

Assessing period poverty in Trinidad and Tobago: An exploratory approach

Nadira Rambocas^{1*}, Yasphal Kissoon², Jade-Marie Kennedy³, Kabirah Mohammed⁴, Danae Khan⁵, M. Shastri Motilal⁶, Anu Bissessar⁷

1 Crown Her, Trinidad and Tobago

2 Supermarket Association, Trinidad and Tobago

3 Rotary Clubs of Districts 7030, Trinidad and Tobago

4 Greater Tunapuna Chamber of Industry, Trinidad and Tobago

5 Trinidad and Tobago Medical Association, Trinidad and Tobago

6 Dept. of Family Medicine, University of the West Indies, St. Augustine, Trinidad and Tobago

7 The University of the West Indies, St. Augustine, Trinidad and Tobago

* Corresponding Author: Nadira Rambocas E-mail: nrambocas@yahoo.com

ABSTRACT

Objective: The purpose of this study was to assess period poverty in Trinidad and Tobago

Material and Methods: A nationally-drawn sample of 504 women between the ages of 18-48 was used from various urban areas of the country. A cross-sectional research design using a 14-item questionnaire with a mix of closed and open-ended questions was utilised to obtain data about women's experiences concerning the affordability of period products and how they cope with their periods

Results: The findings show that 76% of the sample did not believe that period products are affordable and that 51% reported that they struggled to obtain period products. Furthermore, 55% indicated that they had to borrow or change their current brand of the period product, and 51% revealed that they had to improvise or use alternative products such as toilet paper, napkins, and paper towels. The vast majority of the women also reported that their workplace and schools did not provide them with sanitary products and 99% believe that they should provide them with these products

Conclusion: Considering these findings, it can be concluded that period poverty exists in Trinidad and Tobago, and recommendations include enacting proper legislation and policies to eliminate or reduce this problem.

Key words: Period Poverty; Menstruation; Menstrual Hygiene, Trinidad and Tobago.

INTRODUCTION

Over the years, the lack of access for women and girls to adequate menstrual sanitary products has caused concern for stakeholders seeking to alleviate growing levels of period poverty (1-3). Period poverty is defined as "a lack of access to menstrual products, education, hygiene facilities, waste management, or a combination of these" (2). In particular, the problem has been exacerbated by the inability of women to afford such products, especially those from low-income households, but increasingly, this has become widespread across all income-levels due to the impacts of the ongoing COVID-19 global pandemic (1,3). Women have approximately 500 menstrual cycles during their reproductive life (4), and the financial burden they have to bear are often debilitating. It has been estimated that a woman will spend, on average, US\$18,171 (approximately TT\$125,016) on period products over her lifetime (5).

Globally, approximately 500 million women and girls experience period poverty which has been attributed to a scarcity of resources and associated stigmas surrounding menstruation (6). Women worldwide have long struggled with the financial burden of obtaining sanitary products around menstruation. Issues around period poverty are especially prevalent in economically disadvantaged societies such as Trinidad and Tobago. There have been campaigns by local Non-Governmental Organisations (NGOs) and companies to alleviate this problem by distributing feminine hygiene products to vulnerable girls and women in the country (7). The options available to women are often inadequate in meeting their menstrual health and can lead to infections (8,9).

Research Article

Received 12-01-2023

Accepted 24-01-2023

Available Online: 25-01-2023

Published 30-01-2023

Distributed under
Creative Commons CC-BY-NC 4.0

OPEN ACCESS



Despite recent successes in reducing menstrual inequalities in several countries, most notably in the United Kingdom (U.K.), Canada, and Australia (10) there has been relatively little research on how to reduce period poverty in low-income countries. This is especially true for the Caribbean, and most studies cited that address the impacts of period poverty have been made outside the region. One study of women's access to menstrual products in low and often middle-income countries reflects the growing socio-economic inequalities of proper menstrual health management between the wealthy and poor (11). For high-income countries, these trends are similar. Studies (10,12) have shown that the poor and vulnerable women and girls in these countries are most at risk of not having adequate access to menstruation products.

More recent research has estimated that in the United States (U.S.), 16.9 million menstruating women live in poverty and that two-thirds of these low-income women cannot afford menstrual products, having to choose between these products or food (13). Studies of 'vulnerable' women in the U.K. who access homeless shelters, drug-support groups, day centers, and food-banks highlight difficulties in accessing menstruation products and often resorted to using make-shift absorbents such as toilet tissue or shoplifting (14). Two qualitative studies centered around homeless women in the U.S. similarly found that women often had to resort to shoplifting or foregoing purchasing food in order to afford supplies (15,16). Moreover, in other studies, women reported that they resorted to using cloth, rags, tissue paper, or paper towels as alternatives to period products when necessary (17,18).

A few quantitative studies that primarily focussed on the U.S., show that a significant proportion of respondents experienced period poverty occasionally, with a few unable to afford adequate menstrual products every month (10). One such study found that 64% of U.S. women on low incomes reported experiencing period poverty over the last year, and a monthly occurrence for around one-fifth or 21% of the women (18). Period poverty was also documented in a small-scale study of 58 high school students in the U.S. It was found that almost half the students were unable to afford products during at least one menses in the school year, whilst 12% were unable to afford them on 'most' months (19).

A recent study drawn from a sample of 471 college-attending women in the U.S. found that 14.2% experienced period poverty in the past year, while 10% experienced it every month (2). The researchers also found that 72.8% had to borrow products, 52.6% used alternative products, 48.3% used pads or tampons, and 26.3% did not use any products. Poor menstruation hygiene management (MHM) has been attributed to a lack of knowledge and information of menstruation (20) and cultural and stigma taboos (21). For instance, a qualitative study found that young girls in the Pindar Valley who experienced menarche were secluded from their families and were not allowed to use sanitary facilities (22). The authors concluded that menstrual taboos had significant impacts on the mobility, health education, and self-esteem of women and young girls.

Moreover, women and girls face negative effects of poor menstruation hygiene, such as school absenteeism and disengagement (12,23). A survey polled 2000 Canadian women found that 83% of the participants felt that their

period prevented them from participating in activities, and 70% of women under the age of 25 years stated that they had missed work or school because of their period (24). A more recent study found that 17% of high school girls missed at least one day of school because of an inadequate supply of period products (19). The inability to access period products has significantly impacted mental health. In one study, women who could not afford period products on a monthly basis were more likely to report moderate or severe depression (2).

The onset of the Covid-19 pandemic has exacerbated period poverty for many women and girls (25,26). In one study of 1,037 women, it was found that 30% of the sample found it difficult to access period products during the pandemic, 29% struggled to purchase period products during the past year, and 18% missed work due to lack of period products (1). Similarly, research has concluded that income loss due to the Covid-19 pandemic was a strong predictor for menstrual product insecurity. This was strongly felt by populations with lower-income and educational attainment (15).

Moreover, women are faced with the 'tampon tax' burden, which further exacerbates period poverty. One study has found that in the U.S., thirty-five states have imposed taxes on menstrual products, increasing women's difficulties in accessing such products (27). Inevitably, poor and vulnerable women face the harshest consequences as a result of these taxes. Various recommendations have been put forward to combat these challenges including the provision of at least one free period product (10), educating women and girls about proper menstrual hygiene management (19), changing of policies to make period products more affordable and accessible (1) and establishing laws that seek to eliminate period poverty (25). This study aimed to assess period poverty in Trinidad and Tobago. As an exploratory study, we also gathered women's experiences with their periods, the affordability and accessibility of period products, and any other coping strategies they employed during their periods.

MATERIAL and METHODS

Ethical approval for this study was obtained by the National Ethics Committee of the Ministry of Health (reference number He: 3/13/441 Vol. II) before commencing this study. Consent for participation was first obtained. This consent form was read orally, and a copy was provided once the participant had signed and agreed to participate. Respondents were selected between the ages of 18-48 years. Participants who had no menstruation due to medical reasons, pregnancy, surgical intervention, or those who had approached the climacteric were excluded. Afterward, participants were required to fill out information regarding their knowledge, attitude, and practice concerning sanitary product use. Questions were generated to closely mirror those used in a report published in 2018 by the Scottish Government on accessibility to hygienic products (28). In addition, these questions were adapted to suit the local female population and were validated by experts in the medical fields and gender studies at the University of the West Indies, St. Augustine Campus, Trinidad, and Tobago. Data collection was done over a 4-month period that commenced on July 2022 and was completed on October 2022. A total of 514 participants were randomly targeted and selected from various workplaces and

urban areas across the East/ West corridor (Port-of Spain to Arima) and the North/South communities (Mt. Hope to San Fernando) in Trinidad and Tobago.

Period poverty was assessed using several questions that asked about the affordability of products (“Do you think period products are affordable?”, “Are you able to afford your menstrual products monthly, or do you struggle sometimes?”, “Have you had to borrow/change your sanitary product due to cost?”). Participants were also required to indicate if they had to improvise or replace their sanitary products due to cost, whether or not their periods have affected their daily functioning and whether or not they had to visit their doctors for their periods. Most questions required the participants to choose from three options: “yes”, “no,” and “don’t know”. In cases where there were follow-up questions, participants were afforded the opportunity to write down their answers. Such questions required them to indicate relevant costs for medical visits, medication, days they were absent from school and/or work, choice of sanitary product, and its associated costs per month.

Statistical Analysis: Statistical analyses were performed using IBM SPSS Statistics for Windows, version 26 (IBM Corp., Armonk, N.Y. USA). Categorical variables were expressed as frequencies and percentages, and quantitative variables were expressed as means, medians, and standard deviations.

RESULTS

A total of 514 questionnaires were completed, however, 10 of these were rejected as their ages deviated from the age range or failure to respond to two or more questions. This provided a response rate of 98%. The mean age of the sample (N = 504) was 33.11 years (**Table 1**). Forty percent (40%) reported their ethnicity as Mixed, while 31.3% reported being African and 25.8% reported being East Indian. Fourteen participants did not specify any ethnicity, which accounted for 2.8% of the sample (**Table 2**). The mean age of participants who experienced their first period was 12.13 years (**Table 1**). Among our sample, 76.2% of women do not believe that period products are affordable, while 21.6% believe that they are affordable and a further 2.2% indicated that they did not know if period products are inexpensive (**Table 3**). Additionally, women spent a median amount of \$100 TTD (Trinidad and Tobago Dollars) per month on period products (**Table 4**). Women were also asked to indicate if they could afford their period products monthly, and 47.8% reported that they could do so. About half of the participants (50.6%) indicated that they sometimes struggle to afford period products and 1.6% stated that they could not afford period products (**Table 3**).

When asked to indicate if they ever had to borrow or change their sanitary product due to cost, over half of the women (54.6%) stated that they did so, while 45.4% did not think this was the case (**Table 3**). In terms of having to improvise or replace sanitary wear due to cost, 51.1% of women stated that they had to improvise or change their sanitary wear, while 48.9% indicated that they did not have to do so (**Table 3**). Of the women who indicated that they had to improvise or replace their sanitary wear, 17.8% stated that they had to use toilet paper, 63.7% stated that they switched to other sanitary brands (e.g. Stayfree™ to Always™) and 18.5% used other alternatives (e.g. paper napkins, tampons, paper-towels). Women also reported disruptions in their jobs and schools due to their periods.

Asked whether they have skipped school or work because of their period, 68.5% reported that they have, while 31.5% indicated this was not the case (**Table 5**). On average, women skipped approximately 3 days of work or school due to their periods.

A greater percentage of women also indicated that their periods affected their daily functioning, with 81.5%, while 18.5% reported that they did not (**Table 5**). Moreover, just over half of the women in the sample stated that they had to lie or make up an alternate excuse because of their period (55.5%) compared to 44.5% that did not do so (**Table 5**). Not only have periods affected their daily functioning or made them skip work or school, women often have to seek medical treatment and bear the costs of medical visits for it as well. While most women indicated that they did not have to seek medical attention (53.7%), those participants who did access medical services (47.3%) spent a median amount of \$600 TTD on each visit to a medical doctor (**Table 4**).

An overwhelming majority indicated that they had to use medication for their periods (82.1%) and spent a median amount of \$50 TTD on medications (**Tables 4, 5**). Most women (94.6%) believe that their school or workplace should offer or support free menstrual products, as compared to 3.2% who indicated that their school or workplace does offer these products for free, while 2.2% reported that they did not know if their school or workplace offer them (**Table 6**).

Most women are also of the view that they would benefit from at least one free menstrual product (96%). Similarly, an overwhelming majority believe that at least one menstrual product should be made freely available in the public sector or other places of work (99.4%) (**Table 6**).

Table 1: Age Range of Participants and Age at First Period in Trinidad and Tobago

Ages	Mean	Standard Deviation	Minimum	Maximum
Age of respondent	33.09	8.31	18	48
Age at first period	12.13	1.62	8	19

Table 2: Demographic Characteristics of the Respondents in Trinidad and Tobago

Ethnicity	n	%
African	158	31.3
East-Indian	130	25.8
Mixed	202	40.1
Did Not Specify	14	2.8

Table 3: Assessing Affordability of Sanitary Products in Trinidad and Tobago

Question	n	%
<i>Do you think period products are affordable?</i>		
Yes	109	21.6
No	384	76.2
Don't Know	11	2.2
<i>Are you able to afford menstrual products monthly or do you struggle sometimes?</i>		
Able to Afford	241	47.8
Unable to Afford	8	1.6
Struggle Sometimes	255	50.6
<i>Have you had to borrow/change your sanitary product due to cost?</i>		
Yes	275	54.6
No	229	45.4
<i>Have you had to improvise or replace sanitary wear due to cost?</i>		
Yes	257	51.1
No	246	48.9

Table 4: Results of Money Spent on Period Products, Doctor Visits and Medication and Days Spent away from Work/School in Trinidad and Tobago

Question	Mean	Median	Minimum	Maximum
<i>On average how much do you spend on period products monthly?</i>	\$118.36	\$100	\$15	\$1000
<i>What was the relevant cost for medical treatment?</i>	\$640.50	\$600	\$0	\$3500
<i>What was the relevant cost for medication?</i>	\$87.99	\$50	\$1	\$1000
<i>How many days have you skipped work/school?</i>	2.70	2	0	100

Table 5: Assessing how Women in Trinidad and Tobago Cope with their Menstruation

Question	n	%
<i>Have you skipped school/work because of your period?</i>		
Yes	344	68.5
No	158	31.5
<i>Has your period ever affected your daily functioning?</i>		
Yes	409	81.5
No	93	18.5
<i>Have you had to lie or made up an alternate excuse because of your period?</i>		
Yes	279	55.5
No	224	44.5
<i>Have you ever visited a doctor for your period?</i>		
Yes	233	46.3
No	270	53.7
<i>Have you ever used medication for your period?</i>		
Yes	413	82.1
No	89	17.7
Don't Know	1	0.2

Table 6: Assessing Support for Period Products for Women in Trinidad and Tobago

Question	n	%
<i>Does your school/work offer or support free menstrual products?</i>		
Yes	16	3.2
No	476	94.6
Don't Know	11	2.2
<i>Do you think you would benefit from at least one free menstrual product?</i>		
Yes	484	96.0
No	13	2.6
Don't Know	7	1.4
<i>Do you think at least one menstrual product should be made available free in the public sector (e.g., work) or in educational centres?</i>		
Yes	501	99.4
No	2	0.4
Don't Know	1	0.2

DISCUSSION

This study has sought to assess period poverty in Trinidad and Tobago with the aim of providing at least one free menstrual product to women. To our knowledge, this is the first comprehensive study on period poverty in the country and, by extension, the region. We found that most women do not believe period products are affordable and about half of the sample indicated that they sometimes struggled to buy period products. These large percentages demonstrate the high cost of period products that remain inaccessible to many women in the country. These findings mirror that belief as evidenced by women in other countries (2,10). Furthermore, over half the women sampled indicated that they had to borrow or change their period products, which parallels findings from previous research that stated that 72.8% of women had to borrow products (2). Our findings provide further evidence of the critical importance of period product affordability, especially when Trinidad and Tobago is experiencing a harsh economic climate. While the country does not impose any taxes on menstrual products, this does not necessarily equate to affordability as these products may be subject to high import levies since they are not produced domestically.

For those who improvised their period products, women preferred toilet paper, napkins, tampons, and paper towels. The most popular option, according to our sample, was switching to a cheaper brand of sanitary wear. This finding highlights the stark reality women face where they have to balance their spending habits to prioritise other essential goods such as food, lighting, and other public amenities. Although menstrual products are considered essential items, our findings suggest that they are out of reach for many women, where even switching to a cheaper brand can be too costly. Such ways of improvising or accessing menstrual products are described frequently in the literature (2,17,18).

Another dominant theme that emerged from this study was the effect periods had on the daily functioning of women. A vast majority of women in our sample reported that their period negatively affected their daily lives, and they had to make excuses because of it. This is consistent with other research that reported similar findings (24). We also found that a large percentage of women and girls are prevented from going to work and school because of their periods, as evidenced in previous studies (12). Although we did not measure the loss of income due to menstrual problems in this study, we anticipate that women who are daily-paid workers, for instance, would lose income for every day they spend away from work. This can be devastating for women who reported staying away from work for an average of three days due to their periods.

Women not only have to contend with the high costs of period products, but for those who seek medical attention for their periods, the costs are amplified due to medical bills and medications as our findings have shown. Given that the majority of the women do not believe their workplace or schools offer free period products, the burden on them to provide their own becomes even greater. This is why they believe that workplaces and schools should offer at least one free period product for use. To our knowledge, there is no set policy or guideline that allows for workplaces or schools to

distribute free period products for women or girls. While efforts are made to make period products more affordable and accessible to women in several countries, Scotland and New Zealand are the only countries that provide free menstrual products for women and girls (29,30).

Limitations

This study has some limitations. Firstly, there is no standard way to assess period poverty. Although the measures used in our study were consistent with previous quantitative and qualitative research, we believe that more research is needed to validate the measures used for this study. Secondly, the stigma around menstruation was another limitation in the study due to internalized shame around menstruation. Even with privacy protections in place, some women were unwilling to answer questions about their periods. Furthermore, the sample is drawn from mainly urban areas of Trinidad and Tobago with rural areas under-represented. We anticipate, however, that results would be broadly similar or worse for the latter when compared to urban areas, but future studies should be conducted in these areas to corroborate or add to the findings of this study. Therefore, our results are only generalisable to the demographic characteristics of this study.

CONCLUSION

This study has found that women experience period poverty in Trinidad and Tobago. Women find it difficult to afford and access period products and often have to resort to using alternative products to suit their needs. Additionally, this study highlighted other issues that women face during their periods, such as high costs of medication and medical visits as well as loss of daily functioning and absenteeism from work and schools. In light of these issues, we recommend that legislation be drafted to designate period products as essential so that every woman and girl by right has access to period products that are freely available or at a reduced cost. We also recommend policies or guidelines be put in place at schools or workplaces for the provision of free menstrual products for women and girls. We propose such practices are implemented in collaboration with the relevant stakeholders including those at the governmental level and NGOs. In that case, we believe that the problem of period poverty experienced by women can be eliminated or, at the very least, reduced.

Acknowledgments: This study would not have been possible without the expert input of Professor Terence Seemungal (Dean of Faculty of Medical Sciences, University of the West Indies), Dr. Gabrielle Hosein, and Dr. Sue Ann Barratt (Institute for Gender and Development Studies, University of The West Indies) and Professor Rose-Marie Belle Antoine (Principal of the University of the West Indies).

Conflict of interest: The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. This research did not receive a specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Author Contributions: N.R., Y.K., JMK, K.M., D.K., MSM, AB: Conceived and designed the experiments,. Analyzed the data: N.R. Wrote the first draft of the manuscript, Revisions. All the authors have read, and confirm that they meet, ICMJE criteria for authorship.

Ethical approval: All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and/or with the Helsinki Declaration of 1964 and later versions. Informed consent or substitute for it was obtained from all women prior to being included in the study.

REFERENCES

- Hunter E, Palovick K, Teni MT, Sebert Kuhlmann A. COVID-19 made it harder to access period products: The effects of a pandemic on period poverty. *Frontiers in Reproductive Health*. 2022 Nov 10;4.
- Cardoso LF, Scolese AM, Hamidaddin A, Gupta J. Period poverty and mental health implications among college-aged women in the United States. *BMC Womens Health*. 2021 Dec 1;21(1).
- Lonas L, Vakil C. Here's what's behind the tampon shortage | The Hill [Internet]. 2022 [cited 2022 Dec 4]. Available from: <https://thehill.com/homenews/3525030-heres-whats-behind-the-tampon-shortage/>
- Lee G. Period poverty is real. But the average woman isn't spending £500 a year on menstruation – Channel 4 News [Internet]. 2018 [cited 2022 Dec 4]. Available from: <https://www.channel4.com/news/factcheck/period-poverty-is-real-but-the-average-woman-isnt-spending-500-a-year-on-menstruation>
- Kane J. Here's How Much A Woman's Period Will Cost Her Over A Lifetime | HuffPost Life [Internet]. 2015 [cited 2022 Dec 4]. Available from: https://www.huffpost.com/entry/period-cost-lifetime_n_7258780
- Alugnoa DN, Cousins T, Sato M. Period poverty and menstrual belonging: a matter of climate justice. Vol. 6, *The Lancet Planetary Health*. Elsevier B.V.; 2022. p. e511–2.
- Loop News. Always® donates 160,000 pads to NGOs to help end period poverty | Loop Trinidad & Tobago [Internet]. 2022 [cited 2022 Dec 4]. Available from: <https://tt.loopnews.com/content/always-donates-160000-pads-ngos-help-end-period-poverty>
- Torondel B, Sinha S, Mohanty JR, Swain T, Sahoo P, Panda B, et al. Association between unhygienic menstrual management practices and prevalence of lower reproductive tract infections: a hospital-based cross-sectional study in Odisha, India. *BMC Infect Dis*. 2018 Sep 21;18(1).
- Das P, Baker KK, Dutta A, Swain T, Sahoo S, Das BS, et al. Menstrual hygiene practices, WASH access and the risk of urogenital infection in women from Odisha, India. *PLoS One*. 2015 Jun 30;10(6).
- Boyers M, Garikipati S, Biggane A, Douglas E, Hawkes N, Kiely C, et al. Period poverty: The perceptions and experiences of impoverished women living in an inner-city area of Northwest England. *PLoS One*. 2022 Jul 1;17(7 July).
- Rossouw L, Ross H. Understanding period poverty: Socio-economic inequalities in menstrual hygiene management in eight low-and middle-income countries. *Int J Environ Res Public Health*. 2021 Mar 1;18(5):1–15.
- Hennegan J, Dolan C, Wu M, Scott L, Montgomery P. Measuring the prevalence and impact of poor menstrual hygiene management: A quantitative survey of schoolgirls in rural Uganda. *BMJ Open*. 2016 Dec 1;6(12).
- Michel J, Mettler A, Schönenberger S, Gunz D. Period poverty: why it should be everybody's business. *J Glob Health Rep*. 2022 Feb 22;6.
- Vora S. The Realities of Period Poverty: How Homelessness Shapes Women's Lived Experiences. In: Bobel C, Winkler IT, Fahs B, Hasson KA, Kissling EA, Roberts TA, editors. *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan; 2020. p. 31–7.
- Sommer M, Gruer C, Smith RC, Maroko A, Kim Hopper. Menstruation and homelessness: Challenges faced living in shelters and on the street in New York City. *Health Place*. 2020 Nov 1;66.
- Ensign J. Reproductive health of homeless adolescent women in seattle, Washington, USA. *Women Health*. 2000;31(2–3):133–51.
- Gruer C, Hopper K, Smith RC, Kelly E, Maroko A, Sommer M. Seeking menstrual products: a qualitative exploration of the unmet menstrual needs of individuals experiencing homelessness in New York City. *Reprod Health*. 2021 Dec 1;18(1).
- Sebert Kuhlmann A, Peters Bergquist E, Danjout D, Wall LL. Unmet Menstrual Hygiene Needs among Low-Income Women. *Obstetrics and Gynecology*. 2019 Feb 1;133(2):238–44.
- Sebert Kuhlmann A, Key R, Billingsley C, Shato T, Scroggins S, Teni MT. Students' Menstrual Hygiene Needs and School Attendance in an Urban St. Louis, Missouri, District. *Journal of Adolescent Health*. 2020 Sep 1;67(3):444–6.
- Deo DS, Ghattargi CH. Perceptions and Practices Regarding Menstruation: A Comparative Study in Urban and Rural Adolescent Girls. Vol. 30, *Indian Journal of Community Medicine*.
- Sommer M, Ackatia-Armah N, Connolly S, Smiles D. A comparison of the menstruation and education experiences of girls in Tanzania, Ghana, Cambodia and Ethiopia. *Compare*. 2015 Jul 4;45(4):589–609.
- Joshy N, Prakash K, Ramdey K. Social Taboos and Menstrual Practices in the Pindar Valley. *Indian J Gend Stud*. 2019 Feb 1;26(1–2):79–95.
- Hennegan J, Olaolorun FM, Oumarou S, Alzouma S, Guiella G, Omoluabi E, et al. School and work absenteeism due to menstruation in three West African countries: findings from PMA2020 surveys. *Sex Reprod Health Matters*. 2021 Dec;29(1):1915940.
- Plan International. *Plan-International-Canada--period-stigma-2018-report*. 2018.
- Crawford Elisabeth Haub BJ, Gold Waldman Elisabeth Haub E, Crawford BJ, Gold Waldman E. Period Poverty in a Pandemic: Harnessing Law to Achieve Period Poverty in a Pandemic: Harnessing Law to Achieve Menstrual Equity Menstrual Equity Recommended Citation Recommended Citation [Internet]. Vol. 98. Available from: https://openscholarship.wustl.edu/law_lawreview/vol98/iss5/10
- Odey GO, Amusile O, Oghenetjiri PO, David S, Adi A, Lucero-Prisno DE. Period during a pandemic: The neglected reality of Nigerian girls and women. *Public Health in Practice*. 2021 Nov 1;2.
- Singh B, Zhang J, Segars J. Period Poverty and the Menstrual Product Tax in the United States [29F]. *Obstetrics & Gynecology*. 2020 May;135:68S.
- Scottish Government T. *Access to Sanitary Products Aberdeen Pilot: Evaluation Report Communities Analysis Division*. 2018.
- New Zealand to Roll Out Free Period Products to All Students - The New York Times [Internet]. [cited 2022 Dec 5]. Available from: <https://www.nytimes.com/2021/02/18/world/asia/new-zealand-period-schools.html>
- Menstrual Hygiene Products: Scotland becomes first country in the world to offer free menstrual hygiene products - The Economic Times [Internet]. [cited 2022 Dec 5]. Available from: <https://economictimes.indiatimes.com/magazines/panache/scotland-becomes-first-country-in-the-world-to-offer-free-menstrual-hygiene-products/articleshow/79408113.cms?from=mdr>