fortunate that in my fourth year of university, I was able to conduct an independent study through my program where I worked with a supervisor of my liking to do research in a field that I was interested in. I had already developed a relationship with Dr. Carla Da Silva as I took her course in my 3rd year and appreciated the lessons taught in that course. I then spoke to her about doing an independent study on period poverty and stigma which we then decided to develop into this masters. I am so grateful for the opportunity to learn and do research on a topic I am passionate about with a supervisory team that I respect and admire.

5 Results and Discussion

In this chapter, I will present the results of the study and interpret them within the context of existing literature, theoretical frameworks and research goals. By merging the results and discussion section, I aim to provide a comprehensive understanding of the research outcomes and their broader implications on unhoused menstruators accessing shelters. Before moving forward, it is important to revisit the initial research questions so that the extent to which the findings corroborate the research can be determined.

The purpose of this research study is to answer the following questions:

- 1) What are the menstrual perceptions of unhoused menstruators?
- 2) What are the unique issues that make it difficult for menstruators to engage in menstrual hygiene management in shelters?
- 3) What are some challenges that shelter staff can identify regarding the provision of menstrual management services in shelters?
- 4) What are some actionable recommendations that can be implemented in shelters to reduce instances of period poverty and stigma among shelter residents?

Furthermore, this study is grounded and informed by postmodern feminism, a theoretical lens that recognizes the complexity of an individual's life experiences based on the unique intersection of their gender, race, class, sexuality, and culture (Sands & Nuccio, 1992; Ebert, 1991; Crenshaw, 2013). Postmodern feminist theory is the framework upon which this research is built as it allows for a critical interpretation of the data collected, unveiling both explicit and implicit meanings related to menstrual management among unhoused menstruators living at Dahlia Women and Family Shelter. This chapter describes the most important themes derived from the theory-informed analysis of the research data set. These themes include 1) Gaps in Menstrual Education: Impact on Menstrual Preparedness, 2) The Socio-Cultural Influences on Menstrual Perceptions, 3) Menstrual Services Available at Dahlia Women and Family Shelter, 4) Issues with the Current Menstrual Services Available at Dahlia and 5) Enhancing Menstrual Management in Shelters: Recommendations from Shelter Residents and Staff.

5.1 Gaps in Menstrual Education: Impact on Menstrual Preparedness

This first theme explored the impact of menstrual education on a menstruator's menstrual hygiene practices and preparedness. Menstrual education refers to the knowledge conveyed to a menstruator about their menstrual cycle, often including topics such as female anatomy, puberty, menstrual symptoms, and proper menstrual hygiene management (Evans et al., 2022). This education can manifest in both formal and informal settings, with formal menstrual education typically occurring within structured school curricula, and informal education happening in homes and hallways, usually by a menstruator's mother or close friends (Sanchez Lopez et al., 2023). Research done on menstrual education found that the majority of menstruators received the bulk of their menstrual knowledge through informal means (Coast et al., 2019; Mohammed & Larsen-Reindorf, 2020), findings that were consistent with this research study.

All 13 residents interviewed at Dahlia Women and Family Shelter noted that a significant portion of their menstrual knowledge came from conversations with their family, friends and peers, with most citing their mother as the primary source of menstrual education. For example, Jenny states that her mother was the first person to provide her with an in-depth explanation of menstruation,

“I had no prior knowledge of menstruation at that point. I don't remember exactly but I do remember my mom sitting me down the moment I turned 10. She explained to me what menstruation was and said, ‘This is your timeline, this is when you're probably gonna get it, this is what's happening, your uterus is shedding and you're gonna bleed, but it's important to not be scared’. She also demonstrated to me how to use a pad. She opened one up and told me how to place it on my underwear and how the flaps go underneath. She gave me a pretty basic education, so I felt prepared for my first period at that point” (Jenny, Shelter Resident).

Tara's mother provided her with a similar menstrual education, providing her with instructions on how to use a period product and when to change it, along with several tips to help relieve her menstrual symptoms. Tara states,

“We knew that I was probably going to start my period soon so my mother did everything she could to prepare me. She's like, ‘Take a nice warm bath because it'll help relax you and take away some of the pain’. And then she helped me put on a pad for the first time and said, ‘This is a pad. You have to change it every three to four hours because you can get an infection if you don't’. My mom taught me that anything to do with our bodies is completely normal. It's our bodies, it's going to happen. I feel completely comfortable talking about all things menstruation and bodies because of my mom” (Tara, Shelter Resident).

Similarly, Claudia explains how her mother always made conversations about menstruation comfortable and clear, making it so that, “[she] never felt any shame about menstruation” (Claudia, Shelter Resident).

Other residents claimed that they received their menstrual education by simply observing their mothers, evidenced by Sarah who said,

“For some reason, I grew up attached to my mom's hip, she wasn't able to go to the bathroom without me! So like I knew what to do just by watching her. When I first got my period, I remember being in the bathroom, changing my underwear, laying down a pad and confidently walking into my mom's room dangle my bloody underwear in her face and laughing” (Sarah, Shelter Resident).

Several residents explain how they were fortunate enough to receive both informal and formal menstrual education, with six out of 13 residents claiming that their schools had some type of menstrual education embedded in their school curricula. Aafia, who went to a Muslim school in Saudi Arabia, explains how when she was forced to take a mandatory health class in Grade Five that was strictly dedicated to menstruation and the female body.

Aafia recalls her teacher explaining to the class how many of the girls in her grade would soon be getting their first period and what they should expect when it comes. Aafia expresses that she is grateful for her school's health classes and largely credits her menstrual preparedness to this formal menstrual education.

Some residents, however, share that although they received some type of menstrual education, it was in no way comprehensive and instead left them scared and unprepared for when they did finally experience their first period. This is evidenced by Lindsey, who shares how her mother was largely absent during key teaching moments in her life, stating that,

“My mom wasn't much of a mom. She never taught me how to do anything. She had OCD, so I never learned to do laundry, never learned to do dishes. Everything had to be done my mom's way. So you best believe she would never teach me about something as messy as menstruation. Instead, my sisters kind of taught me. But I remember having so many questions and no one to answer them for me. I ended up figuring everything out mostly myself” (Lindsey, Shelter Resident).

Similarly, Basma states that,

“My mother no tell me anything. She just say to clean up, use the underwear and change the pad. That's it. I did not know what to do. When I got my period, I just use a cloth to soak up blood. It got all over my underwear. My sister saw it and said, ‘No Basma, use pad. This is how you use pad’. But before that, I didn't know” (Basma, Shelter Resident).

All interviewed residents at Dahlia Women and Family Shelter received menstrual education to a certain degree, with some being more comprehensive than others. The analysis of the study results highlights the integral role of both formal and informal menstrual education in shaping a menstruators' understanding and preparedness for menstruation. The shelter resident's recollections of their menstrual education demonstrate

how mothers often serve as primary educators, imparting knowledge about menstruation, menstrual hygiene practices, and managing menstrual symptoms. In many cases, these intimate and personalized conversations of menstrual education seem to foster a sense of comfort and normalization among menstruators, contributing to the menstruator's confidence and preparedness for menarche.

The data also illustrates the variability in the comprehensiveness of the menstrual education received. While some residents benefitted from both informal and formal education, others faced gaps and inadequacies in their learning experiences. The accounts of Lindsey and Basma highlight instances where the informal education received was lacking or insufficient, leaving them feeling scared and unprepared for when they first experienced menstruation.

These narratives underscore the importance of comprehensive and accessible menstrual education as it promotes the confident and hygienic management of menstruation as studies show that inadequate menstrual education creates poor menstrual hygiene practices and perceptions (Sooki et al., 2016). Furthermore, research demonstrates that insufficient or ill-informed knowledge about menstruation may result in a myriad of negative health outcomes due to menstruators not engaging in proper menstrual hygiene management (Kaur et al., 2018; Mudey et al., 2010). This can include gynecological issues such as toxic shock syndrome, reproductive tract infections or other vaginal diseases that can emerge from a menstruator not engaging in proper menstrual management techniques (Kaur et al., 2018; Mudey et al., 2010). If Basma's sister, for example, had not confronted Basma about her prolonged use of cloth during her period, Basma may have continued using dangerous menstrual management techniques and been easily exposed to dangerous conditions that could seriously affect her health.

Finally, the quotes of shelter residents also underscore the ways in which different familial dynamics intersect to perpetuate gaps in menstrual education, creating varying menstrual preparedness and confidence among menstruators. The data highlights how menstrual education is primarily transmitted through familial and informal channels, with mothers

often serving as the primary educators. Through a postmodern lens, this maternal duty to teach daughters about menstruation can be examined in terms of power dynamics and familial structures, where women often bear the responsibility of imparting knowledge about menstruation (Costos et al., 2002; Malson & Swann, 2003). This idea perpetuates traditional gender roles and reinforces the notion that women are primarily responsible for managing reproductive health and hygiene (Costos et al., 2002; Malson & Swann, 2003). This, in turn, has implications for a menstruator's menstrual preparedness and confidence. Both Lindsey and Basma's experience of limited comprehensive menstrual education from their mothers led them to feel uncertain and insecure about their menses. Alternatively, Jenny, Tara, Claudia, Sarah and Aafia received ample menstrual education from their mothers as well as other informal methods, allowing them to feel confident, comfortable and prepared for their menses. The study findings suggest that because many menstruators receive their menstrual education from informal teachers such as mothers and sisters, these teachers should have access to a comprehensive reservoir of menstrual knowledge so that they may impart accurate and healthy menstrual hygiene practices and perceptions to menstruators. Receiving menstrual education is important to menstruators, as is the socio-cultural context under which it is presented.

5.2 The Socio-Cultural Influences on Menstrual Perceptions

This second theme concerns the impact that different socio-cultural backgrounds can have on a menstruator's perceptions of menstruation. Literature suggests that the different social, cultural, and religious backgrounds of menstruators can significantly affect menstrual perceptions, a finding that was echoed in this study (Hawkey et al., 2020; Costos et al., 2002; Orringer & Gahagan, 2010). For example, Ada states that

“As an African woman, [she] is not free to go outside when [she] is on [her] period. Menstruation was something to be ashamed of and [she] was scared that [her] mother was going to scold [her] for menstruating” (Ada, Shelter Resident).

Basma, growing up in Pakistan, shares a similar sentiment as she explains that in her culture, menstruation is seen as something that is dirty and shameful. Aafia echoes this as she states that as a Muslim growing up in Saudi Arabia, she was also taught that menstruating was shameful and heavily stigmatized. Aafia explains how they were taught in her school that an individual who is menstruating is deemed religiously impure and must thus refrain from praying and fasting as a result. Aafia also tells me that a dominant thought in both her culture and religion is that tampons should only be worn by non-virgins and that you had to be married to use them. This sentiment was also shared by Beverly, who growing up in The Bahamas, was taught by her peers that tampons were meant for non-virgins only. She explains,

“Us girls would talk amongst ourselves. We just didn’t think it was a good idea to use it and have something go inside of you. It could feel like you are getting penetrated in a way. I guess we thought that we don’t want something to “ruin our bodies”. Me, personally, I didn’t want to chance it, so I avoided wearing tampons altogether” (Beverly, Shelter Resident).

Menstruation can also be seen as a marker of womanhood and maturity in many cultures, demonstrated by Maria, who as a recent immigrant from Venezuela, shares that upon menarche, she was treated like an adult and expected to act like one. Maria states that her mother scolded her at menarche, stressing to her that in their culture, she is no longer viewed as a little girl and must act like an adult from now on. Maria recalls her mother telling her,

“Don’t run, don’t jump, don’t wear shorts. You can only wear a dress, that’s it. When we go to parties, you must stay with me. You cannot play outside after dark. You go to school and come right back. You are not a little girl, you are a woman. You have new rules now” (Maria, Shelter Resident).

Similarly, Jenny, who grew up in Canada, shares how popular media and movies made her believe that she would become an adult once she began menstruating. Jenny states that,

“Growing up, all the movies and TV shows made it seem like you became an adult once you finally got your period. So when my friends and I all got it, we were like, ‘Oh we’re grown-ups now, we’re teenagers, we can stay out past dark because we’re adults’. Like we were obviously delusional because we were all very much still children, we were literally playing Manhunt at recess [laughs]” (Jenny, Shelter Resident).

Quotes from Ada, Basma, Aafia, Beverely, Maria and Jenny highlight the influence of social, cultural and religious backgrounds on a menstruator’s perceptions and experiences of menstruation. The narratives of Ada, Basma, and Aafia illustrate how menstruation is often rooted in shame and stigma within certain cultural contexts. For Ada, Basma, and Aafia, growing up in African, Pakistani, and Saudi Arabian cultures, respectively, menstruation is perceived as dirty and shameful, leading to feelings of fear, embarrassment, and religious impurity. Feelings of stigma and shame can be potentially damaging for menstruators as they may feel as though their menstruating body is dirty, deviant and disgusting, preventing them from reaching their full potential and feeling confident in themselves and their body (Olson et al., 2022; Johnston-Robledo & Chrisler, 2020). Moreover, many cultures hold the common misconception that inserting a tampon during menses causes a menstruator to lose their virginity due to its resemblance to penetration, a belief that is rooted in patriarchal notions and further contributes to the stigmatization of menstruation, as a menstruator cannot simply use a period product without it reflecting poorly on their sexuality (Ren et al., 2018; Aragón & Cooke-Jackson, 2021).

Additionally, menstruation is seen as a significant marker of womanhood and maturity in many cultures, as demonstrated by the narratives of Maria and Jenny. In Maria's Venezuelan culture, menarche signals a transition from childhood to adulthood, accompanied by a set of rigid societal expectations and behavioural restrictions that menstruators are expected to adhere to. For Maria, this meant not playing outside after dark and no longer maintaining an active disposition. Similarly, Jenny explains how popular media and cultural representations reinforce the notion that menstruation symbolizes the

onset of adulthood, despite still being a child at the time. This idea that menstruators are catapulted into womanhood at menarche can be harmful as they are becoming prematurely stripped of their childhood and forced to adhere to strict rules and regulations such as not being able to freely go outside as they did before menarche (Jackson & Falmagne, 2013). Thus, as evidenced by the testimonies of Ada, Basma, Aafia, Beverley, Maria and Jenny, it is evident that a menstruator's social, cultural and religious background may have potentially significant effects on a menstruator's menstrual perceptions. This is important to recognize within the context of the shelter environment as it may impart on a menstruator's use of menstrual services and resources, explored in the next theme.

5.3 Menstrual Services Available at Dahlia Women and Family Shelter

The next theme explores the menstrual services at Dahlia Women and Family Shelter and its issues, according to shelter residents, shelter staff, and me as a researcher. The Dahlia Women and Family Shelter provides menstruators with two main menstrual management services; the provision of period products and water, sanitation and hygiene (WASH) services.

5.3.1 Period Products

Period products are offered to shelter residents at Dahlia and are maintained solely through patron donations. This was reiterated by Olivia, a resident care worker at Dahlia who says,

“To my knowledge, the majority of period products come from donations. Usually, people will call in and ask if we need anything and other times, they'll just drop them off. We mostly get food donations and items for children so it's nice to see us get period products once in a while for the menstruators at the shelter” (Olivia, Shelter Staff).

During my time volunteering, I noted that there were two main ways in which shelter residents could gain access to period products, 1) by coming down to the front desk and

asking a staff member for a period product, or 2) by entering the shared living space and grabbing a period product from an available period product basket. Shelter staff also claimed that there were menstrual products available to residents in the bathrooms, however, this finding was not supported by my field notes when surveying the bathrooms as well as participant testimonies.

5.3.2 WASH Services

WASH services, as it pertains to menstrual hygiene, are offered at Dahlia Women and Family Shelter through washrooms with functioning toilets, sinks and showers. At Dahlia, there are currently six bathrooms, with four bathrooms upstairs and two bathrooms downstairs. Each bathroom at the shelter contains one to three toilet stalls and one to three sinks, with one bathroom upstairs designated for women only. The shelter also has eight showers total, with three being for designated women only and five available to all other residents. The shelter bathrooms and showers are reportedly cleaned once a day, overnight, by the cleaning staff.

5.3.3 Symptom Management Relief

Dahlia Women and Family Shelter does not currently provide anything in terms of symptom management relief for menstruators. As per my observations, a resident may come down to the kitchen and ask the kitchen staff for hot tea to soothe any menstrual discomfort they may be feeling, but other than that, there are no symptom management aids currently available at the shelter for residents.

Among the limited menstrual services provided at Dahlia, there are several issues that cause the shelter to fall short in their goal of reducing instances of period poverty among shelter residents.

5.4 Issues with the Current Menstrual Services Available at Dahlia

This next theme explores the different challenges that currently affect the provision of menstrual management services at Dahlia Women and Family Shelter. These include 1) making menstruators ask the front desk for period products, 2) doing a poor job of maintaining period product provision, 3) lacking a diverse range of period products, 4) having unhygienic and dirty WASH services and 4) failing to offer symptom management kits.

5.4.1 “I do not want them to know I am menstruating!”

Dahlia Women and Family Shelter aims to curb instances of period poverty by ensuring the availability of menstrual products for menstruators at all times as stated by all 3 interviewed staff members. However, this current procedure mandates that if a menstruator desires a specific menstrual product from Dahlia's inventory, they must approach the front desk and ask a staff member to retrieve the product from the locked storage room. This protocol presents various implicit and explicit obstacles to the well-being of menstruators, namely that it involves divulging personal information to shelter staff, confronting menstrual stigma, and potentially subjecting individuals to dehumanizing experiences.

Requiring menstruators to directly ask shelter staff for period products can be harmful and potentially embarrassing for menstruators as they are being forced to disclose personal information about their menstrual hygiene needs to shelter staff, potentially infringing on their privacy and dignity. Many menstruators may feel uncomfortable discussing menstruation openly as it is often seen as a very private and intimate detail of one's life. When compounding a menstruator's potential comfortability in sharing their menstrual status with the fact that they are sharing it with authority figures and virtual strangers, it may discourage them from requesting period products in the first place and may result in them outsourcing alternative methods for obtaining period products. This is evidenced by Maria, who said that,

“There have been several times where I have gone down to the front desk to ask for a period product but the staff member I felt most comfortable with was not there. So instead of embarrassing myself and explaining my situation to another staff member, I just walked over to the Dollar store and purchased the cheapest product I could find” (Maria, Shelter Resident).

Cases like Maria’s become even more concerning when considering that the menstruators at the shelter are currently unhoused and are saving up funds to move into a new home. Thus, residents should not be spending money on purchasing period products simply because the shelter is doing a poor job of allocating them. Furthermore, by expecting menstruators to ask the front desk for period products, the shelter is forcing residents to confront any menstrual stigma they may have, potentially exacerbating any underlying feelings of shame and embarrassment surrounding menstruation in the process. According to Ada, she felt an overwhelming sense of discomfort when asking for period products from shelter staff,

“You know the first time I had to ask for a period product, it was not easy. My husband forced me to go downstairs because I needed it, but I really did not want to go. I met the staff on duty and I was somehow ashamed. I did not want to tell them. But I know I have to. I whispered to them and they helped me, but somehow, I felt ashamed. I do not want them to know I am menstruating” (Ada, Shelter Resident).

Julie, another resident care worker at Dahlia, seemed to be aware of this, stating that,

“I think there might be some level of embarrassment when residents ask for period products. They do this by using hand gestures, whispering, or describing what they need instead of straight up saying, ‘I need a pad, I need a tampon’” (Julie, Shelter Staff).

Additionally, as most shelter residents' rooms are upstairs, they are often expected to carry the menstrual product through the shelter toward their room or the bathroom. According to some shelter residents, this can feel like they are parading their menses through the shelter, bringing attention to themselves and their menstruating disposition. Julie explains her thoughts on the matter, stating that,

“I think a lot of women are embarrassed for people to know that they are menstruating and instead just want to keep it low-profile and not draw any attention to it. They might think that if people find out they are menstruating, they can attribute different characteristics to the menstrual cycle, saying ‘Oh, you’re rude today because you’re on your period’ or ‘You’re moody today because you’re bleeding’, you know? So instead, I think they just try to keep it low-key” (Julie, Shelter Staff).

Julie, along with some other shelter staff, have recognized that this may be a potential issue for menstruators and have since opted to create a solution in the form of leftover milk bags,

“Some families really want discretion when it comes to their period, so I’ve even done like milk bags, where I’ll put the period products in a milk bag and tie it up so that residents can carry them throughout the shelter without feeling ashamed or embarrassed. Especially because most period products are like bright pink or bright blue, so it’s kinda hard to conceal” (Julie, Shelter Staff).

Having to directly request period products from shelter staff may contribute to feelings of dehumanization and powerlessness among menstruators. Because residents are currently relying on Dahlia to provide them with a myriad of resources, they may feel a sense of failure and inadequacy in that they are not able to support their hygienic needs. Having to confront this reality on a monthly basis, may in turn, make menstruators feel as though they are being treated as dependent or inferior, undermining their sense of agency and autonomy. This was evidenced by my informal conversations with Tara, who feels uncomfortable having to consistently ask shelter staff for basic necessities and feels like a

failure for having to do so. Another issue at Dahlia Women and Family Shelter was that there were inconsistencies among staff members as not all of the shelter staff were aware of the menstrual services offered at the shelter.

5.4.2 Inconsistencies Among Shelter Staff

The shelter staff at Dahlia Women and Family Shelter, are inconsistent in the ways in which they provide menstrual services and their knowledge of the services available. For example, Olivia states that Dahlia does not currently house period products in the bathrooms whereas Ruth, a senior resident care worker, tells me they do. Based on my observations as a researcher and my conversations with shelter residents, I can confirm that there are currently no period products available in the shelter bathrooms. Similarly, Olivia states that to her knowledge, the only way that menstruators can obtain period products is by asking the front desk, when in fact menstruators can also use the products available in the baskets in the shared living space. When I brought this up to Olivia, she said, “Huh, that must be new, in my two years of working here I’ve never seen that before” (Shelter Staff). However, according to other shelter staff and residents, the period basket in the shared living space has been an ongoing resource at the shelter for years.

If shelter staff are unaware of the current menstrual services available at the shelter, it is safe to say that they are not maintaining them or providing them with adequate attention. Little inconsistencies like this may have grave implications for those menstruators who feel uncomfortable asking shelter staff for period products and may be relying solely on the period products in the baskets in the shared living space. For example, Beverly states that,

“Yeah, I’ve seen a couple in the living room, but pickings are slim. I only saw some panty liners, not even pads. They didn’t even have any tampons. What am I supposed to do with some light panty liners on my heavy period?” (Beverly, Shelter Resident).

Additionally, when I asked the shelter staff how many period products they provided to menstruators who asked them at the front desk, Julie said,

“I try to give enough to last them like three to four days so if they need more they can always come down and ask for them. We’re not necessarily supposed to give like a whole package” (Julie, Shelter Staff).

Olivia, however, stated that she “usually gives them an entire package” (Olivia, Shelter Staff). This, again, becomes problematic as certain menstruators are given more products than others and may feel hurt or upset to know that there are unfair practices occurring within the shelter, whether subconsciously or not. Dahlia also has significant issues not just relating to the number of products provided, but also with the type of products provided.

5.4.3 Lack of Diverse Period Products

Because all the period products at Dahlia Women and Family come from donations, there is currently not an inclusive range of period products, sizes, and preferences available for menstruators to choose from. This often results in shelter residents purchasing their own period products out of pocket instead of accessing the shelter’s resources. Out of the 13 residents interviewed, only three menstruators at Dahlia reported using the shelter’s period products, with the remaining 10 residents opting to purchase their own products. Out of the 10 residents who buy their own products, nine claims that they choose to do so because of the shelter’s inadequate menstrual supplies. This is evidenced by Lindsey, who states that “the pads, the tampons, everything they have here is too small!”. She goes on to say,

“Now I’m a bigger woman, like I’m not too big, but I’m a bigger woman [laughs]. When I go to bed, I need to be securely covered front to back, and I found myself doubling, even tripling the pads they have here just so I could comfortably sleep at night without bleeding all over the place! Also, a lot of pads here don’t even have wings! It’s just a mess!” (Lindsey, Shelter Resident).

Similarly, Beverly states that the period products offered at the shelter are cheap, awkward, and thin, providing minimal absorption and comfort. She states that she would rather spend the money that she is saving towards finding a home on quality menstrual products so that

she does not feel uncomfortable and insecure during her menses. Furthermore, Aadia and Tara, who both struggle with eczema, claim that the products offered at Dahlia are rough and often aggravate the eczema surrounding their vagina area, opting to purchase their own period products from a nearby drugstore instead.

It is thus problematic that Dahlia Women and Family Shelter is failing to provide adequate period products for menstruators, as it creates significant barriers regarding access and undermines the fundamental purpose of shelters as spaces of refuge and support. Firstly, inadequate provision of period products forces menstruators to seek alternative means of obtaining these essential items, often requiring them to spend their limited resources on purchasing products themselves. This financial burden can exacerbate existing challenges faced by individuals experiencing homelessness, further perpetuating cycles of poverty and inequality. For example, Lindsey explains how even though she is living in the shelter and is spared a lot of expenses due to the shelter's resources, she is still very much low-income and cannot afford to purchase period products every month. She exclaims,

“A big pack of pads can cost me upwards of \$10 to \$12. And if it's a 7-day cycle, it can cost me another \$12. That is just really unfair to some of us who are struggling to make ends meet, even in the shelter” (Lindsey, Shelter Resident).

Additionally, the inability to access sufficient period products can compromise menstruators' menstrual hygiene and overall health, increasing their risk of experiencing discomfort, infections, or other health complications. Lindsey reveals that there were several times when she did not have enough money to purchase her own period products and “had to use a buttload of Bounty paper towels to soak up the blood instead! [She remembers] having serious skin irritation and vaginal itching for weeks after” (Lindsey, Shelter Resident). Finally, by not having adequate period products in the shelter, Dahlia is failing to adhere to the unique and diverse needs of menstruators, essentially conveying that their menstrual preferences, comfort, or savings do not matter to them. This is also evidenced by the lack of attention towards maintaining clean and hygienic WASH Services.

5.4.4 The WASH Services are Unclean

As a volunteer at Dahlia, I noticed that the WASH facilities at the shelter are seriously lacking in terms of hygiene and cleanliness. For example, during my first shift volunteering at Dahlia, I recall seeing feces and urine splattered all across the bathroom floor and a used pad propped up against the countertop. This is similar to Beverly's first impression of the shelter, stating that when she first moved in, "the first thing [she] saw was feces and urine. It was cleaned up the following day but having a day in-between cleaning is not okay. Especially when the bathrooms are shared with 60 other people" (Beverly, Shelter Resident). This is echoed by Emma, who states that

"Having to live the way that we lived, with shared accommodation and bathrooms and all that, can be difficult. The bathrooms here are really dirty. It's tough. I don't know, it's just frustrating, but hey, I can't control the cleaning here right? So I just try to ignore it and make do" (Emma, Shelter Resident).

Similarly, Ruth states that from a management side, "it's very difficult to manage. It feels like the people here aren't respecting the bathrooms. It's become a really big problem for us" (Ruth, Shelter Staff).

These testimonies highlight the challenges faced by shelter residents who are forced to navigate unsanitary environments, which, in turn, can compromise their dignity, health and overall well-being. Additionally, the lack of adequate cleaning and maintenance reflects systemic issues within the shelter's management and raises questions about the prioritization of residents' basic needs and rights. Addressing these hygiene concerns is essential not only for maintaining a safe and healthy living environment but also for upholding the shelter's duty to provide clean, hygienic and respectful accommodations for menstruators seeking to be temporarily housed.

5.4.5 Lack of Symptom Management Supports

Finally, Dahlia Women and Family Shelter also lack any sort of symptom management relief in their menstrual services. According to shelter staff, they are not able to provide any pain relief medicine because

“There’s the risk of not knowing people’s previous struggles before coming to shelter and I think that if we were to distribute period pain medicine or really any medicine at all, it could create some issues and almost feel like a liability. This is especially true for those residents who struggle with substance abuse, we don’t want to trigger them in any way” (Julie, Shelter Staff).

Julie then goes on to say, “they can definitely buy the medicine themselves and keep it up in their room, it’s just that we aren’t able to give it out” (Julie, Shelter Staff). When I probed further about the lack of symptom management resources for menstruators, Ruth said,

“Why don’t we have anything for symptom management? It’s honestly an easy fix. Maybe something as simple as having a heating pad or hot water bottles for residents. Honestly, I’ve never thought about it before. Thank you, for even bringing that up” (Ruth, Shelter Staff).

The absence of any sort of symptom management relief for menstruators at Dahlia Women and Family Shelter highlights a significant gap in the provision of holistic care and support for shelter residents as they are expected to navigate their menstrual symptoms on their own, potentially incurring additional costs. As such, menstruators may simply avoid addressing their menstrual symptoms because they cannot afford to outsource their relief management. This is evidenced by Lindsey who said, “I used to use Advil or Midol but I can’t afford that here, so I just live through the pain” (Lindsey, Shelter Resident)

The explanation provided by Julie underscores concerns about potential liabilities and risks associated with distributing pain relief medication, especially when considering the potential vulnerabilities of residents who struggle with substance abuse. While Julie’s

rationale reflects a cautious approach to mitigating potential risks, Ruth's response highlights the oversight and inconsideration of a menstruator's overall holistic experience at the shelter. Ruth's acknowledgment of the oversight and openness to considering solutions, such as providing heating pads or hot water bottles, however, is positive as it indicates a willingness to prioritize residents' well-being and make actionable improvements to the shelter's menstrual services. However, the initial lack of consideration for symptom management resources underscores broader challenges within the shelter system, where the needs of menstruators are often overlooked and neglected. This lack of any sort of menstrual symptom relief for menstruators highlights the inadequacy of the shelter to respond to menstrual discomfort and perpetuates the normalization of menstrual pain. This normalization of sometimes very severe menstrual pain and symptoms for menstruators can contribute to the invisibility of menstruation and result in menstruators suffering in silence, perpetuating the culture of concealment (Wood 2020; Houppert, 2000; Bobel & Fahs, 2020; Stephens-Chu, 2022).

5.5 Enhancing Menstrual Management in Shelters:

Recommendations from Shelter Residents and Staff

The last theme builds off on the notion of creating actionable improvements regarding Dahlia's current menstrual management services. Based on my discussions with shelter residents, shelter staff and my experience as a volunteer, I have noted four recommendations that can be implemented at Dahlia Women and Family Shelter. They are 1) having information sessions at the shelter, 2) creating an open dialogue with residents regarding their menstrual needs, 3) having period products in the bathrooms and 4) offering a wide range of menstrual products.

5.5.1 Menstrual Education and Shelter Expectations: Information Sessions

According to both shelter residents and staff, hosting bi-weekly or monthly information sessions at Dahlia Women and Family Shelter about menstrual education and overall

shelter rules and expectations regarding cleanliness and hygiene can be highly beneficial for residents in several ways. Firstly, an information session on menstruation can provide essential knowledge and resources to menstruators who may not have access to accurate and comprehensive menstrual education, such as in the cases of Lindsey and Basma, whose mothers failed to provide them with any sort of menstrual education. Ada states that,

“I think offering an information session to [menstruators] at the shelter would be good because then they can freely talk about periods without feeling judged. You know, sometimes maybe the mom isn't there or doesn't want to talk to her child about periods. An information session would be good because then the child can still receive some education on what is menstruation, what are period products, when should they change the pad and things like that” (Ada, Shelter Resident).

Julie also states that,

“You know we've had some residents who receive their first period while at shelter. In a lot of cases, they don't know what to do and ask us instead. We try to teach them as best we can but not everyone feels comfortable asking. So I think having information sessions at the shelter could potentially mitigate that” (Julie, Shelter Staff).

By offering information on menstrual cycles, hygiene practices, and available resources for managing menstruation, this potential session can help to answer questions about menstruation, reduce stigma, and promote confidence and security among menstruating residents. Additionally, hosting an information session dedicated to menstrual education and hygiene can also work to create a supportive and inclusive environment within the shelter community. By openly discussing menstruation and hygiene practices, the session can help normalize conversations about menstruation and potentially reduce feelings of shame, stigma or embarrassment among menstruators, promoting a culture of respect, understanding and confidence.

Finally, an information session can also address shelter rules and expectations regarding cleanliness and hygiene, reinforcing the importance of maintaining a sanitary environment for all residents. For example, many shelter residents and staff alike seemed to credit the uncleanliness of the WASH services to resident's potential disassociation with the shelter as their home. Because many of the residents at Dahlia view the shelter as a temporary living situation, they may feel a decreased sense of ownership and may feel less inclined to maintain a hygienic and clean environment. Beverley states that,

“You know, it's a human right for everybody to live a clean, healthy lifestyle. And like we all live here, I know people don't feel a connection to this place, but we all still live here. I guess we shouldn't be complaining because it's better than being on the streets but if everyone could just do their part in maintaining their own hygiene, it would be really beneficial for all the residents here. I think it's a simple fix” (Beverley, Shelter Resident).

As stated in Beverly's testimony and the conversations I have had with both residents and staff, I believe clearly outlining expectations and providing residents with rules on how to maintain proper hygiene practices can contribute to fostering a sense of responsibility and accountability among shelter residents. This, in turn, may help mitigate hygiene-related issues and promote collective efforts towards maintaining cleanliness and hygiene within the shelter.

Overall, an information session on menstrual education and shelter hygiene rules and expectations can play a crucial role in promoting the health, dignity, and well-being of menstruators within the shelter environment. By equipping residents with knowledge, resources, and support, these sessions can empower individuals to effectively manage their menstrual health while also contributing to creating a safe, clean, and inclusive living environment for all shelter residents.

5.5.2 Creating an Open Dialogue Regarding Menstruator's Needs

The second recommendation put forth by participants is creating a system where residents do not have to directly ask shelter staff for period products and instead are invited to choose their own menstrual products. This can occur in many different ways. For example, shelter staff can invite each family to come down to the front office once a month and privately request any number of hygiene items from the toiletries closet. This can include items like shampoo, conditioner, toothbrushes, deodorant and of course, period products. Alternatively, staff can have residents fill out a needs form on a bi-weekly basis where they can indicate any product or item that they are missing in terms of hygiene. Shelter staff can then personally and privately deliver these items to the resident's rooms without any need for directing sharing details about their menses.

Creating a system where residents do not have to directly ask shelter staff for period products and instead have the autonomy to choose their own menstrual products is a beneficial idea for several reasons. Firstly, it promotes dignity and respect for shelter residents by allowing them to make personal choices regarding their menstrual health and hygiene needs. By empowering residents to select their own menstrual products, this system acknowledges their agency and autonomy, fostering a sense of empowerment and control over their menstrual health. Additionally, implementing such a system can help to reduce the stigma and discomfort surrounding menstruation within the shelter environment. Directly asking shelter staff for period products may feel embarrassing or intrusive for some residents, particularly given the sensitive nature of menstruation. Providing a more discreet method for accessing menstrual products, such as through a needs form or a private request process, can promote discretion and an environment where shelter residents do not have to openly confront their menses in front of others.

Overall, creating a system where residents can independently access menstrual products without direct interaction with shelter staff enhances dignity and reduces stigma within the shelter community. By prioritizing residents' comfort, agency, and overall health, such a system contributes to fostering a supportive and respectful environment where all individuals can feel valued and respected.

5.5.3 Period Products Available in Bathrooms

The third recommendation created by residents and staff is to have period products available in the shelter bathrooms so that menstruators can have access to period products at any given time. According to Sarah, having period products in baskets or dispensers in the shelter bathrooms would be “extremely beneficial” because,

“You don’t always know when you’re going to get your period and it’s not like we carry pads or tampons on us 24 hours a day. Sometimes, you don’t expect your period and you go to the bathroom and BAM! There’s blood all over your underwear. I think having products in the bathroom might help with this because then you can just use the shelter’s products if your period came unexpectedly or you forgot to bring your own” (Sarah, Shelter Resident).

Sarah then goes on to say how the shelter bathrooms are located on one side of the building while the resident rooms are in a completely other section, making it potentially difficult and embarrassing for a menstruator to rush back to their room from the bathroom to get a period product and then rush all the way back to the bathroom just so they can use the product. Sarah believes that having period products in the bathroom could mitigate this as a menstruator could simply use the products in the bathroom instead of having to run across the entire shelter just to pick up a period product from their room.

Similarly, having period products in the bathrooms may benefit residents as they are no longer forced to come all the way down to the front desk to ask a staff member for a period product. Julie echoes this sentiment and says that,

“Not everyone tracks their period so if it just happens and you go to the bathroom and there’s nothing immediately there for you to use, you’re going to have to come all the way down to the front desk just to ask for a period product and that may not always be comfortable, understandably so. I know that if I were a resident at the shelter, this would make me feel extremely uncomfortable. So yeah, I guess it

would be nice to have period products in the stalls or maybe on the bathroom countertops' (Julie, Shelter Staff).

The recommendation to have period products available in shelter bathrooms arises from the practical needs and experiences of both residents and staff members. Sarah, a shelter resident, highlights the unpredictability of menstruation and the inconvenience of not having access to period products readily available in the bathrooms. She emphasizes the embarrassment and difficulty of having to rush back and forth between the bathroom and resident rooms to obtain necessary products, especially in cases of unexpected periods. Sarah's perspective underscores the importance of convenience and accessibility in addressing the menstrual needs of menstruators in shelters.

Furthermore, Julie, a shelter staff member, echoes Sarah's sentiments by emphasizing the discomfort and inconvenience residents may face when having to request period products from the front desk. She acknowledges that not everyone tracks their periods, and in situations where menstruation occurs unexpectedly, residents may feel uncomfortable having to seek out assistance from staff members. Julie's insight highlights the importance of respecting the privacy and dignity of shelter residents by providing discreet and easily accessible means for managing menstruation within bathrooms.

Overall, the recommendation to provide period products in shelter bathrooms is grounded in the lived experiences and practical needs of shelter residents and staff and aims to alleviate embarrassment, inconvenience, and discomfort associated with not being able to access a period product when a menstruator immediately needs it. I believe that implementing this recommendation can work to promote comfortable, confident, and secure menstrual hygiene management.

5.5.4 Offering A Diverse Range of Period Products

Finally, the fourth and final recommendation put forth by shelter residents, staff and myself, is to have a diverse range of period products in the shelter. Having a diverse range of period products available in shelters is beneficial for several reasons. For example,

different individuals have varying preferences and needs when it comes to their menstrual products. This can include preferences for the types of products, such as pads or tampons or preferences for sizes, absorbency levels, material, thickness, texture and more. Menstrual flow can vary greatly from person to person and even from cycle to cycle; Some menstruators may experience heavy flow and require highly absorbent period products, while others have lighter flow and prefer thinner products. By offering a diverse range of products, absorbencies, sizes and materials, shelters can cater to the unique needs and preferences of their residents, ensuring that everyone has access to period products that work best for them. I believe that Dahlia Women and Family Shelter can implement this recommendation in two main ways. 1) Dahlia can submit special requests to donors and make them aware of the different menstrual needs at the shelter. They can do this by relaying to sponsors that they require an influx of different types of period products, sizes, absorptions and materials to better accommodate their menstruating population. 2) Dahlia can collaborate with different menstrual activist organizations and work alongside them to advocate for shelter residents' menstrual needs. Oftentimes, these organizations also donate and deliver period products to menstruators in need so by working with Dahlia, they can continue their mission of helping menstruators in need while also supplying Dahlia with diverse period products.

In conclusion, the recommendation for shelters to provide a diverse range of period products is crucial for ensuring that residents have access to products that meet their individual needs and preferences. Recognizing that menstruation is a deeply individualized experience, it is imperative to offer a variety of options to accommodate these differences. By implementing these strategies at Dahlia Women and Family Shelter, residents can feel better supported, empowered, and respected in managing their periods with dignity and comfort.

6 Conclusion

This last section will highlight the study's strengths, limitations, and end with a conclusion.

6.1 Strengths

One of the key strengths of this study lies in my dedicated effort to deeply engage with both the research participants and the shelter environment. This commitment underscores my sensitivity to the unique experiences and challenges faced by individuals within the shelter context. By immersing myself in the shelter environment and actively building rapport with participants, I was able to establish trust and foster open communication, creating a conducive atmosphere for meaningful data collection. This approach not only demonstrates my genuine interest in understanding the lived experiences of those affected by period poverty but also reflects a conscientious effort to acknowledge and respect their perspectives. Additionally, by investing time and effort in getting to know the shelter dynamics, including its physical layout, daily routines, and social interactions, I was able to triangulate the data and become better equipped to contextualize the research findings within the broader context of shelter life. This deeper understanding enhances the credibility and richness of the study, enabling me to provide more nuanced insights and recommendations that are grounded in the realities of the shelter environment. Overall, my commitment to building relationships with research participants and immersing myself in the shelter setting serves as a foundational strength of this study, enabling me to conduct research that is both insightful and empathetic as this remains one of the few studies on this topic, to my knowledge.

6.2 Limitations

As a case study conducted at Dahlia Women and Family Shelter, this research is inherently limited by its focus on a single location. While the case study approach allows for an in-depth exploration of the specific experiences of shelter residents and staff, it also constrains the ability to generalize findings to other shelters or broader populations. The unique sociocultural context of Dahlia, including its specific policies, resident demographics, and

community environment, may not be representative of other shelters in Southern Ontario. Additionally, the small sample size of participants, typical of case studies, limits the range of perspectives and experiences captured, potentially overlooking variability within the broader unhoused population. These limitations suggest that while the findings offer valuable insights into the experiences of unhoused menstruators at Dahlia, they should be interpreted with caution when considering the applicability to other settings. To mitigate these limitations, future research could expand on this study by including multiple shelters to enhance the generalizability and comprehensiveness of the findings. This, in turn, would enhance the representativeness of the findings and allow for greater insights into the multifaceted nature of period poverty and menstrual perceptions among shelter residents and staff.

It is also important to note that research on the particular lived experience of unhoused menstruators, menstrual perceptions and period poverty is severely underdeveloped from a sociocultural lens. As such, connecting the emergent themes of this research with existent literature and postmodern feminist concepts remains difficult. Therefore, it is pertinent to the health and well-being of all menstruators and non-menstruators alike that research in this field becomes a top priority so that policymakers and stakeholders can create policies and programs that are rooted in evidence and work to provide the best, most optimal outcome for menstruators. As such, it is imperative that there be continuous efforts to broaden the field of menstrual management, menstrual perceptions and period poverty through a holistic and comprehensive sociological lens.

6.3 Post-Study Reflections

Reflecting on my research journey investigating period poverty and menstrual perceptions among unhoused menstruators accessing shelters, I find myself profoundly impacted by the depth of personal narratives shared during the interviews. As a researcher and outsider to the experiences of homelessness, I was initially challenged with navigating the complexities of conducting research in this context. However, the shelter residents and staff

welcomed me with open arms and allowed me to gain invaluable insights into their lived experiences.

Being an outsider to this community, I was aware of my positionality and relative privilege throughout the research process. It was essential for me to constantly assess my own biases and assumptions, recognizing that my experiences and perspectives differed significantly from those of the individuals I interviewed. This awareness prompted me to prioritize listening and centering the voices of unhoused menstruators, rather than imposing my own interpretations or solutions onto their experiences.

One of the most impactful aspects of this research was witnessing the resilience and strength demonstrated by unhoused menstruators in the face of adversity. Despite facing significant barriers to accessing menstrual products and adequate sanitation facilities, many participants exhibited remarkable resourcefulness and determination in navigating their circumstances. Their stories served as a powerful reminder of the importance of amplifying marginalized voices and advocating for systemic change.

On a personal level, this research journey has deepened my understanding of the intersecting issues of gender, poverty, and homelessness, challenging me to confront my own privilege and assumptions. It has reinforced the importance of using research as a tool for social justice and advocacy and has inspired me to continue working towards creating more inclusive and equitable spaces for all individuals, menstruators and non-menstruators alike. As I move forward, I am committed to centring the voices and experiences of marginalized communities in my research and advocacy efforts, recognizing that true social change requires ongoing reflection, collaboration, and action.

6.4 Conclusion

In conclusion, this thesis has shed light on the significant issue of period poverty and menstrual perceptions within the shelter context, offering valuable insights into the experiences and challenges faced by shelter residents and staff. Through semi-structured

interviews and participant observation, key themes such as access to period products, menstrual education, stigma, and barriers to menstrual management have been explored. The findings underscore the importance of addressing period poverty comprehensively, not only through the provision of menstrual products but also through raising awareness of the unique and nuanced experience of each and every menstruator.

To effectively combat period poverty, it is crucial to adopt upstream approaches that address the root causes of this issue, such as homelessness and the accessibility of menstrual products. Expanding affordable housing initiatives and providing comprehensive support services can significantly reduce the number of individuals experiencing period poverty. Stable housing would alleviate the financial burden of securing basic necessities and create environments where individuals can better manage their menstrual health. Additionally, making menstrual products freely available in public spaces, shelters, schools, and workplaces would ensure that all menstruators have access to the resources they need, regardless of their financial situation. By implementing policies that prioritize the distribution of free period products and address the broader socioeconomic factors contributing to homelessness, we can move towards a more equitable society where no one is forced to choose between managing their period and meeting other basic needs. These upstream interventions are essential for creating long-term, sustainable solutions to period poverty.

With regards to this research, I plan to disseminate the results of my study back to Dahlia Women and Family Shelter so that the shelter community can work together to potentially integrate the recommendations that were co-created by participants to, in turn, better the experiences of menstruators accessing shelters. I plan to do this by returning to the shelter after the publication of my thesis and handing them a copy of the full document so that they can potentially reference the research when implementing the suggested recommendations. Additionally, I hope that the publication of this thesis can help other shelter communities with similar social demographics to better the outcomes of unhoused menstruators so that they may menstruate comfortably, confidently, and securely.

Ultimately, by amplifying the voices of those impacted by period poverty and advocating for systemic reforms, we can work towards creating more equitable and inclusive spaces where menstruators are supported, respected, and empowered to manage their menstrual health with dignity and autonomy.

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Appendices

Appendix A: Ethics Approval Notice



Western Research

Date: 24 March 2023

To: [REDACTED]

Project ID: [REDACTED]

Study Title: Period Poverty Among Shelter Users in [REDACTED] Ontario

Short Title: Period Poverty Among Shelter Users in [REDACTED] Ontario

Application Type: NMREB Initial Application

Review Type: Delegated

Full Board Reporting Date: 14/Apr/2023

Date Approval Issued: 24/Mar/2023 10:48

REB Approval Expiry Date: 24/Mar/2024

[REDACTED]

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. **All other required institutional approvals and mandated training must also be obtained prior to the conduct of the study.**

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Interview Guide - Shelter Users (V2)	Interview Guide	15/Mar/2023	2
Interview Guide - Shelter Staff (V2)	Interview Guide	15/Mar/2023	2
Debriefing Letter to Participant (V2)	Debriefing document	15/Mar/2023	2
Recruitment Poster (V2)	Recruitment Materials	15/Mar/2023	2
Letter of Information and Consent - Shelter Users (V2)	Written Consent/Assent	18/Mar/2023	2
Letter of Information and Consent - Shelter Staff (V2)	Written Consent/Assent	18/Mar/2023	2
Recruitment Card - Shelter Staff (V1)	Recruitment Materials	22/Mar/2023	1

Documents

Acknowledged:

Document Name	Document Type	Document Date	Document Version
List of Mental Health Resources for Participants	Other Materials	15/Mar/2023	1

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Page 1 of 2

Sincerely,

A horizontal rectangular area filled with a black and white diamond-shaped grid pattern, used to redact a signature.

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Appendix B: Letter of Information and Consent – Shelter Users



Letter of Information and Consent

Period Poverty Among Shelter Users in [REDACTED] Ontario

Letter of Information and Consent – Shelter Users

Principal Investigator: Dr. Carla Da Silva, Western University



Co-Investigator: Dr. P. David Howe, Western University



1. Invitation to Participate

You are being invited to participate in this research study about menstrual management among shelter users in [REDACTED] Ontario because you are a person who menstruates and accesses shelters for your menstrual hygiene needs.

2. Why is this study being done?

Period poverty, defined as a menstruator's inability to fund their own menstrual hygiene practices, is a pressing issue for low-income and unhoused menstruators as many cannot afford the necessary period products (e.g., pads and tampons). With one in five Canadians struggling to afford the necessary period products, period poverty has been labelled an increasingly important public health issue. Period poverty can also be heightened by a lack of access to water, sanitation, and hygiene facilities (WASH) such as showers, toilets, and sinks. WASH facilities play an important role in maintaining one's menstrual hygiene as menstruators require access to safe and convenient facilities that allow them to clean their bodies. Inaccessible WASH facilities and a lack of access to period products can make it difficult for menstruators experiencing period poverty to menstruate with dignity, confidence, and security.

Although there is a growing field of research that explores the social and political experiences of low-income and unhoused menstruators, there is minimal research on the particular experiences of shelter users regarding the distribution of services in shelters as well as the attitudes, and beliefs of shelter staff. Thus, guidelines or safeguards to support menstruators who rely on shelters are non-existent.

Therefore, the purpose of this research study is to 1) describe the experiences of low-income and unhoused menstruators as they navigate period poverty and stigma while accessing shelter services, 2) understand the experiences, beliefs, and attitudes of shelter staff as they disseminate period products and 3) create recommendations with participants that can be implemented across shelters in [REDACTED] and other Canadian cities to reduce period poverty and stigma among low-income and unhoused menstruators.

3. How long will you be in this study?

It is expected that you will be in the study for 2 weeks or 14 days. There will likely be 2 study visits during your participation in this study [REDACTED] with each visit lasting anywhere from 30 to 90 minutes.

4. What are the study procedures?

If you agree to participate you will be asked to:

- Take part in one (1) semi-structured interview where a member of the research team will ask you open-ended questions about your experiences with period poverty and shelter services. This interview will be held at the shelter location where you were recruited and may last anywhere between 30 to 60 minutes depending on the detail of your responses.
- Consent to having the audio from the interview be recorded. If you are unable to consent to being audio-recorded at this time, you may not be able to participate in this study.

[REDACTED]

[REDACTED]





5. What are the risks and harms of participating in this study?

Conversations about period poverty and shelter use can be emotionally distressing for individuals as they touch upon deeply personal and sensitive aspects of their lives. If you are feeling emotional upset or distress, there are resources available to you. They are listed down below:

Online Services

- <https://cmhamiddlesex.ca/>
- <https://cmhamiddlesex.ca/get-help/>

In-Person Services

- 
- 

Please also note that because we are collecting personal identifiers, there is always the risk of a privacy breach.

6. What are the benefits of participating in this study?

You may not directly benefit from participating in this study however information gathered from this study may provide benefits to society as a whole such as potentially mitigating and acutely resolving issues of period poverty among shelter users. This may be an impactful contribution as the data collected from your participation can make it so that low-income and unhoused menstruators are not as significantly deterred or impacted by their menstrual cycle and in turn, are better able to focus on their survival.

7. Can participants choose to leave the study?

You have the right to withdraw from the study at any time. If you decide to withdraw from the study, you have the right to request withdrawal of information collected about

you. If you wish to have your information removed, please let the researcher know and your information will be destroyed from our records.



It is important to note that a record of your participation must remain with the study, and as such, the researchers may not be able to destroy your signed letter of information and consent, or your name on the master list, however, any data may be withdrawn upon your request.

Once the study has been published, we will not be able to withdraw your information.

8. How will participants' information be kept confidential?

Delegated institutional representatives of Western University and its Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research in accordance with regulatory requirements.

This study will also use the following third-party companies:

Microsoft Teams

- Microsoft Teams will be used to record and transcribe the audio from the semi-structured interviews [REDACTED]
- Link to Microsoft Team's privacy policy: <https://learn.microsoft.com/en-us/microsoftteams/teams-privacy>
- The data collected on Microsoft Teams will be stored in Canada.
- It is important to note that there is always a risk of information leakage when using the internet and third-party companies.

Nvivo

- Nvivo will be used to identify themes from the audio transcriptions taken from the semi-structured interviews [REDACTED]
- Link to Nvivo's privacy policy: https://help.mynvivo.com/nvtranscription/Content/NVT_data_security.htm
- The data collected on Nvivo will be stored in Canada.
- It is important to note that there is always a risk of information leakage when using the internet and third-party companies.

Voice Memos

- The Voice Memos application on the Apple iPhone will also be used to record audio from the semi-structured interviews [REDACTED]
- Link to Voice Memo's privacy policy: <https://www.apple.com/legal/privacy/en-ww/>

- The data collected on Voice Memos will be stored in Canada.
- It is important to note that there is always a risk of information leakage when using the internet and third-party companies.

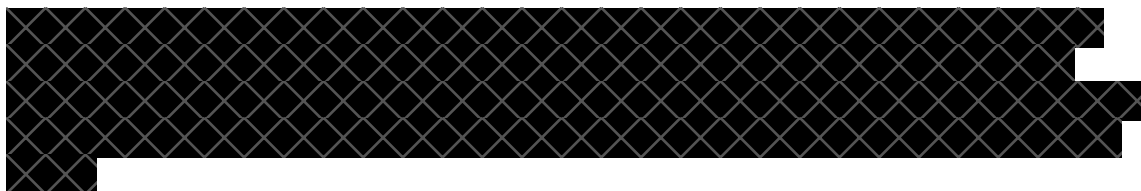
One Drive

- One Drive will be used to store any and all study data.
- Link to One Drive's privacy policy: <https://privacy.microsoft.com/en-gb/privacy>
- The data collected on One Drive will be stored in Canada.
- It is important to note that there is always a risk of information leakage when using the internet and third-party companies.

While we do our best to protect your information there is no guarantee that we will be able to do so. While your name will remain confidential to the research team and password protected, someone may be able to link the data and identify you. If data is collected during the project which may be required to report by law, we have a duty to report.

The researcher will keep any personal information about you in a secure and confidential location for a minimum of 7 years. Each participant will be given a pseudonym (or "fake name") by the researchers during the data analysis phase. A list linking your pseudonym with your real name will be kept by the researcher in a secure place, separate from your study file.

If the results of the study are published, we may include a direct or indirect quote said by you, however your name will not be used and instead, we will use your pseudonym.



9. Are participants compensated to be in this study?

Participants will not receive compensation for their involvement in the study, however we are providing participants with the option to choose between a Tim Horton's gift card, a Giant Tiger gift card and a Dairy Queen gift card. We will also provide menstrual products as a token of our appreciation.

10. What are the rights of participants?

Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate, you have the right to not answer individual

questions or to withdraw from the study at any time. If you choose not to participate or to leave the study at any time it will have no effect on your access to shelter services and resources.

We will give you any new information that is learned during the study that might affect your decision to stay in the study.

You do not waive any legal right by signing this consent form.

11. Whom do participants contact for questions?

If you have questions about this research study, please contact:

Principal Investigator: Dr. Carla Da Silva, Western University



Co-Investigator: Dr. P. David Howe, Western University



If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics (519) 661-3036, 1-844-720-9816, email: ethics@uwo.ca. This office oversees the ethical conduct of research studies and is not part of the study team. Everything that you discuss will be kept confidential.

This letter is yours to keep for future reference.

12. Consent Form

Period Poverty Among Shelter Users in [REDACTED] Ontario

Letter of Information and Consent – Shelter Users

Principal Investigator
Dr. Carla Da Silva, Western University

Co-Investigator
Dr. P. David Howe, Western University

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

I agree to be audio-recorded in this research

YES NO

I wish to participate in [REDACTED] the semi-structured interview [REDACTED]

YES, I would like to participate in [REDACTED] the semi-structured interview [REDACTED]

NO, I would only like to participate in the semi-structured interview.

I consent to the use of unidentified quotes obtained during the study in the dissemination of this research

YES NO

Print Name of Participant

Signature

Date (DD-MMM- YYYY)

My signature means that I have explained the study to the participant named above. I have answered all questions.

Print Name of Person
Obtaining Consent

Signature

Date (DD-MMM- YYYY)

Appendix C: Letter of Information and Consent – Shelter Staff



Letter of Information and Consent

Period Poverty Among Shelter Users in [REDACTED] Ontario

Letter of Information and Consent – Shelter Users

Principal Investigator: Dr. Carla Da Silva, Western University



Co-Investigator: Dr. P. David Howe, Western University



1. Invitation to Participate

You are being invited to participate in this research study about the experiences of period poverty among shelter users in [REDACTED] Ontario because you are a person who is employed or volunteers at the participant shelter and specializes or has experience regarding the distribution and provision of menstrual hygiene products OR knowledge about the water, sanitation, and hygiene (WASH) facilities in the shelter.

2. Why is this study being done?

Period poverty, defined as a menstruator's inability to fund their own menstrual hygiene practices, is a pressing issue for low-income and unhoused menstruators as many cannot afford the necessary period products (e.g., pads and tampons). With one in five Canadians struggling to afford the necessary period products, period poverty has been labelled an increasingly important public health issue. Period poverty can also be heightened by a lack of access to water, sanitation, and hygiene facilities (WASH) such as showers, toilets, and sinks. WASH facilities play an important role in maintaining one's menstrual hygiene as menstruators require access to safe and convenient facilities that allow them to wash and clean their body and areas surrounding the vagina. Inaccessible WASH facilities and a lack of access to period products can make it difficult

for menstruators experiencing period poverty to menstruate with dignity, confidence, and security.

Although there is a growing field of research that explores the social and political experiences of low-income and unhoused menstruators, there is minimal research on the particular experiences of shelter users regarding the distribution of services in shelters as well as the attitudes, and beliefs of shelter staff. Thus, guidelines or safeguards to support menstruators who rely on shelters are non-existent.

Therefore, the purpose of this research study is to 1) describe the experiences of low-income and unhoused menstruators as they navigate period poverty and stigma while accessing shelter services, 2) understand the experiences, beliefs, and attitudes of shelter staff as they disseminate period products and 3) create recommendations with participants that can be implemented across shelters in ██████████ and other Canadian cities to reduce period poverty and stigma among low-income and unhoused menstruators.

3. How long will you be in this study?

It is expected that you will be in the study for 2 weeks or 14 days. There will likely be 2 study visits during your participation in this study ██████████ with each visit lasting anywhere from 30 to 90 minutes.

4. What are the study procedures?

If you agree to participate you will be asked to:

- Take part in one (1) semi-structured interview in which a member of the research team will ask you open-ended questions about your experiences with the distribution and provision of menstrual hygiene products OR knowledge about the water, sanitation, and hygiene (WASH) facilities in the shelter. This interview will be held at the shelter location where you are employed or volunteer and may last anywhere between 30 to 60 minutes depending on the detail of your responses.
- Consent to having the audio from the interview be recorded. If you are unable to consent to being audio-recorded at this time, you may not be able to participate in this study.







5. What are the risks and harms of participating in this study?

Conversations about period poverty and shelter use can be emotionally distressing for individuals as they touch upon deeply personal and sensitive aspects of their lives. If you are feeling emotional upset or distress, there are resources available to you. They are listed down below:

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- <https://cmhamiddlesex.ca/>
- <https://cmhamiddlesex.ca/get-help/>

In-Person Services

- 
- 

Please also note that because we are collecting personal identifiers, there is always the risk of a privacy breach.

6. What are the benefits of participating in this study?

You may not directly benefit from participating in this study however information gathered from this study may provide benefits to society as a whole such as potentially mitigating and acutely resolving issues of period poverty among shelter users. This may be an impactful contribution as the data collected from your participation can make it so that low-income and unhoused menstruators are not as significantly deterred or impacted by their menstrual cycle and in turn, are better able to focus on their survival.

7. Can participants choose to leave the study?

You have the right to withdraw from the study at any time. If you decide to withdraw from the study, you have the right to request withdrawal of information collected about you. If you wish to have your information removed, please let the researcher know and your information will be destroyed from our records.



It is important to note that a record of your participation must remain with the study, and as such, the researchers may not be able to destroy your signed letter of information and consent, or your name on the master list, however, any data may be withdrawn upon your request.

Once the study has been published, we will not be able to withdraw your information.

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- The data collected on Microsoft Teams will be stored in Canada.
- It is important to note that there is always a risk of information leakage when using the internet and third-party companies.

Nvivo

- Nvivo will be used to identify themes from the audio transcriptions taken from the semi-structured interviews [REDACTED]
- Link to Nvivo's privacy policy: https://help.mynvivo.com/nvtranscription/Content/NVT_data_security.htm
- The data collected on Nvivo will be stored in Canada.

- It is important to note that there is always a risk of information leakage when using the internet and third-party companies.

Voice Memos

- The Voice Memos application on the Apple iPhone will also be used to record audio from the semi-structured interviews [REDACTED]
- Link to Voice Memo's privacy policy: <https://www.apple.com/legal/privacy/en-ww/>
- The data collected on Voice Memos will be stored in Canada.
- It is important to note that there is always a risk of information leakage when using the internet and third-party companies.

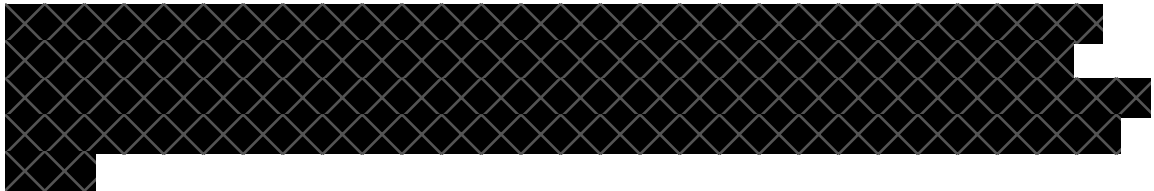
One Drive

- One Drive will be used to store any and all study data.
- Link to One Drive's privacy policy: <https://privacy.microsoft.com/en-gb/privacy>
- The data collected on One Drive will be stored in Canada.
- It is important to note that there is always a risk of information leakage when using the internet and third-party companies.

While we do our best to protect your information there is no guarantee that we will be able to do so. While your name will remain confidential to the research team and password protected, someone may be able to link the data and identify you. If data is collected during the project which may be required to report by law, we have a duty to report.

The researcher will keep any personal information about you in a secure and confidential location for a minimum of 7 years. Each participant will be given a pseudonym (or "fake name") by the researchers during the data analysis phase. A list linking your pseudonym with your real name will be kept by the researcher in a secure place, separate from your study file.

If the results of the study are published, we may include a direct or indirect quote said by you, however your name will not be used and instead, we will use your pseudonym.



9. Are participants compensated to be in this study?

You will not be compensated for your participation in this research or reimbursed for any expenses related to the study.

10. What are the rights of participants?

Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate, you have the right to not answer individual questions or to withdraw from the study at any time. If you choose not to participate or to leave the study at any time it will have no effect on your access to shelter services and resources.

We will give you any new information that is learned during the study that might affect your decision to stay in the study.

You do not waive any legal right by signing this consent form.

11. Whom do participants contact for questions?

If you have questions about this research study, please contact:

Principal Investigator: Dr. Carla Da Silva, Western University



Co-Investigator: Dr. P. David Howe, Western University



If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics (519) 661-3036, 1-844-720-9816, email: ethics@uwo.ca. This office oversees the ethical conduct of research studies and is not part of the study team. Everything that you discuss will be kept confidential.

This letter is yours to keep for future reference.

12. Consent Form

Period Poverty Among Shelter Users in ██████████ Ontario

Letter of Information and Consent – Shelter Users

Principal Investigator
Dr. Carla Da Silva, Western University

Co-Investigator
Dr. P. David Howe, Western University

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

I agree to be audio-recorded in this research

YES NO

I wish to participate in ██████████ the semi-structured interview ██████████

YES, I would like to participate in ██████████ the semi-structured interview ██████████

NO, I would only like to participate in the semi-structured interview.

I consent to the use of unidentified quotes obtained during the study in the dissemination of this research

YES NO

Print Name of Participant

Signature

Date (DD-MMM- YYYY)

My signature means that I have explained the study to the participant named above. I have answered all questions.

Print Name of Person
Obtaining Consent

Signature

Date (DD-MMM- YYYY)

Appendix D: Interview Guide – Shelter Users

Interview Guide – Residents

Preamble

Thank you for taking the time to participate in this semi-structured interview. I appreciate your willingness to share your experiences regarding your menstrual hygiene management.

The dialogue from this interview will be recorded and transcribed verbatim. The research team will work to de-identify participants and their contributions.

The purpose of this research study is to 1) describe the experiences of low-income and unhoused menstruators as they navigate their menstrual hygiene management while accessing shelter services, 2) understand the experiences, beliefs, and attitudes of shelter staff as they disseminate period products and 3) create recommendations with participants that can be implemented across shelters in [REDACTED] and other Canadian cities with similar social demographics to reduce menstrual inequity among shelter users. Your participation in this semi-structured interview may greatly contribute to will be used to potentially create safeguards and guidelines that work to protect menstruators as they navigate their menstrual cycle as a shelter user.

Please keep in mind that there are no right or wrong answers; all views are welcome. This semi-structured should last anywhere between 30 to 60 minutes.

Before moving forward, please let me know if you have any questions regarding the content of the letter of information and consent.

Interview Guide Questions – Shelter Residents

1. So first, tell me a little about yourself.
 - a. How did you find out about [insert shelter name]?
 - b. Tell me about when you first moved into [insert shelter name]
 - c. How was it like transitioning into [insert shelter name]?

2. What is the impact that [insert shelter name] has had on your life?
 - a. Talk more about that
 - b. Why is that important for you?
 - c. Can you provide an example?

3. Walk me through a typical day in your life while at [insert shelter name].
 - a. What are the resources at [insert shelter name] that you find utilizing the most?
 - b. Please provide me an example
 - c. What is it like when you're unable to access these resources?

4. Walk me through a typical day in your life while menstruating.
 - a. What period products do you use when menstruating?
 - i. How do you gain access to these products?
 - ii. Do you find that these products fit your needs?
 - iii. Do you have a preferred menstrual product? If so, why?
 - iv. How often do you find yourself changing your period product?

- b. What are some symptoms you experience during your period?
 - i. How do you manage these symptoms?
 - c. What are some common ways that you access water, sanitation and hygiene (WASH) services?
 - i. What does that look like when you are one your period?
 - Is this different than when you are not on your period?
5. What is something you value when you are menstruating? (if participants ask for further clarification, say, “this can be something physical, social, emotional that you feel is important to you when menstruating” *** only say this part if participants ask for examples ie: warmth, safety, sanitation)
- a. Please elaborate
 - b. What matters to you about having _____? Say more about that
 - c. Please provide an example
6. What is the impact when you are NOT able to reach this value (the value you mentioned above)?
- a. Please elaborate
 - b. What are some barriers to reaching this value?
 - c. Please provide an example
7. What would you say is the most helpful resource to you when you are menstruating?
- a. Why is that important to you? Please elaborate

8. What are your thoughts on having to pay for menstrual products, in that they are not currently being provided for free by the government?

a. Please elaborate

[interviewer say]: **the questions for far have been more practical in nature. Now we will turn to questions that reflect your experiences.**

9. When you think of menstruation or period blood, what comes to your mind?

a. Tell me more about that. Why do you think that?

b. Where do you think that thought/ idea came from?

10. Describe to me the first time you got your period and what that looked like

a. Did anyone teach you about menstruation and period products?

i. What was that like?

ii. Can you describe how you were feeling in that moment?

b. Did anything change for you socially, physically or mentally after you first got your period?

i. Please elaborate.

11. Growing up, what kinds of things were you taught about menstruation?

a. What was taught to you at school about menstruation?

i. How did that make you feel? Please elaborate

b. What was taught to you in your family about menstruation?

i. How did that make you feel? Please elaborate

- c. What was taught to you in your community about menstruation?
 - i. How did that make you feel? Please elaborate

12. Reflect on any positive or negative experiences you have had regarding your menstrual cycle. Can you tell me about that?

- a. What are some positive things/ aspects/ events/ experiences you have had or felt about menstruation?
 - i. How did that make you feel?
 - Please elaborate.
- b. What are some negative things/ aspects/ events/ experiences you have had or felt about menstruation?
 - i. How did that make you feel?
 - Please elaborate.

13. How does [insert shelter name] specifically place a role in your menstrual management?

- a. What shelter service or resource would you say is the *most* helpful to you when you are menstruating?
 - i. How accessible are these services or resources to you?
 - ii. Walk me through an example of how you would ask or seek for these services or resources
- b. How satisfied are you with the menstrual services at [insert shelter name]?
 - i. Please elaborate

ii. Do you have any suggestions on how [inset shelter name] can improve their menstrual services or resources?

- Please elaborate
- Can you give an example?
- Why is that important to you?

14. If we were to create recommendations that [insert shelter name] can integrate to better serve their menstruating community, what kinds of recommendations would you suggest?

- a. What makes you say that? Please elaborate.
- b. What matters to you about having that ____, say more about ____.
- c. Please provide an example.

15. Considering that the goal of my research is to improve the conditions of menstrual management in shelters, do you have any further thoughts, experiences, comments, suggestions that you would like to share that you believe would help?

- a. What matters to you about that?
- b. Please elaborate.

Appendix E: Interview Guide – Shelter Staff

Interview Guide – Shelter Staff

Preamble

Thank you for taking the time to participate in this semi-structured interview. I appreciate your willingness to share your experiences about the distribution and provision of menstrual hygiene products OR knowledge of the water, sanitation, and hygiene (WASH) facilities in the shelter.

The dialogue from this interview will be recorded and transcribed verbatim. The research team will work to de-identify participants and their contributions.

The purpose of this research study is to 1) describe the experiences of low-income and unhoused menstruators as they navigate their menstrual hygiene management while accessing shelter services, 2) understand the experiences, beliefs, and attitudes of shelter staff as they disseminate period products and 3) create recommendations with participants that can be implemented across shelters in [REDACTED] and other Canadian cities with similar social demographics to reduce menstrual inequity and stigma among shelters. Your participation in this semi-structured interview may greatly contribute to the success and survival of low-income and unhoused menstruators as your thoughts, opinions and experiences will be used to potentially create safeguards and guidelines that work to protect menstruators as they navigate their menstrual cycle and their low-income status.

For the purposes of this interview, menstrual inequity can be understood as a menstruator's difficulty in managing their menstrual hygiene. This can include things like not being able to afford period products such as pads and tampons or having access to water, sanitation, and hygiene facilities (also known as WASH facilities).

Please keep in mind that there are no right or wrong answers; all views are welcome. The duration of this semi-structured should last anywhere between 30 to 60 minutes.

Before moving forward, please let me know if you have any questions regarding the content of the letter of information and consent.

Interview Guide Questions – Shelter Staff

1. How long have you been employed or volunteering at this shelter?
 - a. What are some of your responsibilities in this role?
 - b. Please provide an example.

2. What do you do in terms of menstrual hygiene management at the shelter?
 - a. Please elaborate.
 - b. Please provide an example.

3. Do you think there are issues present in shelters that you believe contribute to a menstruator's experience of menstrual inequity from your relative positionality?
 - a. What makes you think that? Please elaborate.
 - b. Please provide an example.

4. Are there any instances or issues that make serving the menstruating population difficult?
 - a. Why makes you say that? Please elaborate.
 - b. Please provide an example.

5. If we were to create recommendations that shelters can integrate to better serve their menstruating community, what kinds of recommendations would you suggest?
 - a. What makes you say that? Please elaborate.
 - b. What matters to you about having that ____, say more about ____.

- c. Please provide an example.
-
- 6. Of all the information referenced above, what else is important to cover today?
 - a. What matters to you about that?
 - b. Please elaborate.

Appendix F: Debriefing Letter



DEBRIEFING FORM

Project Title: Period Poverty Among Shelter Users in [REDACTED] Ontario

[REDACTED]

[REDACTED]

Co-Investigator: Dr. P. David Howe, Western University

[REDACTED]

[REDACTED]

Thank you for your participation in this study. The purpose of this study was to uncover the unique experiences that make accessing menstrual hygiene services in shelters difficult for low-income and unhoused menstruators. This was done by conducting semi-structured interviews with shelter users and staff and gaining insight into the particular frustrations and discomforts that may make managing one's menstrual hygiene while accessing shelters problematic and difficult. [REDACTED]

[REDACTED] We hope that with the information gained throughout the course of this research study, we can create recommendations and solutions that can be implemented in shelters across [REDACTED] Ontario to reduce experiences of period poverty among low-income and unhoused shelter users.

If you are looking for resources or support services regarding mental health, menstrual health, or access to free period products, please access the links below:

Resources and Support Services:

- <https://cmhamiddlesex.ca/>
- <https://cmhamiddlesex.ca/get-help/>
- <https://www.womenshealth.gov/menstrual-cycle/your-menstrual-cycle>
- <https://www.yourperiod.ca/>

Free Period Products

- <https://docs.google.com/forms/d/e/1FAIpQLSfCtYiDd7wKBCxO3npTvDNlrlkvTZH1jm4ZksfUkagQ0dWBFQ/viewform>

- <https://www.facebook.com/periodpovertyprojectlondon/about>

Information provided by you as a participant will remain anonymous and confidential. If you have any questions or concerns, please contact the Principal Investigator [name], or the Co-Investigators [name]

Thank you,

Dr. Carla Da Silva, Western University



Dr. P. David Howe, Western University




Appendix G: Introduction Poster

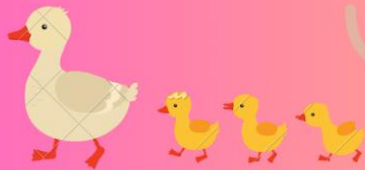


HELLO, MY NAME IS

**Kristina
Fernando**

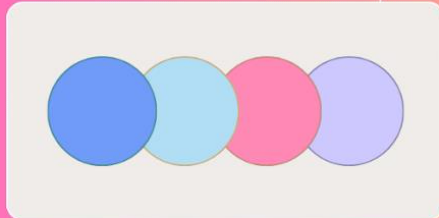
I'm a Master's student at Western University and I am so excited to be volunteering here at 

ABOUT ME



- I am passionate about women's health and all things social justice :)
- I love baking, nature, reading and spending time with my friends
- One day, I want to adopt dog, a cat, a hedgehog and many many ducks!

FAVORITE COLORS



My research focuses on menstrual health and the social/ cultural experiences of menstruators :)

I'LL BE HERE EVERY:

MONDAY: 9:30am- 4:30pm	TUESDAY: 9:30am- 4:30pm	WEDNESDAY 9:30am- 4:30pm
----------------------------------	-----------------------------------	------------------------------------



Appendix H: Recruitment Poster

PARTICIPANTS WANTED

PERIOD POVERTY AMONG SHELTER RESIDENTS IN [REDACTED]



STUDY INFORMATION

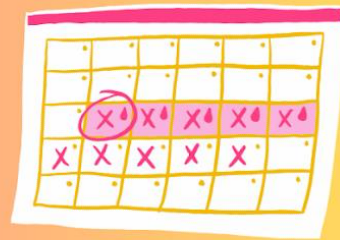
We are recruiting residents from [REDACTED] to participate in interviews regarding their menstrual management experiences

Interviews will take place at [REDACTED] and last 30-60 minutes

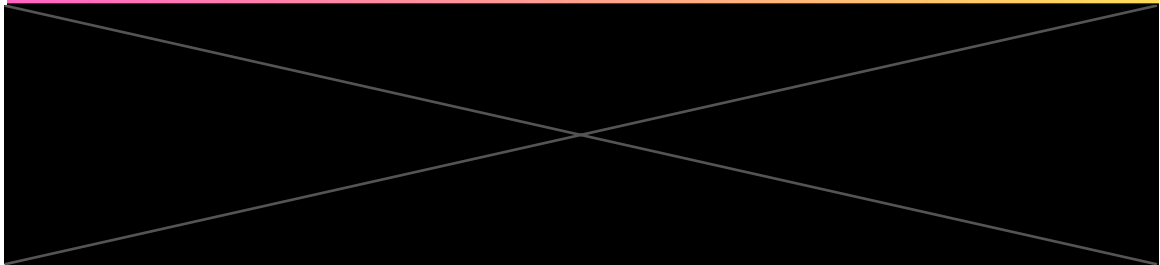
Menstrual supplies will be provided as a token of our appreciation

PARTICIPANTS MUST BE :

- 18 years or older
- able to menstruate (have their period)
- able to read, write and understand English



CONTACT:



Appendix I: Recruitment Card

Shelter Staff Needed

Period Poverty Among Shelter Users in ON

STUDY PURPOSE: We are looking for volunteers to participate in a study that looks at the unique experiences of menstruators who access shelters for their menstrual hygiene needs



STUDY DETAILS:

Participants will be asked to join a semi-structured interview and may also get the option to join a focus group to further discuss their experiences providing menstrual services to shelter users. Interviews and focus groups will be held at participating shelters.

Appendix J: Blog Post

14/01/2022, 10:13

Period Poverty and Stigma in Sri Lanka - Period Poverty and Stigma in Sri Lanka - Western University

Global Health Equity

Blog

Recents Posts

[Positioning ourselves within global health equity goals and landscapes](#)

[Blog Call Out: Climate Ethics, Equity, and Health](#)

[Guilt in the Limitations of Individual Climate Change Action](#)

[Healthcare equity in Pakistan: Observations from a summer visit](#)

[Drones as a Tool for Climate Change Mitigation and Adaptation](#)

[Struggles for More Equitable and Sustainable Food](#)

[Ecological Grief: Mourning a Distant Cultural Home](#)

[Tracking impacts of Poverty and Climate Change on the farmer's body](#)

[Disproportionate Effects of Climate Change: one view from Rural Cambodia](#)

[Illuminating the global shadow pandemic: A silent pandemic](#)

[Period Poverty and Stigma in Sri Lanka](#)

Submission Guidelines

Join the Hub

For inquiries about joining hub or featuring research and resources on global health equity with the network, email ghe-coordinator@uwo.ca

Period Poverty and Stigma in Sri Lanka



Kristina Fernando, BHSc candidate, Western University
November 29, 2021

This blog is part of the GHE@Western blog series inspired by 16 days of activism

Growing up, my family and I would visit Sri Lanka every few years in order to stay connected to our roots and become immersed in our culture, all while visiting family and relatives. These trips were so eye-opening and peaceful as I was able to truly appreciate Sri Lanka's beauty and revel in its diversity, however, it wasn't until I was much older that I was able to identify the inequality that was present there as well.

When I was 15, I went to Sri Lanka and got my period at my aunt's house in the village where my dad grew up. As a South-Asian girl, coming from a developed country, I was very privileged in that I personally had access to all the necessary sanitary items as I remembered to bring them on the plane and even bought some at the airport; this wasn't the case for my cousins and the other women in my family.

When I asked my aunts and cousins what they did/ what products they used during their menstruation cycles, they hushed me, brought me to a corner and told me not to ask those questions out loud. They told me that they did not have access to menstrual products and would instead resort to using old clothing, towels and even newspapers. This shocked me as this was something I couldn't even imagine doing at the time; how did they not have access to the most basic of sanitary items? How come I had a surplus of menstrual products at my disposal when they were just lucky if they could even find one? I came to learn that this was not an isolated issue novel to my little village in Sri Lanka as period poverty and stigma was, is, a very prominent issue that affects millions of menstruators all over the world. This in turn

14/01/2022, 10:13

Period Poverty and Stigma in Sri Lanka - Period Poverty and Stigma in Sri Lanka - Western University

sparked my passion for social justice and I made it my mission to fight for the voices of those unheard.

In many South Asian countries, period poverty, defined as having limited-to-no access to menstruation products during one's menstruation cycle, is exacerbated by period stigma, where the dominant discourse paints menstruation as taboo, unclean and unholy (The Borgen Project, 2018). Period poverty and stigma work together to produce inequities that result in many menstruators facing adverse physical and social consequences. This can include menstruators, particularly cis-gendered women, avoiding work and school, as more than a third of girls in Sri Lanka reported missing school to avoid embarrassment and stigma (The Borgen Project, 2018). I was personally surprised by this until I read that 60% of teachers thought that menstrual blood was impure and that 30% of them thought that vaginal insertion of a tampon resulted in adverse side-effects (Department for International Development, n.d.). It is thus vital that the shame and stigma surrounding menstruation is eradicated, as individuals should not feel oppressed due to something that they personally cannot control. Together, we can fight to ensure that menstruators all over the world have equal and equitable access to menstruation products so that they may thrive and live in a society that not only values them but respects them as well. This is not a women's rights issue; it is a human rights issue. Period.

References

Department for International Development. (n.d.). Menstrual hygiene management in schools in South Asia. Retrieved from https://menstrualhygieneday.org/wp-content/uploads/2018/04/MHM_SNAPSHOT_SRILANKA.pdf

The Borgen Project. (2020). The Fight Against Period Poverty in Sri Lanka. Retrieved from <https://borgenproject.org/period-poverty-in-sri-lanka/>

Photo by Ama_Dam_Vila: Retrieved from <https://pixabay.com/images/id-1829115/>

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[Blog](#)
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Curriculum Vitae

NAME: Kristina Fernando (she/her)

EDUCATION

Degree	University	Department	Year
M.Sc.	Western University	Health and Rehabilitation Sciences – Health Promotion	2022-2024
B.HSc. (Honours)	Western University	School of Health Studies, Faculty of Health Sciences	2018-2022

SPECIALTY QUALIFICATIONS/CERTIFICATIONS

Certification	Organization	Date
Introduction to Gender-Based Analysis Plus	Women and Gender Equality Canada	2024
Building Inclusivity through Anti-Racism	Western University	2024
Supporting Disclosures of Gender- Based and Sexual Violence	Western University	2024
Evaluating Knowledge Translation Strategies in Public Health	National Collaborating Centre for Methods and Tools	2022
Introduction to Evidence-Informed Decision Making	National Collaborating Centre for Methods and Tools	2022
Standard First Aid & CPR/AED Level C	Canadian Red Cross	2021
LivingWorks Start – Suicide Prevention	LivingWorks Canada	2021
Equity Training for Student Leaders: Equity, Diversity, and Inclusion	Western University	2021
Equity Training for Student	Western University	2021

Leaders: Gender-Based Violence Prevention		
AODA – Accessibility in Service	Western University	2020
Strengthening Community Health Worker Programs	Harvard University	2020
TCPS 2: Core – Ethical Conduct for Research Involving Humans Course on Research Ethics	Government of Canada – Panel on Research Ethics	2019
Certificate of Understanding the Unique Contributions to Health Care Access for Families Living in Poverty	Western University	2019
Toastmasters International – Communication and Development	Toastmasters International	2016

EMPLOYMENT HISTORY

Rank & Position	Organization	Date
Graduate Teaching Assistant – HS 3040B – Health Management (<i>N</i> = 51)	School of Health Studies, Faculty of Health Sciences, Western University	Jan 2024 – Present
Graduate Teaching Assistant – HS 2250A – Health Promotion (<i>N</i> = 435)	School of Health Studies, Faculty of Health Sciences, Western University	Jan 2023 – April 2023
Graduate Teaching Assistant – HS 3071A – Determinants of Health and Disease (<i>N</i> = 80)	School of Health Studies, Faculty of Health Sciences, Western University	Sept 2022 – Dec 2022
Elbow Support – EPIC Healthcare Delivery System	Trillium Health Hospital Network	March 2020 – Sept 2020
Laboratory Technician – Summer Student	Bureau Veritas North America	Sept 2022 – Dec 2022

HONOURS AND AWARDS

2020, 2022 - Dean's Honor List
(recognizes full-time students registered in the faculty of Health Sciences who completed a minimum of 4.0 courses during the previous fall/winter Session [September-April] and earned an average for the session of 80% or more with no failed courses)

2018 - The Western Scholarship of Excellence
(recipient of \$2000.00)

2018 – Oscar A. Romero Leadership and Courage
(recipient of \$500.00)

PUBLICATIONS

- Abstracts, Presentations at Conferences ($N = 2$)

Fernando, K. (2023, March 17). Period Poverty Among Shelter Users in London, Ontario. [Poster Presentation]. The Western Research Forum, London, ON, Canada

Fernando, K. (2022, March 30). Period Poverty and Stigma for Female Menstruators in the Western World: An Analysis of Oppressive Cultural Beliefs, Stereotypes, Social Determinants of Health and Discriminatory Legislation. [Oral Presentation]. School of Health Studies Research Conference: Towards a Sustainable Future, London, ON, Canada.

- Translational Work ($N = 1$)

Fernando, K. (2021, November 29). Period Poverty and Stigma in Sri Lanka. Global Health Equity Hub @ Western Blog. Blog Post.

- Acknowledgements ($N = 1$)

Shillington, K. J., Yates, J., Vanderloo, L. M., Burke, S. M., Ng, V., Tucker, T., & Irwin, J. D. (2023). 'When you give kindness out, you get it back ten times more': Ontario adults' prosocial behaviour during the first 16 months of the COVID-19 pandemic. PLOS ONE, 1-24. <https://doi.org/10.1371/journal.pone.0288720>

OTHER SCHOLARLY AND PROFESSIONAL ACTIVITIES

Extracurricular Experience

Advocacy Coordinator – Bleed the North	2021 – Present
Graduate Research Assistant – Irwin Labs, Western University	2021 – 2023
Committee Member – Internal Quality Assurance Process, Western University	2021
Intern – Society for Disease Prevention	2021 – 2023
Student Researcher – Independent Study, Western University	2021 – 2022
President – Sri Lankan Student’s Alliance, Western University	2021 – 2022
VP Outreach – Sri Lankan Student’s Alliance, Western University	2020 – 2021
Promotions – Sri Lankan Student’s Alliance, Western University	2019 – 2020
Health Sciences Team Lead – Leadership Academic Mentorship Program, Western University	2021 – 2022
Health Sciences 2.0 Mentor – Leadership Academic Mentorship Program, Western University	2020 – 2021
Health Sciences 1.0 Mentor – Leadership Academic Mentorship Program, Western University	2019 – 2020
Orientation Leader – Academic Support and Engagement, Western University	2020 – 2022
Volunteer Note Taker – Accessibility Services Offices, Western University	2018 – 2022
Science Team Lead – Global Issues Leadership Team, Bill and Melinda Gates Foundation	2017 – 2019
Cardiac Unit Volunteer – Brampton Civic Hospital, William Osler Health System	2018 – 2019
Front Desk Services – Brampton Civic Hospital, William Osler Health System	2017 – 2018
Dance and Art Volunteer – Cassie Campbell Community Center, City of Brampton	2014 – 2018