



Mapping menstrual equity in Canada: A shared vision

QUALITATIVE RESEARCH

Menstrual Cycle Research Group

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des genres Canada

We would like to acknowledge that Douglas College campuses, where we live, learn, work and play, are located on the unceded traditional territories of the Coast Salish Peoples of the QayQayt and Kwikwetlem First Nations.

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INTRODUCTION

INTRODUCTION

The following report, prepared for Women and Gender Equality Canada (WAGE), presents findings from exploratory research based on qualitative interviews with 31 menstrual equity advocates in Canada. This report is one of three submitted to WAGE: Literature review, Qualitative research and High-level environmental scan.

Mobilization within the community sector, grassroots advocacy and recent policy changes at the municipal and provincial levels indicate that menstruation is emerging as a key equity issue in Canada; however, many programs and initiatives are being developed in the absence of research. In Canada and around the world, menstrual equity advocates have played a key role in raising the profile of period poverty as a social issue, as well as generating initial insights into menstrual inequities. Advocates can offer unique insights into work happening, identifying what is working well and what is not. In addition, many advocates are menstruators and, as such, have lived experience of period poverty or other related menstrual inequities.

We begin by providing a brief context related to menstrual equity advocacy and advocates in Canada. We then turn to an overview of the methodology, including the study design, participant recruitment, study tools (e.g. survey, interview guide) and analysis. We provide a detailed overview of the study population. Results are presented by themes: the **current landscape of menstrual inequity** and **distribution, education, advocacy, and research**. For **distribution, education, advocacy and research, gaps and opportunities in the current landscape** are identified. Results are presented in a largely descriptive fashion with some preliminary links to existing literature. We conclude with a discussion of the strengths and limitations of the present study.

KEY TAKE-AWAYS

This report presents findings from exploratory research based on qualitative interviews with 31 menstrual equity advocates in Canada. Readers seeking to peruse the data and results efficiently may turn to the Table of Contents to identify specific themes. We wish to emphasize that a cursory scan of the key take-aways alone may not afford a full sense of the voices of advocates, a key strength of the present research.

Overall, study participants identified that mobilization by grassroots and not-for-profit organizations have led the menstrual equity movement to what it is now. Study participants emphasized that **organizations that are connected to community are best situated to serve menstruators**; however, they identified a need for support to build sustainable structures. Finally, study participants highlighted that conversations about menstrual equity and destigmatization cannot happen without an intersectional framework that is attuned to the unique characteristics of Canadian society, e.g. impact of regional inequities, need to decolonize menstruation, high level of cultural diversity. A shared vision for menstrual equity that centres menstruators and uplifts the voices of the individuals who have built the movement is key for the future.

The study aimed to:

- understand the **prevalence** and **impact** of period poverty in the Canadian context;
- understand the **intersectional impacts** of period poverty;
- identify over-arching cultural and social norms related to menstruation, with a focus on **menstrual stigma**;
- identify **existing programs** and **initiatives** in Canada, including **distribution, education, advocacy** and **research**.

The study focused on menstrual equity advocates because:

- in Canada, existing knowledge about the extent of period poverty has emerged from within the grassroots and not-for-profit sector;
- they can offer unique insights into work happening on the ground, as well as what is working and what is not;
- many advocates are menstruators, meaning they have lived experience of period poverty, or other related menstrual inequities.

Current landscape of menstrual inequity

- **period poverty** is pervasive and common, a complex and systemic problem
- an **intersectional lens is key**; period poverty intersects with many identity factors, e.g. Indigeneity, gender-diversity, disability, location, family context/culture and cultural identity, location
- Indigenous menstruators face compounding impacts of colonialism and period poverty
- **menstrual stigma** is pervasive, but not universal
- need to address menstrual stigma as part of initiatives and programming, across distribution, education, advocacy and research
- need for **culturally-attuned** and **gender-inclusive** approaches to understanding the impacts of menstrual stigma

Distribution

Many study participants are engaged in distributing menstrual supplies, at a variety of levels, including disposable, reusable and other supplies. Distribution involves procurement, storage and distribution models.

Study participants reported that:

- existing procurement strategies are unreliable
- there is an opportunity to centralize the procurement process
- existing procurement strategies do not meet menstruator needs and preferences
- there is an opportunity to expand tracking and evaluation of distribution
- insufficient storage impacted distribution in a variety of ways
- dedicated funding to support menstrual supply storage would support expanding distribution
- place based solutions do not reach all menstruators
- there is an opportunity to move beyond a 'one-size fits all' approach for distribution
- existing cultural attitudes and beliefs impact the distribution of supplies
- distribution must address the root causes of menstrual stigma as part of developing programs and initiatives

Spotlight on distribution of reusable menstrual supplies (RMS)

Many study participants were distributing RMS and had a desire to expand present initiatives.

Study participants emphasized that:

- the high-cost of RMS is a barrier to expanding distribution
- there is an opportunity to support bulk purchasing as a way to reduce costs of RMS
- there is a need to improve and broaden existing initiatives to support access to RMS
- there is an opportunity to expand and strengthen initiatives and programming to subsidize purchase of RMS

Education

Menstruation education was identified by almost all study participants as a key gap.

Study participants highlighted that:

- there is a lack of comprehensive menstruation education
- there is an opportunity to integrate and expand menstruation education through existing programs
- existing menstruation education is not intersectional
- there an opportunity to develop resources and frameworks to support intersectional and culturally-attuned menstruation education

Advocacy

Study participants are engaging in a range of forms of advocacy at a systems, regional or community and inter-personal levels.

Study participants identified that:

- advocacy is limited by lack of national collaboration opportunities
- there is an opportunity to develop structures that facilitate network building
- there is an over reliance on volunteer labour within the menstrual equity space
- there is an opportunity to support sustainable structures through robust and responsive funding models

Research

Study participants identified research as important and some were involved in nascent or established initiatives to build knowledge.

Study participants emphasized that:

- research is lacking and not always intersectional
- there is an opportunity to strengthen and expand intersectional research initiatives
- research requires time and resources
- there is an opportunity to establish inter-sectoral partnerships to support and carry out research

NOTES FOR THE READER

Throughout this report, we employ the term **menstruators** to acknowledge that not all people who menstruate identify as women or girls, and that not all women and girls menstruate, unless it is a direct quote.

In order to disrupt the commodification and gendering of menstruation, we employ the term **menstrual** or **period supplies**, instead of menstrual products or feminine hygiene products, unless it is a direct quote.

For the purposes of this report, we understand **menstrual supplies** as a range of devices and techniques that menstruators employ to manage menstrual blood. This could include reusable supplies, such as period underwear/briefs, pads, liners or menstrual cups. This could also include disposable supplies, such as pads, tampons and liners. This could also include techniques, such as free bleeding or allowing menstrual blood to flow without obstruction. We also identify that menstruators employ other items, such as hormonal contraceptives and hormonal intrauterine devices. Menstrual supplies could also include items used during menstruation to manage pain or discomfort, e.g. hot water bottles. Where appropriate, we refer to the specific item(s) in question, e.g. disposable tampon, period underwear, hot water bottle.

MENSTRUAL EQUITY ADVOCATES IN CANADA

MENSTRUAL EQUITY ADVOCATES IN CANADA

Before turning to the methodology, we provide key definitions for the research and highlight relevant context factors to help situate the work of advocates in Canada. Finally, we discuss why research focused on menstrual equity advocates is important.

Who are menstrual equity advocates?

In this report, we understand menstrual equity advocates as individuals who are activists working to advance menstrual equity. To this end, there is some concept bleeding between the notion of an activist and an advocate. Period.org defines a **menstrual equity activist** as ‘A person who works in a professional or volunteer capacity to campaign for social and political change around menstrual health (1). **Menstrual equity advocacy** is defined as ‘Actions by individuals or organizations that promote menstrual health and influence menstrual-related considerations and decisions within political, economic or social institutions’ (1). For this research, we employed the term advocate as this was the language most commonly used by individuals within our networks. We suspect that the increased tendency to employ the term advocate (as opposed to activist) indicates the formalization of menstrual equity advocacy. At the same time, we notice that study participants vacillated between the terms, often using advocate and activist interchangeably.

In subsequent sections, we provide specific details about the study population; however, broadly speaking, many menstrual equity advocates are menstruators, while some are non-menstruators. Many menstrual equity advocates came to be involved in advocacy because of lived experience of period poverty or through witnessing experiences in close circles or communities. In the High-level environmental scan, we indicate a range of unique challenges facing menstrual equity advocates. Many challenges identified in the scan are echoed in the research findings, such as the limitations of a sector currently relying heavily on volunteers and donations. In addition, the growing, yet disparate network of advocates across Canada creates unique challenges for recruitment for research, as we note in the limitations in the present report.

Menstrual equity advocacy in context

Research into menstruation has been marginalized along with other aspects of the menstrual cycle, such as puberty and menopause. In addition, research has often amplified or reproduced cultural stigma and taboo, reinforced medical power/knowledge and led to a range of negative impacts on menstruators. There is a long history of menstruation-related activism within grassroots and community spaces as part of sexual and reproductive health (2), as well as reproductive justice movements (3). However, recent years have seen the emergence of activism focused on menstruation within an increasingly wide-range of public sites (4–6), from local community locations to formal legal and political structures (7,8).

In the Global South, collaborations between grassroots organizations, the not-for-profit sector, academia and government, have led to a range of programs and initiatives seeking to address period poverty (9,10). In the United States, recent trends include activism focused on the health and sustainability impacts of menstrual supplies (11) in addition to pushing for policies related to menstrual equity (12–14). We have also detailed the broader context in the Global North throughout the Literature review and the High-level environmental scan. The menstrual equity space is changing rapidly, becoming less and less marginal as periods ‘go public’.

In Canada, key organizations have collaborated around advocacy for women’s health (including menstruation), such as the Réseau québécois d’action pour la santé des femmes (RQASF) (15). More recently, there have been several instances of activists coming together to address inequity by pushing for changes in law or policy. The Canadian Menstruators campaigned for the removal of the tampon tax at the federal level (16,17). A number of groups and individuals were involved in pushing for legislation in British Columbia that led to the Provision of Menstrual Products policy (18). There are also a range of grassroots actions being taken by individuals and groups within communities across Canada to distribute menstrual supplies in an informal fashion or advocate for increased access to menstrual supplies in public spaces. Many of these groups have leveraged the success of earlier campaigns, such as Tampon Tuesday (19).

Some menstrual equity initiatives have led to sustained and formal organizations that have established programs. In other cases, individuals or groups engage in a one-time initiative to distribute supplies and move on to other advocacy. There are also many instances of Canadian companies involved in the design and distribution of menstrual supplies for commercial sale, both disposable (20) and reusable menstrual supplies (RMS) (21).

A recent and related campaign by Action Canada for Sexual Health & Rights is pushing for universal contraceptive coverage (22). Overall, advocates have and continue to play a vital role in raising the profile of menstruation and related issues, as a site for activism and policy intervention.

Why research focusing on menstrual equity advocates?

In Canada, there are a number of advocate-driven initiatives underway. Recognizing the pressing need for knowledge specific to the Canadian context, menstrual equity advocates are an important site for research. In Canada, existing knowledge about the extent of period poverty has emerged from the work and labour of menstrual equity advocates within the grassroots and not-for-profit sector. Advocates can offer unique insights into work happening on the ground, as well as what is working and what is not. In addition, many advocates are menstruators and some have lived experience of period poverty or other related menstrual inequities. Even though menstrual equity advocacy is growing, it is still in a nascent stage. As such, a qualitative approach is key to capturing the dynamic nature of programs and initiatives aiming to address period poverty and fore-grounding the diversity of menstruators. We now turn to the methodology underpinning the present research.

METHODOLOGY

METHODOLOGY

In the following section, we outline the methodology, including the research objectives, study design, participant recruitment and analysis.

Research objectives

As noted previously, knowledge about period poverty in Canada is lacking. Overall, the present study aims to:

- understand the prevalence and impact of period poverty in the Canadian context
- understand the intersectional impacts of menstrual equity and period poverty on populations facing various forms of marginalization and precarity
- identify over-arching cultural and social norms related to menstruation, with a focus on menstrual stigma
- identify existing programs and initiatives in Canada, including distribution, education, advocacy and research

To complement the Literature review and High-level environmental scan, semi-structured qualitative interviews were carried out with menstrual equity advocates.

Study design

The target population for the study were advocates in the menstrual equity realm across Canada. Data collection involved two phases:

- Phase 1: Survey
- Phase 2: Semi-structured interviews

The **survey** was employed to collect basic demographic information e.g. age, gender, sex, race, ethnicity, gender identity, location/region where engaged in advocacy and basic organizational details, e.g. size/focus of the organization. At the close of the survey, participants were invited to indicate if they would participate in an interview and, if yes, to share their contact information.

From there, **semi-structured interviews** were carried out using an interview guide, which was modified based on the work in which the individual was involved. The main thematic categories for the interview guide were as follows:

- general questions about the individual or organization;
- menstruation education;
- menstrual supply distribution;
- policy advocacy;
- research

Finally, the interview guide provided space at the end for open-ended questions related to WAGE, the federal government and menstrual equity policy and programming. Additional follow-up questions reflected themes that emerged in individual interviews.

All interviews took place over Zoom and audio was recorded. Twenty-nine interviews were conducted in English and 2 interviews were conducted in French. At the outset of the interview, participants were provided with an overview of the study details (in addition to what was provided in the consent form). The interview began by asking participants to share their pronouns and select a pseudonym to be used in the communication of the results. In order to ensure anonymity, the present report does not provide any identifiers for quotations from interviews, and all responses are de-identified (e.g. references to specific organizations or local sites are mostly removed).

To participate in the study, participants had to be 18 years or older and be a menstrual equity advocate in Canada. Not all participants who completed the survey and indicated they would participate in an interview were invited to do so. As we will discuss in the participant recruitment section, in addition to recruiting participants through the survey, we also carried out targeted recruitment to ensure that we reached a diversity of participants. We also attempted, where possible, to connect with individuals engaged in work with key populations, as indicated in the Literature review.

The study was reviewed by the Douglas College Board of Ethics. All study participants, for both the survey and semi-structured interviews, read and completed an online form via Qualtrics to provide free and informed consent. In recognition of their time, individuals who participated in an interview received a \$50 digital gift card of their choosing.

Participant recruitment

The survey was open for participation from September 6th to November 28th, 2022. The survey was accessed online via Qualtrics and the announcement (including the link and poster) was shared widely through email, social media and announcements at public talks and events. To ensure that a wide range of individuals were made aware of the study, we compiled a list of organizations involved directly or indirectly in menstrual equity advocacy, including groups involved in areas adjacent to menstruation, e.g. reproductive justice, feminist policy advocacy. In total, we reached out by email to 110 groups, inviting them to participate in the study and share the recruitment poster amongst their networks. In addition, we reached out to our existing networks and shared the recruitment poster on CHARMS, a web application developed by Free Periods Canada that reaches 178 menstrual equity activists in Canada.

Interested participants were asked to complete a brief survey, which included providing informed consent. At the close of the survey, individuals could specify if they would like to participate in an interview. Given the compressed timeline for completion of the research, survey results were downloaded on a weekly basis from Qualtrics as Excel files. Results were cleaned and tabulated on an ongoing basis and interested interview participants were identified. Some participants, particularly those who served under-represented or key groups were invited to participate in an interview. To fill important gaps in recruitment, we also reached out to individuals through targeted searches to ensure that interviews reflected more than one kind of advocacy, advocate and/or region.

In total, 49 participants completed the survey; however, not all 49 participants responded to every question, as participants had the option to skip questions. Of those participants, 31 indicated that they would be interested in participating in an interview. From this list, our team selected 25 individuals for interviews, and identified an additional 6 individuals who did not complete the survey, but who reflected key gaps in recruitment. These 6 individuals were contacted directly by email to participate in the research. The remaining individuals were not interviewed as they reflected knowledge areas that were already covered by other individuals or regions that were over-represented, e.g. British Columbia, Ontario, post-secondary institutions.

Analysis

Basic descriptive statistics for study participants were tabulated from the survey data and reported in the interview participants' section. Interviews were recorded via Zoom and audio files were downloaded and transcribed in Otter.ai. Transcripts in French were translated into English. Individual transcripts were de-identified. Following the completion of the interviews and transcription, we conducted a rapid group analysis session, where each team member reviewed 6 randomly chosen transcripts and identified recurring themes in the selected transcripts. From this session, and building from the questions posed by WAGE, we developed a set of working thematic categories to carry out the remainder of the analysis. The transcripts were divided amongst team members and analysis was completed using the thematic categories. A thematic analysis approach allowed us to examine the data and discover common threads from more than one participant while highlighting unique or particular accounts. The present research highlights links to existing literature where possible; however, the primary aim is to present results in a descriptive fashion, in line with the research objectives and questions posed by WAGE. We now turn to an overview of the research participants.

OVERVIEW OF STUDY PARTICIPANTS

OVERVIEW OF STUDY PARTICIPANTS

The following section provides a summary overview of study participants, drawing on results from the survey and high-level themes from the interviews. Details provided include characteristics of **interview participants**, **location**, **team composition**, **funding**, **target populations** and **services offered**.

Interview participants

The final sample for the study was 31 menstrual equity advocates, and descriptive data is available for 26 participants, and partial data is available for some participants. Participants ranged in age from 22 to 73. Participants' length of involvement in menstrual equity ranged from 1 to 15 years. Participants identified as First Nations (2), East Asian (1), Latin American/White (1), South Asian (3), Central Asian (1), South Asian/Pacific Islander (1), Southeast Asian (1), Caucasian/Cambodian (1), White (16) and no data available (4). In terms of sex, 2 participants identified as male, 23 participants identified as female, 1 participant chose not to answer. In terms of gender, 22 participants identified as women, 2 participants reported identifying as men and 2 participants identified as non-binary. Participants reported the following for sexual orientation: 4 participants reported identifying as bisexual/pansexual, 1 participant noted gay/lesbian, 15 participants reported identifying as heterosexual, 4 participants identified as queer and 2 participants chose not to answer.

31

MENSTRUAL EQUITY ADVOCATES

18 – 73

AGE RANGE

1–15

YEARS OF INVOLVEMENT



Location

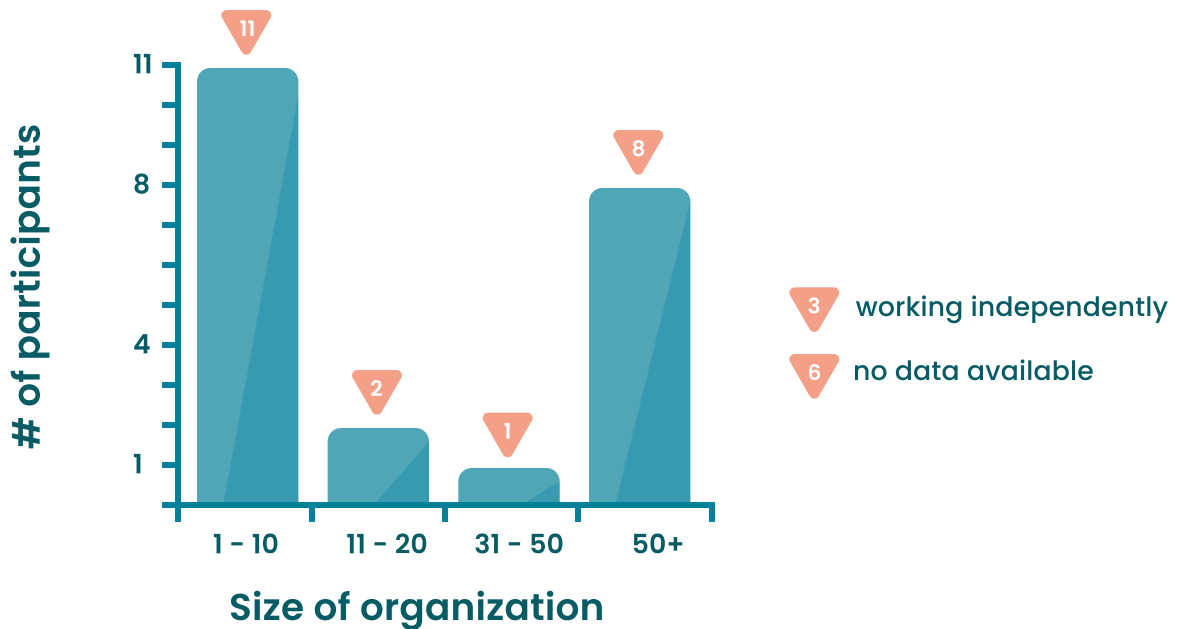
In response to the question, 'What province/territory are you currently working/volunteering out of?', participants reflected a range of locations. Ten participants were located in British Columbia, 10 in Ontario, 3 in Alberta, 4 in Québec, 2 from Saskatchewan, 1 from Nova Scotia and 1 from the Yukon. Participants were asked to specify and/or describe the region that they provide services to and/or advocate within.

In terms of the focus of their advocacy, 9 participants did not specify a region beyond their provincial location. Six participants described the focus of their advocacy as specific cities—Vancouver, Edmonton, Regina/Saskatoon, Montréal, Toronto. Several participants identified broad regions, such as the Lower Mainland or Southern Ontario. A few participants indicated engaging in advocacy in rural and urban locations. One participant identified Ontario, Québec and Nunavut. Two advocates indicated involvement in national initiatives and one is a member of an organization that supports international programming. Many participants indicated focusing on a specific region and engaging in various levels of engagement with regional organizations or groups in other areas across Canada.



Team composition

Based on the survey, 11 participants were part of an organization that had between 1-10 individuals. Two participants were part of an organization that had 11-20 members. Another participant was part of an organization that had 31-50 members. Of the respondents, 8 participants were part of an organization that had 50+ members, 3 participants indicated that they were working independently, and one had no response. Eight participants were in paid positions within an organization and 6 of these individuals were in positions specific to menstrual equity advocacy. The remaining study participants were volunteers. Overall, study participants identified that volunteer labour was a key feature of the menstrual equity space. In addition, even participants in paid positions identified that much work in the organization relied on volunteers.



Funding

Five study participants reported having access to institutional budgets dedicated to menstrual equity. For these individuals, funds were available through a range of partnerships with various levels of government and other not-for-profits. Programs were reliant on access to large grants and investments. As noted above, six participants were in paid positions and engaging in menstrual equity advocacy was part of their general role; however, they did not necessarily have access to consistent budgets to develop programming.

Overall, most study participants were affiliated with organizations run by volunteers. Across study participants, the most common sources of funding were one-time grants, fundraising and menstrual supply donations. Study participants who were affiliated with student groups noted receiving financial and in-kind support from their respective institutions which allowed them to expand their programming. Some groups operating at the local or community level had benefited from neighbourhood grants or one-time funding from municipalities or community service organizations.

For advocates engaged in distribution, the two most common funding sources for organizations were menstrual supply and monetary donations. Participants mentioned that key sources for donations included: community members, local businesses and manufacturers of period supplies. One participant mentioned using Amazon wish lists, which could be used by community members to purchase supplies on behalf of the organization. Monetary donations were obtained by organizing fundraising events and campaigns. This approach of relying on communities for collecting menstrual supplies or monetary donations was described as 'community funding' by 2 participants. Several participants mentioned making use of government pilot programs and institutional funding for program operations related to distribution.

Target population

Many study participants were engaged in programs to meet the needs of a range of menstruators. Many study participants involved in distribution were providing supplies to organizations that serviced marginalized and vulnerable populations, such as those facing housing precarity and homelessness, domestic violence shelters, friendship centres, food banks, transition houses and women's centres. To this end, participants noted that they did not always know who was actually employing the service as tracking was not integrated into distribution. Two study participants were engaged in advocacy focused on menstruators with disabilities. Three study participants were focused on improving access to menstrual supplies for post-secondary students and two participants focused on students in K-12. One participant was an advocate for reproductive and health rights in carceral settings and another participant focused on trans and non-binary menstruators.

Many participants indicated ensuring services offered were gender-inclusive. Several participants indicated a desire to support menstruators in carceral settings, yet no such programming was identified during interviews we conducted. Three advocates we spoke with were specifically focused on Indigenous menstruators, though almost all advocates engaged in distribution noted that they were supplying service organizations that support Indigenous peoples. Many participants noted a general focus on addressing period poverty within the community and identified various intersecting forms of inequity such as poverty and homelessness. Many participants also identified a focus on a range of marginalized groups, such as racialized youth, new immigrants and refugees.

Services offered

Participants were asked to indicate from a list what their organization most focused on and could select all that apply. In total, 20 participants indicated that their organization was involved in menstrual supply distribution, 17 were involved in menstruation education, 18 in policy advocacy, and 12 in research. Three individuals marked ‘Other,’ with 1 specifying menstrual kit production, 1 specifying destigmatization, and 1 specifying menstruation education in a large organization.



We now turn to the presentation of results.

CURRENT LANDSCAPE OF MENSTRUAL INEQUITY

CURRENT LANDSCAPE OF MENSTRUAL INEQUITY

In this section, we present an overview of the **current landscape of menstrual inequity**. We highlight: insights into **period poverty and lived experience**, **why intersectionality is key**, emphasize that **Indigenous menstruators face the compounding impacts of period poverty and colonialism** and that **menstrual stigma is not universal**. Each section highlights broad themes and pulls in relevant quotes from study participants to add context and detail.

Period poverty and lived experience

Period poverty is defined as the limited or inadequate access to menstrual supplies, menstruation education or needed supports, e.g. Water, Sanitation, and Hygiene, as a result of financial constraints or negative sociocultural stigmas associated with menstruation. In this study, participants highlighted that period poverty is a common and unrecognized issue in Canada. However, participants also emphasized that period poverty extends beyond a need for menstrual supplies and is a symptom of systemic issues such as gender discrimination and poverty.

Period poverty prompted many advocates to take action, but also informed their work in an ongoing fashion. In some cases, participants experienced menstrual-related inequities directly and felt the impact of unjust social systems. One advocate indicated that while they could not relate to menstruators experiencing period poverty for extended periods of time, they had experienced a period of precarity and needed to steal 'tampons and pads from my girlfriend's cupboards.' In other cases, study participants were impacted by the lived experience of menstruators within their community. One participant shared,

'They lost their job because of COVID-19. And then because they were physically disabled they could not physically access the food bank. There are people who don't go to university classes or school classes because [of this]... This is people in our own city.'

Stories from menstruators were often impactful in informing future programs or highlighting the impacts of existing initiatives. One participant recalled,

'When I was a teacher, I was really shocked to find that as a teacher, you see my students were secondary students, who weren't really educated about menstruation. I saw that it was really taboo. I noticed that over the years, I became the teacher who dispensed menstrual products because they didn't have a school nurse. ... Word got around that when you have your period and you need a product, [come ask me].'

The participant above noted how this early experience led to their commitment to address period poverty in a deeper way through working in an organization that could support menstrual equity advocacy.

One study participant recounted a testimony from a recipient of a care package which included menstrual supplies.

'I remember one of the testimonies was like, before I got these care packages, I was using dirty socks as a pad because I had to go to work....So I thought that was such an impactful story where I was able to provide a sanitized menstrual product for people really decrease barriers for them to fully participate in the workforce and fully participate in school and fully participate in society as a whole.'

Many participants shared personal experiences from community members who were struggling to access period supplies. They also commonly made reference to the impact of something as simple as providing menstrual supplies. Even so, all study participants identified that period poverty is a complex issue that cannot be resolved with menstrual supplies alone.

Intersectionality is key

The advancement of menstrual equity, which acknowledges at its core that not all menstruators are the same, demands an intersectional lens. As identified in the Literature review, intersectionality is a key framework within menstruation studies literature. Originating in the work of Black-American feminists (23,24), intersectionality identifies the ways that gender intersects with race and class, as well as other forms of systemic marginalization. Study participants highlighted that an intersectional framework is key to understanding period poverty as a complex issue. Advocates also emphasized that an intersectional lens ought to inform distribution, education, advocacy and research. Many advocates stressed that capacity limits meant that they did not always have the ability to fully realize intersectional programming and initiatives. In addition, many participants did not have access to full demographic data for populations they were supporting, meaning they could not always speak to intersections in a direct fashion.

At the same time, participants shared important insights into the importance of an intersectional framework. When asked about the unique challenges facing the populations they support, this individual stated,

'...women tend to be more marginalized or vulnerable than men, number one. Number two, it's like a health need. And also, it's just another thing that women shouldn't have to think about. When I think about ...some of our homeless clients we used to serve. The idea of anyone [being homeless is ...]horrible . but then taking that a step further and thinking about, you know, [a teen or a woman who's homeless, and on top of that is like, trying to figure out how to manage her period, like, the hygiene aspect, and also like the shame aspect ...it's just, you know, it's so sad.]'

As the participant above highlights, period poverty is characterized by compounding forms of inequity, including gender, poverty and housing precarity.

Participants identified specific considerations for programming to reflect the diversity of menstruators. For example, several participants identified the need to reframe the language used on signage when introducing free distribution of menstrual supplies in restrooms, e.g. use of menstrual supplies, not feminine hygiene products.

In other cases, participants identified the need to provide supplies that are specific to the needs of a given group. Several study participants highlighted that 'newer immigrants'/'immigrant and refugee women' have a preference for disposable pads. When asked about the menstrual supplies they distributed and to whom, one participant noted,

'But what but with food banks, what we certainly know is that you have a high population of immigrant women who utilize food banks. And ...pads are the product of choice in that population.'

We understood from several study participants that many menstruators who identified by participants as preferring pads are reflective of groups who are not part of the dominant cultural group in Canada, e.g. white, middle or upper-class, Anglophone, Anglo-European heritage. Participants identified that, many groups also experience the impacts of systemic racism and confront language barriers when accessing services.

Participants also identified the need to address the systemic causes of period poverty, such as poverty (specifically, the feminization of poverty), housing precarity and homelessness, the impacts of colonialism, systemic racism, trans exclusion and ableism. Many study participants emphasized that surface level solutions that do not consider or work to address deeper systemic factors can even lead to deepening exclusion over time. Several participants specifically named the connection between period poverty and social determinants of health to indicate the need for broader support for menstruation across sectors for marginalized and vulnerable populations. Several participants identified the importance of family context as it intersects with age, culture, race and immigration status. As one participant noted,

'...youth will always come to me because, like, ...their parents probably didn't know yet that they were menstruating because they felt like they couldn't tell them because of cultural reasons, or whatever. ... racialized youth specifically, and lots of immigrants and refugees.'

Another participant highlighted how religion can shape individual experiences and the institutions menstruators navigate. The participant below highlights how the context of home and public life shapes experiences of menstrual inequity over time.

'And menstruating people who were saying that they went to Catholic school, some people didn't get any education. And they were just tossed into their adult life without really knowing where to get that support, where to get that education. How are you going to know to practice like harm reduction behaviors, both sexually and for your own menstrual health when it's not taught to you? How are your parents going to teach that to you when they were not necessarily taught when they come from various backgrounds?'

The study participant also highlights how the knowledge, attitudes and beliefs of parents will impact the support that menstruators have, especially early in life. As research has demonstrated, lack of access to well-rounded menstruation education particularly impacts racialized and migrant and refugee menstruators (25,26), even if there are significant gaps within the population, more generally (27).

Overall, study participants identified that knowledge was still lacking about the needs of many menstruators who face the intersecting impacts of period poverty, as identified by existing grey literature reports (28,29). When asked about populations they had identified as being in need of support, recurring groups included menstruators in carceral settings and gender-diverse menstruators, both of whom are also identified as priority groups in research (30–32). Another issue raised by many study participants, and echoed in existing research, was the importance of increasing knowledge about and programs for menstruators with disabilities (33). Many participants indicated that beyond standards for the placement of menstrual supply dispensers, there was a significant gap in knowledge. Several participants noted that there was a tendency to homogenize disability and a failure to consider the distinction between menstruators with different forms of impairment, such as physical, mental, visual. Several participants highlighted that disability intersects with mobility and impacts access to supplies, even if they are free. Finally, almost all study participants identified that Indigenous menstruators are acutely impacted by period poverty as it intersects with colonialism, which is commonly cited in existing literature and reports inside (29) and outside Canada (34–36).

Indigenous menstruators face compounding impacts of period poverty and colonialism

Many study participants identified that the impacts of period poverty are disproportionately felt by Indigenous menstruators and shaped by the continuing effects of colonialism. One participant shared,

'Like when I think about marginalized groups, I also think about the effects of social determinants of health. So when I think about northern communities, when you're in such isolated and rural locations ...it's way harder to get proper transportation, import and export of menstrual products. I think about accessibility issues in terms of like the time it would take for menstrual products to reach these folks compared to folks who live in bigger cities like Toronto and Vancouver. So I would say I think there's a ...huge component and huge focus on these isolated communities, because there's multiple layers of barriers they face compared to bigger cities, and also other cities that have more accessibility to menstrual products.'

The impact of difficult access and remote conditions was echoed by another participant,

'...a lot of them are like, deal with like roads washing out because there's no proper roads there. There's wildfires, there's a lot of them are only fly in. So we're really trying to prioritize those communities. Because they have the most like barriers, both socio economically, but also physically, to access fairly priced menstrual products.'

Another participant highlighted the compounding impact of period poverty and environmental racism, as many Indigenous communities still do not have access to clean water.

Several participants identified that colonialism has erased access to traditional teachings and knowledge for many Indigenous menstruators. The destruction and erasure of Indigenous rites and passages is noted in existing scholarly literature (37–39).

Initiatives to reclaim and restore traditional knowledge were directly identified by three participants, all of whom are either Indigenous or work directly with Indigenous communities. For example, one participant identified the importance of access to 'pain management products for menstrual health' that are aligned with the specific context of communities. They stated,

'We would also eventually like to have discussions with those communities about access to pain management products for menstrual health. Especially since a lot of ...Western medicine, pain management for more severe menstruation, like through endometriosis, or like other uterine disorders does not align with the sobriety goals of the dry communities here. And dry communities are essentially like no drugs, no alcohol or community.'

Across study participants, there were very few individuals who were able to speak to the diversity of needs amongst Indigenous menstruators and within communities. These advocates emphasized the importance of building relationships over time. They also highlighted the importance of an intersectional lens to recognize the diversity of First Nations, Métis and Inuit groups and how period poverty impacts Indigenous menstruators in a variety of ways (e.g. rural or versus urban). Similarly, an intersectional lens can support a robust account of menstrual stigma that acknowledges unique social identities and contexts.

Menstrual stigma is not universal

Overall, study participants emphasized that even though menstrual stigma is pervasive it is not universal. As highlighted in the Literature review, in many societies, including Canada, menstruation is highly stigmatized (40). Menstruation, along with its associated physical processes (e.g. pain, discomfort, reproductive health conditions), menstrual blood and menstrual supplies are meant to be kept private. Study participants identified that menstrual stigma is common and pervasive and is key to the continuing 'silence' around menstruation. Further, study participants emphasized that menstrual stigma must be addressed across distribution, education, advocacy and research. They noted, all these areas can 'contribute to the silencing' if menstrual stigma is not acknowledged.

Many participants shared a similar memory of menstruation education, wherein the class was

divided up into groups of 'boys and girls'. In addition to excluding cismen and boys from conversations about menstruation, participants highlighted how menstruation continues to be framed as something that is private or for one gender and that this concept was reinforced from a young age. Advocates highlighted that menstrual stigma extends to the use of supplies, especially the use of RMS, which require insertion or management of blood in a more direct fashion. Some participants indicated that menstrual stigma is lessening amongst many younger Canadians as menstruation is increasingly normalized. Several individuals mentioned the importance of identifying the intergenerational impacts of menstrual stigma and widening the conversation to include menopause.

Study participants emphasized that menstrual stigma intersects with key identity categories to amplify experiences of exclusion for gender-diverse menstruators, individuals facing related forms of precarity, e.g. homelessness, disability and menstruators in carceral settings. Study participants also emphasized the importance of understanding menstrual stigma as connected to unique cultural identities, e.g. Indigenous, racialized and culturally-diverse menstruators. As one participant who worked as an advocate with students in post-secondary shared,

'My cultural background and the way that I grew up my mom's family and my mom's approach to sexual health and menstruation is quite, I'd say it's quite conservative, it's very repressed. I don't really have the word that I'm looking for. But it's a conversation that just doesn't happen. And when it does happen, there is a lot of really interesting kind of cultural stigma. And the cultural interpretations of what menstruation means in relation to being in gender like gender wise, like what it means to be a woman specifically in the culture that my mom grew up in. That really shaped kind of all of the learning and experiences and shame and stigma that I learned about and internalized growing up and learning about menstruation.'

The quote above highlights the far-reaching impact of menstrual stigma. However, for the participant above, their own experience informed their advocacy. They also highlighted how engaging in advocacy opened up conversations in their family, over time, and led to breaking the silence around menstruation. Overall, study participants emphasized the need for culturally-attuned and gender-inclusive approaches to understanding the impacts of menstrual stigma. The compounding impacts of stigma and period poverty are well documented in research for a range of equity-deserving populations. Intersecting systemic inequities shape the day to day reality of menstruators and have far-reaching impacts on one's body, health and overall well-being.

We now turn to results for **distribution, education, advocacy** and **research**.

DISTRIBUTION



Distribution

Drawing on participant interviews, the following section presents an overview of **distribution** and places a **spotlight on distribution of reusable menstrual supplies (RMS)**. **Gaps and opportunities in the current landscape** are identified.

Many menstrual equity advocates identified distribution of menstrual supplies as a key dimension of their programming or initiatives. Many study participants began with small distribution initiatives within local spaces, e.g. one post-secondary institution or community centre, and expanded efforts over time. In some cases, participants were engaged in distribution within a mid to large scale organization. Overall, study participants indicated that they strove to provide choices to menstruators, often providing disposable pads, tampons, reusable menstrual cups, reusable pads. However, many participants indicated that providing multiple options was not always possible.

The distribution of menstrual supplies can be broken down into three stages: **procurement**, **storage** and **distribution models**. The graphic below highlights common methods of distribution as expressed by study participants. Many participants acquired menstrual supplies, dropped them off in their original packaging to community partners with a physical, publicly accessible location e.g. a food bank or produced 'kits' or 'care packages', which are placed in a publicly accessible location. In many cases, menstrual supplies are placed in washrooms or can be acquired from the staff at partnering organizations. In smaller or remote communities, study participants established 'period pantries', which can act as both a donation point and a pick-up point for menstrual supplies. In some instances, individuals set up in-person booths on university campuses to distribute menstrual supplies. Some participants noted the use of mail delivery systems, though this was not common for the individuals we interviewed.



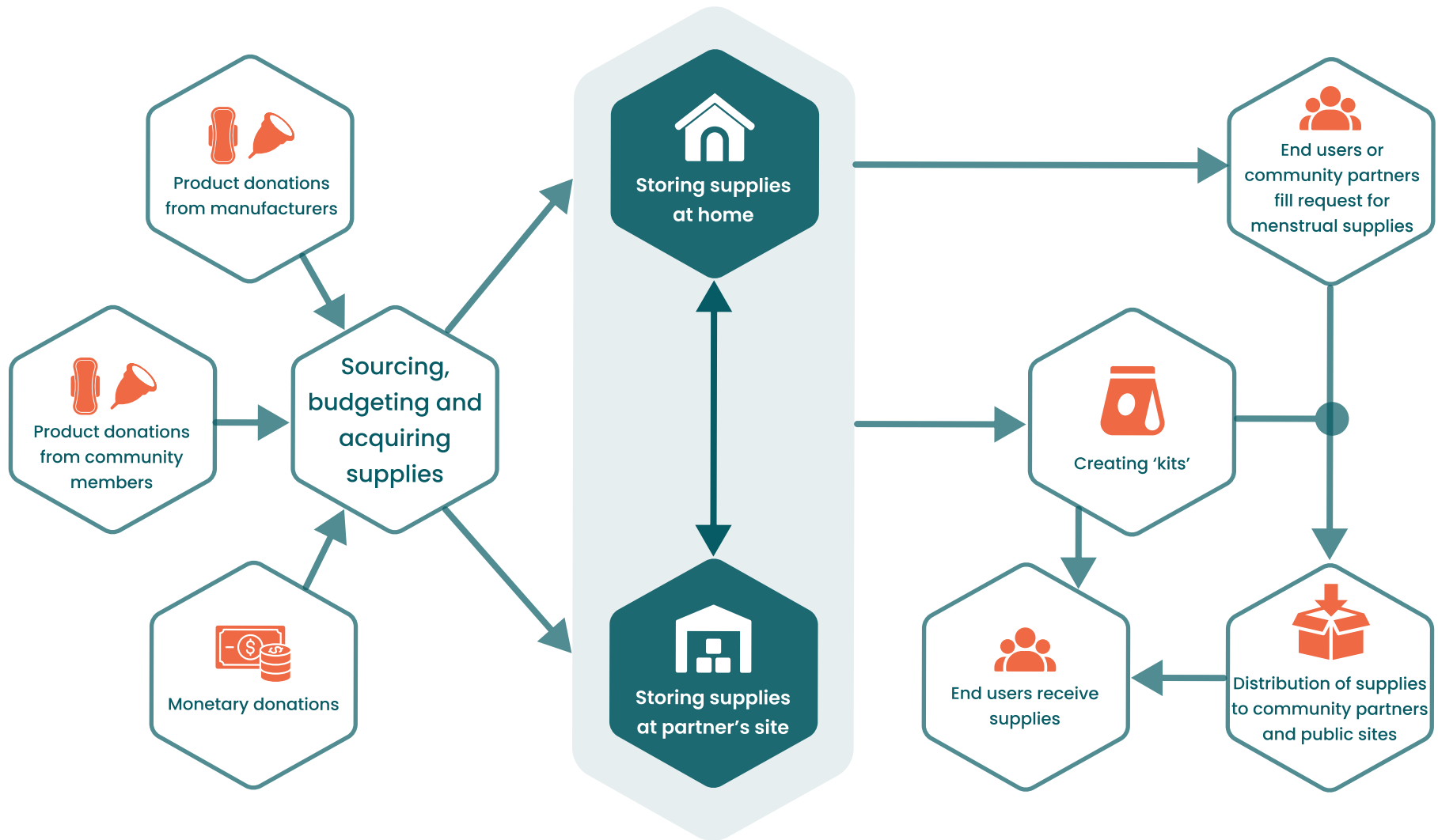
Procurement



Storage



Distribution Model





Procurement

Study participants identified that menstrual supplies are acquired through three major channels: direct donations of menstrual supplies from manufacturers, donations of supplies from community members and monetary donations which are then used to purchase menstrual supplies in bulk. Many participants also noted using events or drives to acquire donations.



Storage

Several participants mentioned storing menstrual supplies in their private residences. In some cases, participants noted that the manufacturer donating the supplies was willing to provide storage until distribution.

'And whenever this organization [menstrual product manufacturer] has enough products to donate, they ship them in a truck to the food bank, and then they ping us to say, we have pads for you. And we either pick them up or say that we can't store any.'

Several participants made note of using public drop-off points at partner organizations, e.g. libraries, pharmacies. In some cases, partner organizations were willing to temporarily store supplies until distribution. Some participants noted that these same partner organizations were able to act as a pick-up point for menstrual supplies. A few study participants were part of organizations that had access to storage facilities.



Distribution models

Study participants shared insights into a variety of distribution models, from small to large scale. As noted previously, individuals were involved in distribution in a range of locales, from local sites to more broadly defined regions. Many advocates were procuring and storing supplies with a view to stocking community-based individuals involved in grassroots distribution and/or partner organizations (e.g. food banks, schools, domestic violence shelters). Several participants noted providing target organizations with a form to request menstrual supplies (e.g. type, quantity). As one individual shared,

'Yeah, so the way that we provide period products is we supply directly to a lot of the shelters and drop-in centers in the city. So, we're very, very specifically like Edmonton and region. And then we also have a direct delivery program where anyone in the city and surrounding area can fill out a form on our site. And then we provide like one month's worth of supplies per menstruator to that household.'

In other cases, study participants distributed menstrual supplies in bulk to partner organizations. Some organizations created 'kits' which included pads and tampons. Several participants mentioned that they also provided hot water bottles and, in some cases, extra pairs of underwear. For most advocates we interviewed, the distribution of menstrual supplies relied on volunteers to collect, organize and drop-off menstrual supplies to partner organizations. In a few cases, participants identified mailing supplies to partner organizations or individuals.

Gaps and opportunities

EXISTING PROCUREMENT STRATEGIES ARE UNRELIABLE

Several participants noted challenges when relying on donations. When asked, 'Is relying on donations of menstrual supplies sustainable?', one participant shared:

'Absolutely not. It's definitely not sustainable. And it feels precarious. Insofar as it depends almost entirely on individual donations, which I think is a problem, because often the folks who are donating are the folks who are impacted by this. So that's problematic.'

As this participant highlights, relying on donations is highly precarious and burdens menstruators, who are often the very same individuals donating supplies. Similarly, the need to constantly rebuild relationships with corporations and the fluctuating nature of access to supplies are common challenges faced in the procurement of supplies. A small number of organizations had the capacity to purchase supplies in bulk, based on the needs of the target population. However, for many menstrual equity advocates we interviewed, they were part of groups or organizations that did not have access to reliable or sustained funding.

CENTRALIZATION OF THE PROCUREMENT PROCESS

Some participants identified centralizing the funding, sourcing and acquisition of menstrual supplies through a standardized process as a way to ensure reliable access to menstrual supplies and ensure the best pricing. Within this model, there was a desire to ensure access to a range of supplies, both disposable and reusable. One study participant saw a potential parallel between condom distribution and period supply distribution. They shared,

'Yeah, I would love to see it [procurement process] mimic the the model that the BC CDC [British Columbia Centre for Disease uses for accessing condoms or harm reduction supplies; where there's kind of like a central provincial menstruation hub that you could order, not only the different supplies, at least to start with, just be the tampons and pads.'

Some participants identified that access to centralized funding would allow organizations to remain autonomous and flexible to adapting needs when sourcing and acquiring the menstrual supplies for their community. Across interview participants, advocates emphasized the need for sourcing and acquisition to be controlled by actors that have the capacity to adapt to changing needs over time, and expressed concern that centralized procurement might not work for all groups and organizations.

EXISTING PROCUREMENT STRATEGIES DO NOT MEET MENSTRUATOR NEEDS

Study participants highlighted that they were not always able to identify in advance the supplies that menstruators most wanted or they had limited capacity to provide a range of choices. Study participants indicated that relying on donations, and equally lack of knowledge about the needs of menstruators, led to surpluses and waste.

'Of course, it's never exact, because we can only work with the product that we ended up getting donated to us. Or sometimes we're able to purchase products through financial donations, but often the demand exceeds the supply in a lot of ways. So like, for instance, right now, we kind of have a surplus of pads, but we don't have any tampons. And so that's a bit of a limitation.'

In addition, study participants highlighted large bulk purchases or donations that were not selected according to population needs meant menstruators cannot choose.

TRACKING AND EVALUATION OF DISTRIBUTION

Several study participants tracked menstrual supplies and were seeking to align with needs of populations they served. However, many participants indicated they would like to track menstrual supplies, but did not have the capacity to do so. Increasing capacity within groups and organizations to carry out pre-evaluation, tracking and targeted procurement will support and build existing capacity. In the long-term, expanding the capacity of groups and organizations also ensures procurement is attuned to the autonomy of menstruators.

INSUFFICIENT STORAGE

The process of distribution requires access to storage, especially for programs seeking to reach and support a large number of individuals or distributing to many different organizations.

As one participant shared, lack of storage space is a significant barrier for menstrual equity advocates to function effectively. One participant notes,

'I know, in the communities that I've worked in most non-profits, or even small clinics... there's no space ...or capacity locally to... store or manage the supplies that would be required.'

Many study participants shared that lack of adequate storage limits the reach of programs and initiatives.

DEDICATED FUNDING TO SUPPORT MENSTRUAL SUPPLY STORAGE

As noted above, adequate funding would allow menstrual equity advocates to purchase supplies in an intentional fashion. One participant highlighted that funding would investment in storage, which would play a pivotal role in increasing the number of people they can support.

'There's always a growing list of people that need our supports and it's a desperate race to get them those products as quickly as possible. What I would like for us to function better is more money. Because with money, I can afford to get a warehouse space right now. The period products are physically stored in my home.'

It is not sustainable or reasonable to expect advocates to employ personal space to carry out distribution work. In fact, the shared experience of doing so highlights an equity issue that negatively impacts advocates (many of whom are menstruators) doing the work of addressing menstrual equity across various aspects of their personal lives.

PLACE BASED SOLUTIONS DO NOT REACH ALL MENSTRUATORS

Most study participants emphasized that free pads and tampons is not enough, nor does it address the underlying systemic factors that lead to menstrual inequities. One study participant shared,

'Because I think that piece is missing. If they're distributing through schools, what about spring break? What about Christmas break? And if that's where they're accessing products, what about what are their families doing then? Or what are our menstruating people doing? If they happen to get a period during that break, and they don't have anything at home?'

As the individual above identifies, solutions to period poverty that are limited to a specific place have limited capacity to provide a long-term solution. Study participants emphasized the need to move beyond a one-size fits all or simply 'slapping a pad on period poverty'. In addition, many participants indicated a need for more wide-ranging support that included access to a range of supplies.

BEYOND A 'ONE-SIZE FITS ALL' APPROACH FOR DISTRIBUTION

Menstrual equity advocates we interviewed expressed wanting to meet the needs of menstruators, wherever they are, and whoever they are. Study participants emphasized the importance of delivering supplies in a manner that is tailored to the unique needs of menstruators. Some participants indicated the importance of having supplies in all restrooms when providing publicly available supplies. One individual indicated the importance of a 'direct delivery program' to support menstruators with disabilities and other individuals facing mobility challenges.

'It was someone who they lost their job because of COVID. And then, because they were physically disabled, they could not physically access the food bank. So the food bank was not feasible for them to physically go there. The fact that we had that direct delivery program literally made it so that they could have period products.'

In another instance, a participant identified that meeting needs of menstruators in prisons extends beyond 'free accessible choice of menstrual products'. They highlight related needs,

'The importance of this isn't just about free accessible choice of menstrual products in the prison systems. It's also about the autonomy to manage menstruation, not only the autonomy, but the education to management menstruation through contraception, routinely denied people in prison and also at the connected issue of lack of access to analgesia to Tylenol, Advil.'

Study participants indicated that research and tracking are key to identifying needs and developing distribution strategies that work for menstruators, in an evolving and on-going fashion.

EXISTING CULTURAL ATTITUDES AND BELIEFS IMPACT DISTRIBUTION

Study participants emphasized that menstruation remains highly stigmatized and is often framed as a topic for 'women and girls only'. One study participant shared that existing cultural attitudes and beliefs about menstruation impact day to day operations, as well as the roll out of programs. They stated,

'And then they, ...handed it off to one of the you know, overarching city departments, and the director of that department just gave it to a female member of his managerial staff. ... It didn't really seem like any thought went into who should do this and how it should be done. It was very, like ad hoc, and figure it out as they go.'

The participant indicated that the lack of knowledge or attention to the systemic nature of menstrual inequities meant that the department had also not considered the need to engage in training or education to ensure safety and inclusion of gender-diverse menstruators. Decision-makers also assumed that a woman staff was the best suited to manage the program, which is presumptive and problematic. One individual should not be responsible for resolving menstrual inequities and robust programming will involve menstruators and non-menstruators.

ADDRESS THE ROOT CAUSES OF MENSTRUAL STIGMA

Study participants emphasized that providing free supplies in restrooms can be part of a much broader program for change, especially if related systemic factors are identified and addressed.

Many participants expressed that surface level changes that increase access need to align with deeper work to address systemic factors—regardless of where they take place. To this end, education and awareness programming informed by intersectionality and targeting stigma are key to consider when developing distribution models.

'My suspicion is that just providing product in community doesn't make it so that everyone's suddenly talking about menstruation as though it's a wonderful thing or is though, suddenly everyone's going to need to stop being uncomfortable talking about it, or suddenly everyone has to stop making jokes about it when they're in their teenage years, you actually need some kind of programming that addresses that menstrual stigma.'

As another participant identified, addressing the root cause of menstrual stigma involve reclamation of ceremony for Indigenous menstruators,

'For menstrual equity to become a reality, there sort of needs to be work done, to bring us back to these ways of ceremony and community and supporting women and their experiences. Not just, you know, not just Indigenous women, all women, but for indigenous communities, especially there needs to be like better access to like health care, and support and ability to practice these ceremonies, and things like that, so that indigenous women can thrive.'



Spotlight on RMS

Spotlight on distribution of reusable menstrual supplies (RMS)

Many study participants discussed RMS as part of distribution. Many study participants noted that initiatives to provide free menstrual supplies in public restrooms are problematic as they do not include RMS or take into account the impacts on the environment. Several study participants emphasized that RMS provide a 'long-term solution' that is owned by menstruators. Study participants identified that particular distribution models were required for RMS, when compared to disposable menstrual supplies. Many advocates were currently distributing RMS and expressed a desire to expand.

For procurement, study participants indicated acquiring RMS through donations or purchasing directly. In other cases, study participants partnered directly with manufacturers to receive donations. As one participant shared,

'They [an RMS manufacturing company] have some underwear that's like the stitching is off, but it's completely fine. But they can't sell because someone will be mad. So, we get things like that, too. We just kind of like take people's scraps, and then we get donations from random places. It's an inconsistent supply, but it's steady enough that we've never run out.'

There was nothing unique in the storage methods employed for RMS. Several study participants indicated that RMS were popular and stated that often they could not 'meet demand'. Some participants employed intake forms, where possible, to assess need for individuals and partner organizations, for RMS and disposable supplies. One study participant shared that they used a voucher form distributed to menstruators at an event to facilitate distributing RMS. The supply was then mailed to the individual. Several study participants had distributed RMS at workshops or events, along with informational pamphlets describing use and care.

Gaps and opportunities

RMS ARE EXPENSIVE

Many study participants indicated that the high cost of RMS was a barrier for menstruators and groups seeking to distribute these supplies. Many study participants indicated that donation drives often yielded significant amounts of disposable tampons and pads. RMS were less likely to be donated and study participants indicated difficulties in reliably accessing donations of these more costly items.

BULK PURCHASING AS A WAY TO REDUCE COSTS OF RMS

Many study participants flagged the benefits of bulk purchasing, especially for higher cost items. Some advocates expressed concern about the challenges of navigating corporate partnerships. One participant shared,

'Coopting of grassroots work where some companies want to partner and as such take ownership for the work that we've done. And that's feels very awkward to so navigate.,' 'I honestly think that like government is the best potential partner both in terms of advocacy, but also in terms of funding, like if a government is willing to spend money to fund existing organizations or scale up their operations with something that feels sustainable and safe, so that we can plan long term, then I think that that's a real strength.'

As this participant highlights, the government can act as an intermediary between advocacy groups engaged in distribution and producers of supplies. There are many Canadian enterprises engaged in manufacturing of RMS. Many of these organizations have been directly engaged in advocacy efforts and in some cases engaged in specific initiatives and campaigns (21,41–43).

NEED TO IMPROVE AND BROADEN EXISTING INITIATIVES TO SUPPORT RMS ACCESS

Study participants shared that existing strategies to advocate for free supplies in public spaces have emphasized 'fixing menstruation in the washroom'. As noted, there are many reasons why this is problematic as period poverty continues outside public washrooms. While focusing on free supplies in public has led to movement and change, several individuals highlighted how the same strategy shuts off including RMS as part of distribution in public institutions and spaces.

One participant shared,

'...if you give them a reusable product, then it's not an emergency menstrual product, which is mostly, we've been talking about ...something like that students need ASAP, in case they weren't prepared. So it's going to be a different path that we need to follow to get [better access to RMS.]'

Overall, study participants' insights highlighted how political work to agitate for change, including distribution models that ensure global access, impact the cultural views about the 'solution to menstrual equity'. Study participants emphasized the importance of considering how choice of menstruators is factored in and assess the long-term impacts of new distribution programs, including health impacts and sustainability.

Several participants mentioned the Québec subsidy program. While many advocates indicated that the existence of the program was important, they saw the need to expand and simplify the process. For example, one individual shared,

'...the paperwork required to actually get reimbursed is extremely complicated. The money runs out really quickly. So often, I don't know exactly what time of the year, but you know, it's the budget exists until it's exhausted. And it is consistently exhausted and ...so I think that in in theory, it's a great program, but in practice, I think that there's a lot of barriers to using it.'

Overall, participants noted that there were not enough initiatives to meaningfully support access to RMS in Canada.

BEYOND A 'ONE-SIZE FITS ALL' APPROACH FOR DISTRIBUTION

Study participants identified a need to expand and strengthen existing initiatives and programming that subsidize the purchase of RMS. To date, only one such program exists in Canada, that we are aware of. Thus, it is not surprising that study participants did not share additional examples or insights in this regard. As noted above, a few study participants noted handing out RMS at workshops and events, along with education pamphlets to support use and care. One study participant indicated using a voucher system to deliver RMS. Intake forms with RMS being mailed was another method described by some participants.

EDUCATION



Education

The following section presents an overview of **education**. **Gaps and opportunities in the current landscape** are identified.

Menstruation education was identified by almost all study participants as a key gap in the current landscape. Participants made specific mention of the absence of menstruation education in the K-12 system. Study participants also identified a more general lack of knowledge across society and a range of key sectors, and cited the need for better education for healthcare providers about culturally attuned and gender-inclusive care. The need to expand and develop further online resources was also cited by several participants. At the same time, many study participants identified that education was not a primary focus of present initiatives because of capacity limits or knowledge constraints of their team.

Many participants shared that informal knowledge exchange in relation to menstruation often occurred during the course of distributing supplies to partner organizations. One participant, who distributed supplies to a large number of public schools in Ontario, shared that when they were dropping off boxes, teachers or administrators would approach them with questions. In other cases, advocates noted engaging in dialogue about the importance of menstrual supply access for all menstruators. For example, one participant shared,

'... I would just kind of, you know, provide them with context and education on why they need to do more than that. And a lot of that involved like, basic, basic things, and explaining basic things and terminology such as, you know, what cisgender means and what trans means and what non-binary means, and like providing all of this, those different identities, and the different definitions for terms so they could understand why it was necessary for products to not only be in girls and women's washrooms but also men's washrooms.'

The study participant above highlighted that education and distribution are connected. Further, being cognizant of an intersectional lens and related stigma ensured that they supported all menstruators with distribution.

Several study participants were involved in intentional and structured approaches to sharing knowledge. Common activities included workshops, social media campaigns and the development of resources or guides. Topics for workshops varied across participants. Some common broad themes included biological changes in the menstrual cycle, disrupting period stigma, awareness-raising in relation to period poverty and how to use and care for RMS. Many participants who are engaged in advocacy within post-secondary settings made mention of workshops to engage campus community members, raise awareness of issues and gather donations for distribution.

For a few study participants, education was a core aspect of programming. In one instance, two study participants identified engaging in robust programming.

'...the objective was very broad. To raise awareness about a variety of issues including dignity, health, equality as it relates to period poverty and to engage with people in our partner organizations, but also the wider public.'

The above study participant indicated that the current initiative was the work of many years and built over time as funding for programming expanded.

Many advocates we spoke with identified the need to include cis men and boys within education and noted making efforts to engage in conversations related to the normalization of menstruation amongst close friends and family. Overall, we noticed that many study participants were deeply motivated to pursue menstrual equity advocacy at least in part because their own experience of menstruation education had been inadequate.

Gaps and opportunities

LACK OF COMPREHENSIVE MENSTRUATION EDUCATION

Overall, study participants emphasized that there was a pressing need for comprehensive menstruation education. Participants emphasized a general need in society for education campaigns to to disrupt stigma. Study participants highlighted that information available online was hard to find or not widely known. Many study participants recounted experiences with menstruation education as part of their own school experience. A common narrative was a memory of being separated into groups of 'boys and girls' and 'leaving with a pad' at the end of the session. One participant shared,

'A lot of the time the boys go one way, and the girls know another way. And so when you start talking about the different processes that are happening in a girl's body, you know, people who don't menstruate really don't understand the concept of what has to happen and what needs to happen for those who do.'

Participants emphasized that they received little to no education regarding the various types of supplies, e.g. insertable, non-insertable, RMS, organic, either use or care. Study participants emphasized that choice was not a topic of discussion in the sessions they attended. Participants also emphasized that there was no discussion of gender-diversity, cultural diversity or the impacts of menstrual stigma.

Overall, study participants emphasized that their experience of menstruation education within school largely involved the biology of menstruation as tied to reproductive processes. Participants indicated that there was little to no reference to menstrual equity issues, period poverty, or other facets of menstruation, such as PCOS, premenstrual dysphoric disorder or endometriosis. Several participants emphasized the power of good information about menstruation, which is vital information for self-advocacy for many equity-deserving groups.

INTEGRATE AND EXPAND MENSTRUATION EDUCATION THROUGH EXISTING PROGRAMS

Two individuals were advocates within an organization that had established small and large-scale educational initiatives. The model employed by the organization was attuned to making information as accessible as possible, i.e. freely available online. The organization also engaged in a variety of other forms of knowledge-mobilization through events, workshops, and social media campaigns. These participants were actively involved in educational programming that sought to disrupt the medicalization of the menstrual cycle and support increased knowledge amongst menstruators and non-menstruators. Such a comprehensive level of educational programming was rare amongst advocates we connected with.

Other advocates we spoke with expressed a desire to expand using a similar model, where information is developed over time, in a range of settings, and reproduced and made public through a variety of means. Several advocates also indicated that there was a possibility to expand and develop existing programming related to sexual and reproductive health to include menstruation.

Many advocates emphasized that menstruation education can and should be included as mandatory within the K-12 education system. Advocates emphasized the importance of addressing gaps in public and private schools as well as not-for-profit organizations that are already delivering levels of education to the public.

Study participants emphasized that educational initiatives and programming ought to include non-menstruators, as this is an opportunity to impact attitudes and beliefs about menstruation from a young age. Participants also highlighted the need for education directed at menstrual equity and destigmatization in a manner that is engaging for the target audience and sensitive to the prevailing silence around menstruation.

'To help the students sort of move through the deep embodied shame, they would do theater exercises, and, and acting and sort of help to, you know, have students be able to move through the feelings without having to verbalize them necessarily.'

MENSTRUATION EDUCATION IS NOT INTERSECTIONAL

Study participants emphasized that existing menstruation education does not fully consider an intersectionality. Advocates emphasized that the lack of an intersectional lens leads to poor and incomplete resources for menstruation education. Study participants identified that menstruators facing the intersectional impacts of period poverty were acutely impacted. For example, several participants emphasized that 'newer immigrants and refugees' arrive with diverse cultural beliefs which may not align with existing menstruation education delivered at schools and within community organizations. Study participants highlighted that distribution models do not always consider the related educational component. Cultural beliefs impact comfort with insertable menstrual supplies, such as tampons and menstrual cups.

Several study participants highlighted that existing menstruation education for healthcare providers negatively impacts menstruators with disabilities and gender-diverse individuals. Overall, many participants emphasized that existing menstruation education is not attuned to cultural differences in terms of the impacts of period poverty or stigma. For example, many advocates highlighted that education for menstruation ignores the impacts of colonialism on menstrual attitudes and beliefs. Advocates stress that lack of education about the experiences of Indigenous menstruators and the broader context leads to a general lacuna in relation to needs for distribution, advocacy and research.

DEVELOP INTERSECTIONAL AND CULTURALLY-ATTUNED MENSTRUATION EDUCATION RESOURCES

Advocates identified that menstruation education varies greatly across Canada and that much work is needed to fully address the needs of menstruators. Even so, advocates identified that there is an opportunity to expand education by building out from existing programs and initiatives that are attuned to intersectionality. Advocates also stressed the importance of culturally-attuned menstruation education. Study participants highlighted the need for formal educational programming within the K-12 system drawing on expertise from within the not-for-profit and academic sectors. Advocates also indicated the value of broadening and expanding publicly available resources, such as toolkits, guides and websites.

Finally, study participants emphasized there is an opportunity to provide menstruation education, across sectors, that is gender-inclusive, grounded in a decolonial lens and culturally-attuned to diverse backgrounds. An important component of robust menstruation education resources would be the inclusion of Indigenous, gender-diverse, and other equity-deserving groups in the knowledge building and development of new resources and frameworks. In addition, several participants stressed that, inclusive programs, inclusive programs and initiatives avoid tokenism or surface-level actions.

'It's kind of like 'Nothing about us without us' adage that we borrow from critical race theory and Indigenous decolonization work where it's like, it works for trans folks too. And that is like meaningful inclusion, as opposed to, again, the kind of tokenistic inclusive language that isn't backed up with anything.'

ADVOCACY



Advocacy

Drawing on participant interviews, the following section presents results related to **advocacy**. **Gaps and opportunities in the current landscape** are identified.

Advocacy intersects with distribution, education and research; however, in this section we highlight specific programs and initiatives related to the work of advocacy as identified by study participants. For example, several individuals were involved in lobbying for policy change at the local, provincial or national levels. Other individuals were engaged in pushing for menstrual supply access in specific sites or institutions. In other cases, study participants were involved in work to support networks or working groups, at local, provincial or national levels.

Many advocates we interviewed were engaged in advocacy at a systems level, engaging with multiple partners at a provincial or national level. For example, one advocate shared,

'...we've done a lot of advocacy work directed specifically at the provincial government, where we've advocated for things like a research project, which was funded by the provincial government. We advocated for government policy around access to menstrual products in public schools, which became a policy of the government through ministerial order in 2018. And ultimately led to, not through our work, but through the work of a whole bunch of other local activists across the country, led to other governments making similar commitments. We've done a lot of advocacy work through a policy agreement towards municipal governments as well. So we've got relationships, or commitments from approximately 15 to 18 municipal governments around access to free menstrual products in public spaces.'

On a community level, advocates who participated in the study were involved in a variety of activities to push for change. Study participants indicated initiatives related to pushing for free supplies in workplaces, schools, post-secondary institutions, community sites and more. Participants emphasized that partnerships with other advocates were pivotal for the success of initiatives.

To this end, many individuals indicated being involved in initiatives to build opportunities for collaboration within and across sectors. For example, one individual was involved in building networks and capacity for advocacy groups on a provincial and federal level. However, they noted that it was important to engage and build local partnerships, as well as draw in new partners. They stated,

'...we've also done a lot of work on engaging local activists, with the intention of building more opportunities for local activists to work together to collaborate and to do some really cool projects together. So some really amazing groups and organizations and businesses have been able to connect not necessarily explicitly because of this community action group that we built, but through it really strengthen and enhance the relationship and the possibility for the connection.'

On a personal level, across interviews, study participants emphasized the labour intensive nature of advocacy, but also the incredible joys that come from working together to create change. Study participants were careful to highlight that achievements were hard-won and involved many actors working across regions.

In the absence of 'champions' or 'menstrual allies', 'hard numbers' and relationship building were identified as increasing the effectiveness of advocacy. Regardless of the level at which individuals were engaging, study participants emphasized that they had to pre-emptively address assumptions and misconceptions about menstruation and menstruators when introducing initiatives. Commonly cited examples included helping decision-makers understand the importance of gender-inclusion, as well as debunking the myth that access to free menstrual supplies will result in over-use or abuse. Study participants also emphasized that menstrual stigma and a lack of awareness about menstruation impacted the receptivity of decision-makers to propositions, highlighting the importance of comprehensive public-facing education initiatives.

Gaps and opportunities

ADVOCACY IS LIMITED BY LACK OF NATIONAL COLLABORATION OPPORTUNITIES

Many participants emphasized that locally and regionally, there have been many instances of strong collaboration amongst organizations and individuals involved in advocacy. However, opportunities to collaborate at a national level remain limited. One participant shared,

'I think that it's nice that we have these little pockets of like community things in Canada, I love being part of it. But it's extremely inefficient in terms of actually getting to the bottom of it. I do think there's a need for the movement to be more cohesive across Canada in a way that would make consistency and access easier.'

As one individual emphasized, building connections is key for menstrual equity advocacy; however, many study participants shared that they do not have the capacity to fully engage with other organizations, even at a local or regional level.

DEVELOP STRUCTURES THAT FACILITATE NETWORK BUILDING

Overall, study participants identified the value in learning from others. Several participants highlighted using online toolkits that provide guidance on how to have conversations about periods and promote gender-inclusive language. One participant shared,

'...online toolkits that provide people with the tools needed to have conversations and advocate for periods talk, toolkits which are kind of like guidelines on how to be a menstrual advocate, or how to use gender-inclusive language around periods and things like that, that make it even easier to have conversations about periods, which I think is super effective.'

Another study participant highlighted how personal relationships through advocacy efforts allow advocates to build momentum and draw on diverse skills sets. They observed,

'...it all started with that mentor that I met, who's still so amazing to this day. And he was doing a menstrual equity initiative at a school board. And he took me under his wing in that sense, but then it was also a win win, because I was working in media. So I was able to raise awareness with my platform about what he was doing at the school board. And we got to push through because I was talking about it on the radio and on social media and stuff. And so that was a really cool, yeah, like team effort that we were able to push through at a really big school board.'

The examples cited above demonstrate that learning from others and working collaboratively can be key factors in advancing menstrual equity and promoting conversations about periods.

OVER RELIANCE ON VOLUNTEER LABOUR

The menstrual equity movement is largely driven by volunteers and grassroots organization. As noted in 'Distribution', many individuals collect and store menstrual supplies in their personal residences, and use their personal vehicles to distribute the menstrual supplies. Of the 31 advocates we spoke with, only 8 were in paid positions.

'Our capacity to grow is 100% most constrained by the fact that we don't pay people. There's only so much we can do.'

The current structure of volunteer labour with the menstrual equity space is a real barrier to diverse participation. Individuals who lack resources—time, storage space, expertise—are not able to participate in the menstrual equity movement in a meaningful way. Over time, the present model could lead to lack of representation of equity-deserving populations in leadership roles in the movement.

FUNDING TO SUPPORT STRUCTURAL GROWTH

Participants identified that funding to support the growth of a range of menstrual equity organizations and individual advocates is crucial. Funding ought to consider the capacity of the organization and individual advocates. Many menstrual equity initiatives and programs are run by grassroots organizations or informal groups with varying needs and capacities for funding. Offering different amounts of funding, tailored to the size and operational capacity of each organization is essential for effective implementation of the funds.

'We need more capacity building for small organizations; they are too small to receive a huge bulk of funding and not have enough workers or time to actually utilize the funding'

Some study participants were part of organizations in paid positions. These individuals were able to speak to the supports needed to engage in wider scale campaigns that allow for further reach and impact. Five individuals we interviewed were employed in larger and established organizations. These advocates detailed how funding from various levels of government allowed for robust programming which included knowledge mobilization, research and community building, both internally and externally. Across all levels of advocacy, it was noted that unless funding is readily available to support programs and initiatives, it is very difficult to convince individuals in positions of power to acknowledge the importance of menstrual equity.

RESEARCH



Research

Drawing on participant interviews, the following section presents an overview of results for **research**. **Gaps and opportunities in the current landscape** are identified.

Overall, study participants emphasized the importance of research for supporting advocacy efforts, especially when pushing for policy or change within institutions or various levels of government. For study participants not currently engaged in research, several indicated that they had relied on reports produced by others to advance an initiative. One individual shared,

'...because of the research that was already in place ...that makes things a lot easier. Especially if you're planning to bring in a change of policy that requires a budget. You need to make sure there's research in place and ...more organizations showing support to that initiative.'

Thus, even if individuals were not engaged in research, they relied on reports as part of developing distribution models, educational initiatives or advocacy campaigns.

Several study participants indicated they were not engaged in 'formal research' or 'real research'; however, several participants shared that they tracked the distribution of menstrual supplies. For example, when asked 'Are you currently engaged in research?', one individual replied,

'...not necessarily research, but just keeping track of, you know, who wants what, who needs what, and, you know, when and how much. And understanding that different agencies, different schools, ...there's going to be different needs across the board for and it doesn't matter who we are supporting and supplying, those needs are going to be different. So we have made a number of surveys, and spreadsheets, ...ensuring that you're keeping track of where things are going, how fast they're going through them, what types of things that they're requesting. We know that a lot more young people and students, if they could get their hands onto some cups, ...that would be their choice.'

While the individual above does not identify their work as research, they are gathering an impressive amount of data and detail. Furthermore, through their tracking efforts, they have identified a gap in their existing capacity to provide different options to menstruators.

For study participants actively engaged in research, current initiatives were varied, such as the impacts of period poverty on overall health and well-being or the extent of period poverty within specific regions/areas. A few study participants were engaged in advocacy efforts related to period poverty and research in other areas, such as endometriosis or PCOS. Several study participants took the initiative to carry out research as part of campaigning for a specific change within a specific site, such as the need for period supplies in restrooms at a post-secondary campus or community centre.

Several study participants who were carrying out research highlighted the impact of stories as they gathered data, which helped them to gain a fuller picture of menstrual inequity. As one participant shared,

'And some people express really deeply emotional experiences of ...having to go ...as an adult... to the Wellness Center and ask for a pad and ...what that feels like when you're like 25 years old.'

Like the participant above, there were several study participants carrying out research as post-secondary students. Carrying out research was facilitated by access to support from an institution, as well as knowledge of methods and tools.

Conversely, several study participants had a desire to engage in research or had plans to do so in the future, yet lacked the necessary resources, expertise and infrastructure. One participant, who was working as an advocate in the community, cited partnering with a professor and student at a university to address this issue. Through the partnership, a study was designed and developed by and for the advocacy group that was hosted at the academic institution, permitting access to ethics and other research tools, e.g. data management/storage programs, data analysis software. Study participants also highlighted initiatives to examine the impact of disposable versus RMS, specifically for vulnerable communities experiencing period poverty. As one participant shared, in addition to including sustainability as part of menstrual equity initiatives, assessing the impact of different kinds of supplies helps to highlight 'if having that choice makes a positive impact'.

For study participants engaged in research, they highlighted that research into lived experience is key for moving beyond a simplistic understanding of 'solving period poverty with a pad'. They also identified a range of challenges facing researchers engaging with vulnerable and marginalized communities, such as time needed to establish relationships and build connections. Overall, study participants echoed the findings from the Literature review, that there is a need for more research in the Canadian context. Specifically, participants identified a need to ensure that existing community groups and organizations are part of new research initiatives, both as participants, knowledge-gathers and, potentially, researchers themselves. As research expands from the current landscape, participatory action methodologies, community-based research models and in-depth qualitative approaches to centre the experiences of menstruators can be considered.

Gaps and opportunities

RESEARCH IS LACKING AND NOT ALWAYS INTERSECTIONAL

Advocates emphasized that there is a need for more data overall. As many advocates are engaged in distribution, information about menstrual supply needs was identified as a specific gap. For example, one participant shared,

'...when they're creating policies and programs around access to products and if having choice of different types of menstrual products really makes a difference to some people and ... there's pros and cons to both reusable and disposable. ... we just we need data to back it up.'

As the individual above cites, lack of access to data makes it difficult to justify offering different supply options to menstruators. Another common issue cited by participants was that advocates are relying on the same generic data simply because there is nothing else available.

'...one of the reasons I was hired was for this idea of an educational campaign and to talk about statistics. But I can't talk about statistics when there's only one Plan Canada study from 2019 or something like that, where it's just the one study that they did. I cannot give you more statistics because there's only one thing available.'

The participant above notes that they were engaged to bring data points to the campaign. However, they were unable to do so because existing statistics are limited.

Study participants strongly emphasized a need for more research across a range of intersecting identity categories, as well as the impact of context in home, public spaces and the wider community. Study participants emphasized concern over a tendency within existing research to generalize about the experiences and needs of menstruators. In addition, study participants emphasized that many menstruators are not included in existing research.

One study participant was interested in increasing knowledge about the needs and experiences of Indigenous menstruators. This individual identified that they knew that it was important to avoid a pan-Indigenous approach and was aware of unique traditions and rites. At the same time they highlighted that they hit a dead-end when seeking to learn more about menstruation traditions and rites for specific Indigenous groups.

'... there's literally no studies on [Indigenous experiences of menstruation] at all. There's no direct studies. And the only thing that I could really solidify was that a lot of these ceremonies don't take place.'

STRENGTHEN AND EXPAND INTERSECTIONAL RESEARCH INITIATIVES

Overall, study participants were keen to see research that provided robust insights into the intersectional impacts of period poverty. Key groups that were specifically named by study participants included menstruators in carceral settings, immigrant and refugee communities, gender-diverse menstruators, Indigenous menstruators and people with disabilities. Other groups identified included non-menstruators, and specifically attitudes and beliefs about menstruation. As one participant aptly stated, menstruation researchers ought to begin from a place of inclusion, as opposed to exclusion, to ensure that historically marginalized groups are represented.

'If you're studying menstruation, your project needs to include people of all genders, period, until you have some kind of justification as to why you're focusing more narrowly on only one group of people who menstruate and not others. Because there's roles and room to do research on adolescent cisgender girls, for example. ...but you need to have a thoughtful consideration of why you're narrowing your focus to just that particular population.'

RESEARCH REQUIRES TIME AND RESOURCES

Study participants indicated that research was key for identifying the systemic nature of period poverty and menstrual stigma. Several participants emphasized the importance of the present research project. One participant shared,

'We need each and every one of us in this country to be comfortable in talking about periods and talking about menstruation, not giggle about it anymore, and not make jokes about it anymore. And not, you know, have misconstrued opinions about it anymore. So this work that you're doing is so, so important. Having these official, these academic peer reviewed [articles] is what's going to make a change because in Canada. The issue isn't just about making the stuff free.'

At the same time, advocates commonly cited that research is time-consuming. Another common issue identified was gaps in expertise, knowledge, or structures that could support research, such as ethics boards and software. One participant shared,

'I had to use my own resources, through my undergrad to be able to speak with the Dean and try and get advice in that regard or see, like, how do I get ethics? How do we do things, because there's a bunch of community knowledge, there's a lot of knowledge in these organizations, people who are working with vulnerable populations, but we cannot necessarily get that information to be disseminated in the way that we want to because journals and things like that they don't necessarily, there's like a whole hierarchy with journals.'

The above participant also aptly notes that the rigid nature of academic structures was a barrier to including community knowledge in research and research publications.

INTER-SECTORAL PARTNERSHIPS TO SUPPORT AND CARRY OUT RESEARCH

Many study participants indicated turning to research as a means to advance their own understanding. Many study participants also identified specific reports that have been helpful. Menstrual equity advocates have on the ground insight into existing knowledge within the community as well as insights into key gaps for further research. As we noted several study participants indicated they were already engaging in various forms of tracking. Existing efforts of advocates as part of operations is a source of rich information and a site for amplifying the capacity of organizations to share their knowledge.

'...there's a bunch of community knowledge, there's a lot of knowledge in these organizations, people who are working with vulnerable populations, but we cannot necessarily get that information to be disseminated in the way that we want to.'

In some discussions we had with advocates we noticed a tendency to distinguish between 'real research' and research done by activists or in the community. In keeping with the centring of advocates that informed this research, it would be a missed opportunity to increase capacity and give over research entirely to academics and scholars. As we highlight in the scan, there are many models of research networks that are grounded in relationships across sectors, for example the Menstruation Research Network (44) in Scotland and the Society for Menstrual Cycle Research (45) in the United States.



STRENGTHS AND LIMITATIONS

STRENGTHS AND LIMITATIONS

Overall, a strength and limitation of the study was the target population—menstrual equity advocates. As we found, menstrual equity advocates can offer key insights into what is happening on the ground, as well as what is working and what is not in current initiatives and programming. At the same time, the perspectives of advocates are limited to the spheres they work within and the general limitations facing the sector as a whole (see High-level environmental scan).

Strengths

The recruitment method

- flexible, yet broad recruitment allowed us to use existing networks to reach advocates working with populations reflecting important knowledge gaps, e.g. rural/remote locations, persons with disabilities;
- ensured a wide range of individuals were invited to participate;
- ensured participant recruitment involved a range of networks and circles, beyond just the menstrual equity space.

Strong existing networks

- all three team members have been working as advocates in the menstrual equity space and have developed trusted relationships;
- existing relationships were key to the success of participant recruitment in such a short time, but equally the willingness of participants to share openly.

Qualitative semi-structured interview method

- allowed for a deep understanding of knowledge on the ground in terms of the practical functioning of distribution of menstrual supplies, but also challenges facing advocates;
- interview guide explored a diverse array of issues, but also focused in on specific activities related to interviewee;
- open-ended elements of interviews provided space for advocates to share key insights into their concerns and hopes for the federal pilot program.

Centring menstrual equity advocates

- as intent is to develop programming, insights of menstrual equity advocates, who have been engaged in the work are vital.

Limitations

Study population

- study population was heavily skewed towards British Columbia and Ontario
- we would have liked to find and connect with more advocates in Québec, the Prairie provinces, Atlantic Canada, and the Territories; in some cases, we did find people working in this space, however, were unable to make contact;
- we also wish to underline that capacity and budget constraints meant we did not have capacity to translate the study and recruitment materials;
- we recommend future research that engages in recruitment in multiple languages to ensure adequate representation.

Time

- the completion of qualitative interviews in such a short time frame (approximately four months) put scheduling strains on research members and made representative recruitment challenging;
- for study participants, we suspect that making time for interviews may also have been a factor in participation (or not);
- time is a barrier when connecting with individuals involved in a movement that is driven by volunteers.

Method

- qualitative interviews provide in-depth insight; however, can lean towards showcasing one individual's experience, as opposed to a more universal/shared experience;
- even though interviews were lengthy and comprehensive, they reflect what came up during the conversation and what was front of mind at the time;
- broad range of topics covered in interviews provided insight into many issues, but more in-depth interviews could easily focus exclusively on one theme, e.g. menstrual stigma, distribution.

CONCLUSION

CONCLUSION

In this report, we have presented results from an exploratory research study involving semi-structured qualitative interviews with 31 menstrual equity advocates working in the Canadian context. The study provides insight from a diverse group of advocates, across many regions of Canada, engaged in a range of programs and initiatives, including distribution, education, advocacy and research. Results are presented by themes: the **current landscape of menstrual inequity** and **distribution, education, advocacy, research**. For **distribution, education, advocacy and research, gaps and opportunities in the current landscape** are identified. Results were presented in a largely descriptive fashion with some preliminary links to existing literature. This report is preceded by the **Literature review**, and leads into the final report for this project, the **High-level environmental scan** of promising programs and initiatives, both inside and outside Canada.

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