

**period.
promise**



**Free menstrual
products for
people in need.**

**United Way Period Promise Research
Project Final Report**
January 2021

Research Project Funded by



Supporting Sponsors



A Message from United Way of the Lower Mainland's CEO

At United Way of the Lower Mainland we are committed to strengthening vital connections so that we can build a healthier, more caring and more inclusive community. Five years ago, when we started our work on addressing period poverty in our community, we never could have imagined where it was going to take us. Nonetheless, we were confident it would help us fulfill our mission. This report is a big part of that work.



The United Way Period Promise Research Project launched in July 2019. It remains the biggest research project into period poverty in the province of B.C. and is likely the largest such research ever conducted in Canada.

Over the past 18 months, we've been collecting and reviewing data from thousands of respondents to our public survey and sending free menstrual products to 12 partner organizations around the province in exchange for valuable data.

All of this was done to provide us and the Government of British Columbia with a broader profile of period poverty in the province, and to test out broadening one of the current structures for supporting people who rely on free menstrual products – accessible community-based non-profits. This report reflects the key findings of the research, places it in broader conversations about period poverty and menstrual equity taking place around the globe, and provides some recommendations on next steps.

True to United Way's vision for community, this project would have been impossible without the support and leadership of several partners. Thank you to the Government of B.C. and the Ministry of Social Development and Poverty Reduction for seeing the value in funding this project, and to Pacific Blue Cross, Vancity, and Always and Tampax for helping us expand its scope.

Our hope is that this report can be used to chart the direction forward on building sustainable, community-led solutions on this critical issue. At United Way we recognize that fixing this under-reported and under-discussed problem will help ensure that we can all live with the dignity that we deserve. We look forward to continuing to be a part of that effort.

Thank you,

A handwritten signature in black ink, appearing to read 'Mike', with a horizontal line underneath.

Michael McKnight President + CEO
United Way of the Lower Mainland

Table of Contents

A Message from United Way of the Lower Mainland’s CEO	2
Introduction	5
United Way’s Period Promise Research Project	5
A History of United Way’s Period Promise Campaign	5
Defining the Issue	7
What United Way Thought They Knew	8
The Research Project	9
Existing Data and Research.....	10
Hypotheses	13
Methodology and Outline of Data Sources	14
Community-Based Agency Research Stream.....	14
Public Facing Research Stream	15
Results.....	17
Agency Survey.....	17
Describing the Sample	18
How Participating Organizations Supported Menstruators Prior to the Research Project	23
Anticipating Involvement in the Research Project	23
Key Findings	25
Distribution to Community Organizations.....	25
Community Impact	28
The Impact of COVID-19	32
Program Successes.....	36
Program Challenges	36
Public Survey.....	37
Demographics of Survey Respondents	38
Key Findings	42
Affordability of Menstrual Products	42
The Impact of Limited Access	68
Benefits of Having Access to Menstrual Products	77
Conclusion.....	90
Key Findings	90
Recommendations.....	92

Spaces for Additional Research.....	94
Bibliography	96
Appendix Items	97
Questions and Data Sets	97
Survey Questions	97
Raw Data Sets	97
Cleaned Data Sets	97
Interim Report.....	97
Acknowledgements:.....	98
Errata.....	99
May 28, 2021	99

Introduction

United Way's Period Promise Research Project

In early April 2019 the Government of British Columbia announced the United Way Period Promise Research Project at United Way of the Lower Mainland's office in Burnaby, British Columbia. It is a joint venture between United Way and British Columbia's Ministry of Social Development and Poverty Reduction. This is the final report on the findings of the research, though we hope that the data will be mined for insights and findings in the years to come. It is submitted to fulfill the requirements of a grant agreement between the Government of B.C. and United Way of the Lower Mainland.

The Period Promise Research Project is the most substantive investigation into the issue of period poverty in the history of British Columbia, and likely the largest scale project on the topic in the history of the country.

This report is structured to guide readers through the history and context of period poverty in British Columbia and trends that are known or visible in other jurisdictions before outlining the precise structure of this research project. Prior to providing a conclusion that synthesizes them, the findings are divided into the two research streams that were employed in this project. The conclusion includes the key combined findings, recommendations for next steps in policy development, and some thoughts on additional research that could be explored to support ongoing efforts to eradicate period poverty from our community. A bibliography and list of appendices, including copies of the various surveys and the raw data, are also provided, though the appendix items are attached in a separate document.

As mentioned above, this report is submitted to fulfill the requirements of a grant application but being involved in this ground-breaking research has been exciting for the entire team at United Way. We are glad to see it confirm many of our suspicions about period poverty in B.C. and grateful for the opportunity it provides us to expand our understanding of this issue in critical ways. We submit it in the hopes that the Government of B.C. may continue to find ways to eliminate this issue in our province.

A History of United Way's Period Promise Campaign

United Way of the Lower Mainland has been working on the issue of period poverty for the past five years, when we launched a local Tampon Tuesday campaign as part of a co-ordinated effort of United Ways across the country. It was produced as a feature effort in 2017. It was developed as part of the United Way Centraide Canada and Canadian Labour Congress's Partnership relationship. The campaign was structured as a collection drive that could engage union members in an immediate community need that many of United Way's partner agencies were quietly supporting in their day-to-day operations. That first year we collected approximately 30,000 individual menstrual products and distributed them to a handful of organizations in our region. In 2018, the second year of the collection, more than 220,000 products were collected and given out to dozens of organizations in the Lower Mainland and Fraser Valley. To date, approximately 1 million menstrual products have been distributed to community organizations in the Lower Mainland, Fraser Valley, and Sea to Sky Corridor because of the generosity of donors and community members in our region.

Early on, the labour movement in the Lower Mainland and Fraser Valley region encouraged United Way to develop a policy and advocacy-focused approach to addressing the issue of period poverty in the entire province. With these early hints of research, it became clear that a merely charitable model was

insufficient in supporting people and ensuring that our local community was as healthy, inclusive and caring as we envision. With this we began to work on addressing period poverty and menstrual inequity with a lens to community mobilization, collaboration with an ever-broadening range of partners committed to a shared vision and establishing engaging models to contribute to the local movement.

To help us reorient the effort around a commitment to advancing policy, United Way renamed and restructured the campaign in late 2018 to become the Period Promise campaign. At the same time, we welcomed Sussanne Skidmore and Nikki Hill in as our campaign co-chairs.

The Period Promise campaign expanded United Way's efforts and collaborative potential on addressing period poverty and menstrual inequity in British Columbia. Below are some of the most substantial ways:

- In January 2019 we implemented a government relations strategy that focused on developing relationships with local government structures (school districts, municipalities) and the Government of B.C. so that we could promote and develop their commitments to addressing period poverty in their jurisdictions.
- In March 2019 we launched our Period Promise Policy Agreement, which governments, businesses, unions and other organizations can sign onto to commit to provide free menstrual products in their organizations in a manner that doesn't contribute to stigma. As of December 2020, more than 35 organizations, employing more than 5,000 workers in our province, have signed on.
- In March 2019 we wrapped our first collection campaign under the new name, collecting approximately 500,000 menstrual products and distributing them to more than 75 community organizations in the region. The charitable model remains an important support for community organizations and is an invaluable engagement tool to increase public awareness of the issue.
- In June 2019 we convened the Period Promise Community Action Group for the first time. This collective is comprised of local activists, businesses and union representatives who are dedicated to increasing access to menstrual products in our community. It has coalesced around a shared mission: to collect data, raise awareness and inspire action so that we can make menstrual products available for everyone who needs them, where and when they need them; completely free. This group has met approximately every two months since then, establishing a culture of collaboration, resource sharing, professional development and solidarity in the local movement. As of December 2020, there are 34 activists and representatives contributing to this collective.
- In June 2019 we launched our Period Promise Newsletter, which made it easier to keep people informed and engaged in the movement by providing regular updates throughout the year about the work that was being done across the rapidly expanding movement to advance menstrual equity and address period poverty in our region.
- In 2019, this research project was launched. It dramatically extended United Way's research done to-date and, for the first time, extended our research potential to include communities outside of our region.

In comparison with the model that preceded it, the Period Promise campaign was structured to long-term visioning and the development of local leadership while ensuring that the essential pipeline of menstrual products into front-facing community organizations grew in scope and reliability.

Defining the Issue

While the reality of period poverty is nothing new, it has gained traction as a regional, national, and international issue about which governments are, increasingly, expected to build solutions. For the purposes of this report, period poverty is understood to be the lack of access to menstrual products and facilities to use them safely.¹ It can appear as a chronic challenge for individuals or families, or it can be an occasional challenge that people face in their day-to-day lives.

Period poverty affects people who menstruate – cis-women, cis-girls, trans and non-binary people - most directly, insofar as they are most likely to experience the negative impacts. Nonetheless, it can also impact people who are caregivers for these groups. Estimates on how many are affected by period poverty change according to region or scale of research, but most numbers hover around 25% of people who menstruate having experienced period poverty at some point in their lives. One study, released by Plan Canada in 2018, indicated that 23% of respondents had struggled to afford menstrual products for themselves or their dependants. Importantly, the same study indicated that people under 25 responded positively at a higher rate (33%), as did people aged 25-34 (28%), 35-44 (31%), and 45-54 (29%), which covers the largest portion of people who menstruate.²

Menstruation is a bodily function over which people have limited control and which can be difficult to anticipate. When somebody bleeds, it is not a choice that they have made; it does demand a response. The average length of a menstrual cycle is 26.8 days, meaning that the average person who menstruates experiences 13.6 menstrual cycles each year, each one last for approximately five days. This means that, if you menstruate, you are likely to bleed for approximately 68 days a year.³ For every one of those days some sort of menstrual product is needed. That said, menstruation can vary dramatically from person to person. Some people bleed for longer, and some bleed more than others for the days that they do bleed. All said, menstruation is a deeply personal experience that arrives unannounced and, for those who experience period poverty, can become an unwelcome and uncontrollable barrier to community.

Period poverty is a symptom of poverty. It exists largely because menstrual products are expensive. They are viewed as a consumer good rather than an essential support for people who menstruate. For people who use disposable products, they are a monthly expense that can place additional stresses on already tight budgets. In 2019, United Way estimated that the annual cost to purchase menstrual products for one person was \$70, and that the cost grew as access to product decreased. Limited

¹ This is a particularly narrow definition of period poverty. Many activists in the movement to increase access to menstrual products highlight that lack of access to product and facilities fails to highlight other features of period poverty, including the impact of menstrual stigma and the health implications of certain chemicals placed inside products. Indeed, some activists prefer to use the term “menstrual equity” in their work. A great many activists include education about the proper use of menstrual products, the body’s purpose in menstruating, and cultural understandings of menstruation in their efforts. All of these are valuable frames that must be applied to work that can be done in British Columbia, and United Way’s Period Promise team recognizes the important contributions they make to the movement. Nonetheless, the purpose of the research project focused on providing the physical product above all else. Other themes, many reflecting concerns from the broader movement, emerged in the data and are presented where relevant.

² “A Canadian Gender Study,” Plan International, accessed October 12, 2020, <https://plancanada.ca/file/Plan-International-Canada--period-stigma-2018-report.pdf>, 84.

³ “Ending Period Poverty: A proposal for a Bill to ensure free access to sanitary products, including in schools, colleges and universities,” The Scottish Parliament, accessed December 9, 2020, https://www.parliament.scot/S5MembersBills/FINAL_Ending_Period_Poverty_consultation_document.pdf, 6.

transportation in remote communities or elevated prices in impoverished neighbourhoods can increase the relative costs of purchasing tampons or pads for people who need them. Reusable products, despite their benefits, remain out of reach for many due to their upfront expense.

The impact that lack of access to product has on the lives of the women that Plan Canada surveyed were varied, but broadly negative. Unsurprisingly, period poverty affects the well-being of individuals and families, including, but not limited to, their physical and mental health. Some of these impacts have been reflected in the data contained in this report, but there is extensive research into period poverty, menstrual inequity, and the impact that lack of access to menstrual products can have on individuals and communities. A selection of this research is reflected in the section titled Existing Data and Research.

What United Way Thought They Knew

In preparation for the first collection effort, United Way of the Lower Mainland began conducting research into the local manifestations of period poverty in 2016 by reaching out to local community-led non-profits. This was when we saw the first data hinting at widespread period poverty in our local community. What we saw was a widespread dependency on community organizations for access to free menstrual products among people living in poverty or experiencing housing insecurity. Most community organizations indicated that they were asked on a regular basis – sometimes daily – for free tampons, pads, or other menstrual products by their clientele. And the vast majority said that they had no budget to purchase products to support their clientele but were entirely dependent on physical donations from the public. Ultimately, there was more demand than supply, and instability in the provision of menstrual products to community organizations led to uneven and unreliable provision to community members.

Since 2016 we have conducted annual research with a growing number of community organizations to support our collection campaign and develop our distribution plan. With some annual variations to results the results have been fairly consistent year-over-year: approximately 80% of the surveyed non-profits are asked for menstrual products on a regular basis, a similar number attempts to provide menstrual products to their clients, and approximately 90% of those organizations rely on donations to fill this need as best they can.

But additional data began to pop up, whether in surveys, e-mails, or conversation, which led to some assumptions about period poverty in British Columbia:

1. Most people who experience period poverty access menstrual products by going to community organizations and requesting free products or taking resources that are readily available without asking. This is the preferred point of access.
2. Period poverty is a generalized symptom of poverty and, as a result, those equity-seeking groups who experience poverty are the most likely to have challenges accessing menstrual products when they are needed. This includes, but is not limited to: single mothers, gender queer folks, people of colour, immigrants and refugees, our Indigenous neighbours, people living with disabilities, and youth
3. As a generalized symptom of poverty, period poverty has a close alignment with household food insecurity.
4. Most people who experience period poverty, particularly those who experience housing insecurity, prefer to use disposable products because of the challenges that arise in cleaning and storing reusable products (menstrual cups, washable menstrual pads and underwear) for the duration of their lifespan.

5. When people do not have access to menstrual products they will often stay home and bleed in private, meaning they miss out on school, work, or other opportunities to be engaged in their communities. This is chosen over bleeding in public without having access to product.
6. If people who experience period poverty do need to leave their homes without the proper product, they will often use unsanitary alternatives, including rags, old clothing, paper towel, or newspaper. Some use disposable product for longer than recommended, thereby putting their physical health at risk.
7. The stigma about menstruation makes it difficult for people who experience period poverty to discuss it openly. Menstrual stigma is the primary reason people don't ask for menstrual products when they are needed, and why some prefer to isolate at home rather than bleed in public. The stigma, which is enhanced for those who experience period poverty, makes it difficult to track the scale and broad impact that lack of access to menstrual products has in our community.
8. The reliance on menstrual products to remain engaged in community combined with uncertainty of where and how it can be accessed, leads to substantial anxiety for those who live with period poverty.

Many of these assumptions informed this research project or reappeared in unsolicited but illuminating ways as we collected data for this report.

The Research Project

Given the scale of the research, we present this report as an important milestone in ongoing efforts to understand the particular shape and impact of period poverty in this province. Moreover, we hope that the findings here are of value to supporting efforts outside of B.C. to address lack of access to menstrual products and wrap-around supports for people who menstruate.

That said, the report is not comprehensive or summative, as it has been limited by the scope of its research questions, its particular methodologies, and the quality of the data that has been received. While we attempt to address this by placing it in the broader context of the period poverty movement, we also firmly believe that more research into the issue is valuable and necessary so long as it takes place as part of a nested policy implementation strategy that prioritizes increasing access to free, high quality products in our communities.

This work has been guided by two broad research questions:

1. What is the impact of period poverty in our province?
2. How might non-profit Community Service Agencies be able to provide support to people experiencing period poverty?

To help answer these questions, we conducted two separate streams of research. One focused on providing menstrual products to 12 different community services agencies around the province so that they could confidently give them out to clients without any concern about how much product they would be able to provide. The other was a public-facing survey that gathered generalized data from residents around B.C. about their personal challenges in accessing menstrual products and the benefits that having reliable access to free product brought to their well-being.

The data that we collected have allowed us to make some general findings about the state of period poverty in British Columbia, including identifying the people most likely to be impacted by it, how they are impacted by it, and what kind of solutions they rely on to help them navigate the issue. We stress that these are broad generalizations based on the data received, and so we have attempted to highlight outliers to findings where possible as well. The data has also allowed us to make some early models on the scale of period poverty in our province, and the potential financial cost for communities of different shapes and sizes to expand this distribution method to address period poverty. We are not confident in these models as they haven't been tested to reality, but they might be useful to help establish a baseline financial model for giving tampons and pads to people in our communities through service agencies.

While conducting the research, data emerged which helped us explore related themes which were indirectly related to the core curiosities that drove this project forward. We've presented aspects of these findings as well. We feel they supplement the findings of the report well, help broaden the scope of understanding period poverty as it appears in B.C. and provide spaces for additional inquiry.

Existing Data and Research

Unsurprisingly, given the under-funding of research into the health of all people who menstruate, there isn't much data about period poverty as a discrete issue faced by vulnerable people in Canada or around the world. As will be discussed later in this report, there is still plenty of room for good research to be done. Still, there is data that speaks around the issue, and more and more research is being published on an annual basis to better understand the broad impacts of menstruation on people's access to community, work, and school. These tend to discuss what we would term period poverty indirectly. This section highlights some of the most relevant data from some of the recently published articles.⁴

The most substantive study on menstruation and the experiences of women in Canada is an oft-referenced survey completed by Plan Canada in 2018. Plan Canada drew three main conclusions from their research. First, periods act as a barrier for participation in Canadian society, whether that be attending school, work, or participating in other social activities. Second, menstruation and menstrual bleeding is considered by most women to be a taboo subject which is difficult to discuss and around which vulnerability, particularly in male-dominated environments, is difficult to share. Third, periods are a cause of substantial anxiety for Canadian women.⁵

While not explicitly about period poverty, it does provide some good baseline information about menstruation and menstrual health in Canada. With regards to period poverty, they found that 23% of respondents to the survey indicated that they struggled to afford menstrual products for either themselves or a dependant. This number was highest for women under the age of 25 (33%), but remained above the average for women between 25 and 34 (28%), 35 and 44 (31%), and 45 to 54 (29%).

⁴ In addition to academic publications, there are small pockets of data emerging in popular literature, including magazine articles highlighting the good work that activists, non-profits, and legislators are doing to increase access to menstrual products for vulnerable people. Most of these stories depict the experiences of people who are homeless or dependent on community organizations without providing data. This is in part due to the limited capacity of the non-profit sector to do the essential work of supporting vulnerable populations while writing reports that speak to the community issues that they are facing on a daily basis. Given the difficulty in confirming the reported numbers we've chosen not to refer to these articles, but we do recommend them as valuable resources that confirm some of the data that is presented in this report and present the challenges referred to herein as lived experience visible in narrative form.

⁵ "A Canadian Gender Study," Plan International, 72.

The average was reduced substantially by respondents between the ages of 55 and 65 (18%) and 65 or higher (9%).⁶ Unfortunately, the issue of being able to purchase menstrual products – or accessing menstrual products when they cannot be purchased – is not addressed with more depth in this survey, meaning that it can highlight the scale of the issue but do little to provide solutions to the issue of providing physical product.

A study on the menstrual hygiene needs of “women who receive housing shelter, food, or job training assistance from non-profit community service organizations in St. Louis” contains valuable learnings in a context not dissimilar from that found in large urban centres like Greater Vancouver and Greater Victoria.⁷ Their research methodology included surveys and interviews with 184 low-income women receiving support from 10 participating non-profits organizations. They noted that 64% of study participants did not have money to purchase menstrual products at some point during the previous year, and that 21% couldn’t purchase product on a monthly basis. They also noted that 46% struggled to purchase both food and menstrual products, indicating a clear connection between food insecurity and limited ability to purchase menstrual products.⁸ Without access to menstrual products, many of the participants in the St. Louis study indicated that they used strips of cloth, paper towel, rags, tissues, toilet paper, children’s diapers, incontinence diapers, or improvised, home-made pads or tampons. Most of the women purchased their own product when it was possible, but 63% had relied on community organizations at some point in the preceding 12 months.⁹ Several women indicated that the products provided by the community service organizations were often of a low quality that didn’t meet their needs.

In this study, participants described four categories of challenges in obtaining menstrual hygiene products. The first, unsurprisingly, was the cost of purchasing the products. But the other three highlight the importance of establishing good policies that produce accessible distribution models that provide good quality products:

1. the difficulty of managing heavy menstrual blood flow with the need to use higher absorbency and more expensive products,
2. difficulties in purchasing transportation or finding the time to reach stores that sold larger quantities of menstrual products at a more affordable price, and
3. generalized concerns about safety, security, and sanitation during their period, particularly if the participants were homeless and dependent on public washrooms to properly clean and remove or replace their product.¹⁰

While the statistics might not carry over to British Columbia given the shifts in context, many of these experiences and concerns were mimicked several times over the course of this research project.

In a 2019 study of working class girls aged 11 to 16 in the United Kingdom that hovers between both psychological review and anthropological report, Theresa E. Jackson argues that young people seemed to feel that having a period is a private manner which should be managed in “the comfort and safety of

⁶ Ibid, 84.

⁷ Eleanor P. Bergquist, Djenie Danjoint, Anne Sebert Kuhlmann, and L. Lewis Wall, “Unmet Menstrual Hygiene Needs Among Low-Income Women”, *Obstetrics and Gynecology*, Vol. 133:2 (February), 239.

⁸ Ibid., 240.

⁹ Ibid., 241.

¹⁰ Ibid.. 241.

their own personal space”.¹¹ Importantly, as it relates to this report, she suggests that viewing menstruation as a private event to be navigated in isolation also allowed for participants in her study to reduce the cost implications of their periods on their families. In a startling observation, Jackson noted that the girls she worked with “often referenced what they deemed to be the unfair cost of menstrual hygiene supplies and the ease of ‘taking care of business’ within the home and showering frequently rather than worrying about bringing a costly amount of menstrual supplies to school or activities.”¹² Staying at home became a convenient means of mixing both a desire for privacy and a need to mitigate the financial pressures that come with menstruation.

Of course, lack of access to menstrual products can have impacts on people as they move from adolescence into adulthood. Unfortunately, there is no substantial research that explores how frequently period poverty prevents people from attending work. A study out of the Netherlands indicates that nearly 14% of workers reported absenteeism during their period due to menstruation-related symptoms, with 3.4% being absent for every or almost every cycle. Slightly more than 80% of their survey respondents reported decreased productivity while attending work or school.¹³ For the purposes of their study, menstruation-related symptoms included dysmenorrhoea, heavy menstrual bleeding, premenstrual mood disturbances, and the financial burdens placed on individuals and on their families. In the St. Louis study, the authors found that approximately 36% of the women who relied on community organizations and had work (50 of 183 respondents) had missed one or more days of work per month because of their periods.¹⁴ Unfortunately, the reported results don’t break down the prominence of lack of access as compared with other causes for absenteeism or presenteeism, but it does indicate the severe impacts that poor supports for people who menstruate has on the economic well-being both of the individual and the whole of society.

Stats about period-related absenteeism or presenteeism in Canada are available in the above-mentioned 2018 Plan Canada study, though the dramatic difference in reported absenteeism likely reflects a difference in question and study structure. In Canada, approximately 68% of survey respondents indicated that their period had prevented them from full participation in an activity, with the percentage being above the average for people under 25 (83%), from 25-34 (74%), 35-44 (76%), and 45-54 (71%).¹⁵ Approximately 55% of respondents had missed work, school, or declined social activities because of their period, with as many as 70% of respondents under the age of 25 responding positively to the question.¹⁶ Similar to the report from the Netherlands, the question asked does not indicate whether this is due to access to product or other menstruation-related symptoms.

Many reports hint at the close connection between the impacts of period poverty as an experience and sweeping cultural values that both stigmatize menstruation and suggest that an individual’s period should be managed independently. Menstrual stigma is an important part of period poverty, both for how we construct and understand periods culturally and for our collective reluctance to discuss and

¹¹ Theresa E. Jackson, “Policing a menstrual monster: how working class girls discuss their menstrual reactions and experiences,” *Journal of Youth Studies*, Vol 22:2, 165.

¹² *Ibid.*, 166.

¹³ Johanna W M Aarts, Eddy M M Adang, Bianca De Bie, Jacques W M Maas, et al., “Productivity loss due to menstruation-related symptoms: a nationwide cross-sectional survey among 32 748 women”, *BMJ Open* 2019: 9, 1.

¹⁴ Eleanor P. Bergquist, et al., “Unmet Menstrual Hygiene Needs”, 241.

¹⁵ “A Canadian Gender Study,” *Plan International*, 74.

¹⁶ *Ibid.*, 75.

resolve the issue of period poverty as a whole. Moreover, the stigma around menstruation can produce some of the most acute and alarming mental health impacts of period poverty. Unsurprisingly, it developed as a recurring theme in some of the open-ended questions that the general public responded to in this research project.

Literature on menstrual stigma is extensive, but much of the discourse falls outside of the specific goals of this research project because it doesn't address the unique ways in which poverty can increase stigma and anxiety around menstruation. Jackson's study of "working-class girls" in the U.K. provides a unique thread that connects the two issues.

Jackson indicates how having a period, and having to deal with the resulting impacts, can feel like a loss of control over one's body for people who menstruate because of a process that is felt to be a "dirty and disgusting bodily phenomenon."¹⁷ The issue, though, is heightened for working-class girls due to limited ways that they can access and find support. In contrast with white, middle-class participants in a previous study, who would discreetly manage their period in public through the use of menstrual products and a secretive language through which they could ask for support, the working class participants in her study "chose to isolate and remove themselves from social spaces during menstruation rather than communicating or displaying their suffering" so that neither the physical nor the behavioural side-effects of menstruation could be perceived by others.¹⁸ This combined with a concern about forms of support that could realistically be accessed, whether it be menstrual products or open conversation about the impacts of menstruation on the body, reflecting a common desire to keep the suffering personal rather than ask people to offer support when they didn't have the capacity to do so.¹⁹ Importantly, study participants did not want to isolate while they were menstruating, and many indicated a desire for more support from peers and family members while they were menstruating.²⁰

Hypotheses

The central research questions that helped us shape this project and defined its intention were:

1. What is the impact of period poverty in our province?
2. How might non-profit community service agencies be able to provide support to people experiencing period poverty?

Based on the knowledge that we've gathered through our small-scale and informal research in the Lower Mainland, Fraser Valley, and Sea-to-Sky Corridor, and how it seems to reflect and add nuance to existing research about period poverty in North America and much of Europe, we stepped into this research expecting to find the following:

1. Period poverty is prevalent in the province of British Columbia, and its impact on the health and well-being of people who menstruate is substantial.
 - a. We will likely see a prevalence of approximately 25% of people who menstruate indicating that they cannot afford menstrual products
 - b. Similar to other jurisdictions, period poverty in BC often leads to an involuntary self-isolation, which can have a detrimental impact on physical and mental health, but also acts as a barrier to education, employment, and other social institutions.

¹⁷ Theresa E. Jackson, "Policing a menstrual monster", 163.

¹⁸ Ibid., 167.

¹⁹ Ibid., 166.

²⁰ Ibid., 62-163.

2. Community service agencies are well-positioned to providing access to menstrual products for community members but are unlikely to be a complete solution to the issue for community members.
 - a. Most people who experience period poverty believe that community-based organizations and agencies are the ideal place to access free menstrual products due to their relationships with those agencies.
 - b. A nested solution that integrates provision of menstrual products to community through non-profit agencies into a variety of solutions is likely to have a more substantial impact.
3. Resolving period poverty by providing stigma-free access to reliable and free menstrual products is likely to be expensive, even if it uses existing community infrastructure, like front-facing community service agencies, as the primary method of distribution. This is largely due to the cost of purchasing the products themselves.

To answer the research questions and test these hypotheses, the team at United Way built a research process with two streams, one focused on supporting and collecting data from front-facing community-based organizations around the province, the other collecting generalized data from the general public on period poverty as a lived experience in B.C.

Methodology and Outline of Data Sources

The research project was broken into two separate streams that provided a broad understanding of the issue of period poverty in British Columbia and helped us explore the questions that were at the heart of this project. The first was focused on providing 12 agencies around the province with access to free, disposable menstrual products that they could give to clients for 12 months without concern of running out of supply in exchange for valuable information on usage rates and clientele. The second was a public facing survey, accessible online or in paper form at the participating community agencies, that was open to all residents in British Columbia. This section will outline each of those research methods, including their strengths and weaknesses, and the quality of the data that was received.

Community-Based Agency Research Stream

This stream was completed in partnership with 12 community-led non-profits from across the province. Each of the 12 organizations was provided with free tampons and pads to support their clientele for a total of 12 months. Many of them used this product to solidify existing practices for giving out menstrual products, and a few that had never previously given product out created systems that allowed them to give it to their clientele. Each organization determined their own method for distributing the products to their clientele. They were expected to track, to the best of their abilities, the usage rates of the product among their clientele, the challenges or benefits that the program brought to their organization or their clients and provide generalized observations on the project.

It was hoped that organizations would provide menstrual products in the same manner for the total of the 12 months which may have allowed for some coincidence of impact and distribution methodology to emerge in the data. Unfortunately, the impact of COVID-19 on most of the organizations, particularly between March and June 2020 (but ongoing to the end of the period of study), meant that almost all of the organizations had to pivot their methods for outreach into the community. A section of this report is dedicated to exploring the impact that the pandemic had on the organizations.

In total, the partnering community-led non-profits completed 6 surveys, the raw data of which is included in the appendix of this report.

In addition to these surveys, the partnering agencies participated in two focus groups so that they could expand upon and explore their responses to the project. One was held in April 2020, and the other was held in November 2020. These virtual focus groups were facilitated by the United Way team, and the discussions that took place provided valuable extensions to the data collected in the surveys.

This research methodology was valuable because it gave us a sense of how much product an organization would need to provide menstrual products to their existing clientele. This is an important metric to establish, as a large portion of people who experience period poverty ask for free product from charities and non-profits that provide them additional wrap-around support. Moreover, we tested out the effectiveness of non-profits in reaching out to and supporting members of their community in accessing menstrual products, thereby assessing some of the sector's strengths and limitations in addressing the issue. Moreover, the data collected from this research stream has allowed us to highlight three programs for their particular impact and, based on the data they provided, provide some assessment on the scope of the issue in B.C.

Unfortunately, the data received from all the organizations was not of equal quality. Depending on the agency, some of the data that was received was incomplete or of poor quality. This was noted by the team at United Way when the first quarter results were reviewed in late February. The focus group conversation that took place in May 2020 included a discussion on the data collection process and changes were made to the survey as a result. In follow-up one-on-one meetings with representatives from each of the organizations, additional efforts were made to understand and correct poor data, but they seemed to have little effect. Despite United Way's efforts to make data collection for this project as simple as possible, we suspect that poor data was often provided due to transitions in staffing, fatigue or internal uncertainty about how to collect and record data so that it could be reported to United Way, and internal de-prioritization of data collection for this project due to the COVID emergency. Still, more than three quarters of the participating agencies provided us with data of sufficient quality to help us address the core questions of this project.

Public Facing Research Stream

There is no substantive data available about the full impact that period poverty is having on the lives of people who menstruate in the province of British Columbia. Some small-scale research has been done by academics and post-secondary students, largely at the undergraduate level. Frontline non-profit agencies do discuss the challenges that people experiencing period poverty have in accessing menstrual products with United Way when we run our annual collection campaigns, and individuals will occasionally share testimony online. The scale of these research projects and testimony collection is often quite small, meaning that the results and findings are difficult to apply to a province as large and diverse as British Columbia. No large-scale systematic research into impacts and experiences has been conducted in the province.

In an effort to gather generalized data about period poverty in British Columbia, how it is experienced and how people feel about it, we developed a public-facing research method where people could provide anonymous, non-trackable responses to specific research questions. The first phase of the survey was launched in July 2019 on the Period Promise website. It was accessible to anybody to fill out

but was promoted through social media in communities around British Columbia through viral and paid campaigns on Twitter, Facebook, and Instagram. A paper copy of this survey was provided to participating community agencies as well, making it easier for people with limited access to technology to participate.

The information collected between July 2019 and February 2020 informed the bulk of the Interim Report for this research project, which was submitted to the Ministry of Social Development and Poverty Reduction in early April 2020. In preparing that report we saw an opportunity to refine the questions in a second phase and, in the process, collect responses that allowed us to explore some of the themes and ideas that had emerged in the first phase. The second phase was launched in August 2020. Once again, it was hosted on our website and promoted on social media around the province via a paid campaign on Facebook, Instagram, and Tik Tok. Responses received until November 1st are reflected in this report. The second phase survey remains accessible and active on United Way's Period Promise website.

The first phase of the survey garnered 943 responses, and the second received 711 responses before November 1, 2020. Due to accessibility and promotion, both surveys remained active until November 1, 2020.²¹ All of the raw data collected from the surveys is included in the digital appendix of this document, as are copies of the questions.

The public facing survey was important in providing a more in-depth profile of period poverty in B.C., and the responses that we were provided were remarkable both for their consistency and the lived realities that they illuminated. And, given the structure of the responses, the data is of a consistent and high quality. We are confident in our understanding of the responses provided, and in our understanding and presentation of the nuances that emerged. Indeed, with the second phase of the survey we built questions that allowed us to better understand some of the secondary themes that were present in a surprising number of the qualitative responses, and this has enhanced the scope and value of this report over the one submitted in April 2020.

The data does not allow us to build out a province-wide estimate on the prevalence of period poverty in the British Columbia. This is largely because of the demographic make-up of the respondents, which is out of line with the population of the province, and due to some reluctance on the part of the researchers to pursue economic data from respondents. We wanted to make participation in this survey as low barrier as possible, and removed questions that we felt would turn people away from responding. While this doesn't undermine our findings, and we have been able to provide a cross-sectional analysis of the responses received based on demographic categories that we did request, it does place limitations on how it can be used.

The best tool we had at our disposal to attempt to increase the participation of under-represented groups in our surveys was to employ a dynamic social media promotional campaign. We employed

²¹ To promote the project and help the partnering agencies conduct outreach into their community, we provided them with posters and postcards that included a QR Code that could be scanned to easily access the public facing survey. When we developed the second phase of the survey we couldn't re-assign that code to the new version, and so we left the first phase of the survey active to collect any final responses from people accessing the program. From September 20, 2020 until the end of the program, only the second phase survey was promoted by United Way. We received fewer than five responses to the first phase of the survey between September 20, 2020 and November 1, 2020.

strategies that increased responses from Indigenous populations, people of colour, people below the age of 35, and more. It was a powerful tool, but it also indicated the primary barriers to accessing the survey and shares insights: the survey was available on the internet, and knowledge of it was relatively limited to those who connected with one of our promotions. It is also important to note that respondents self-selected to become involved; the data does not come from a random sampling of the BC population.

The impact of this limiting factor is visible in the fewer than 20 responses we received from people who got menstrual products from one of the participating agencies, more than half of which were received as pen-and-paper responses sent to us from the participating organizations. This survey wasn't sufficiently accessible to people living with housing insecurity and limited access to personal technology. The responses are surely skewed to over-represent groups living in other forms of poverty as a result.

Broadly speaking, we do not think that this undermines the findings of this report. It does mean that future research into how initiatives like this are being received by the people they are intended to support would be valuable.

Results

In this section of the report, we provide our assessment of the data received from the two research streams. The first was the most costly of the two streams, and the one that allowed us to test enhancing an existing model of providing menstrual products to people who experience period poverty by providing free menstrual products to partnering community organizations around the province. The second was the public facing survey, which gave us a broader snapshot of period poverty and its impacts in our community, as well as the perceived benefit of increasing access to free menstrual products in our community.

In this portion of the report, we have kept the analysis for these sections discrete. Our major findings, developed by combining the results present in both research streams, are visible in the conclusion. That said, the data that was received was rich beyond anticipation, and it will allow United Way to find the results to a variety of questions that were deemed secondary to this project's main goals for months to come. Both raw and cleaned copies of the data are available for viewing as part of the digital appendix.

Agency Survey

Below are the results reflected in the data collected from the 12 partnering community organizations who acted as the pilot sites for this project. This portion of the research project was essential because it allowed us to determine the importance or unique potential that comes from working with community organizations in providing menstrual products for free in public. It was through this stream of the research project that many of our assumptions about period poverty in B.C. were confirmed and challenged, and due to this aspect of the project that we are able to provide some of the recommendations captured in the conclusion.

We begin this section by describing the sample, the work that the partnering organizations have been doing to provide menstrual products to their community and outlining how they anticipated being involved in the project. We then present the key findings through the distribution process, the measurable community impact, and the impact of COVID-19. We round out this portion of the report by

highlighting the program successes and challenges that were raised by the community organizations during our focus groups, one-on-one meetings, or in any of the surveys.

Describing the Sample

For this project, United Ways from across the province worked with the Ministry of Social Development and Poverty Reduction to select 12 community organizations from around the province representing a variety of service delivery mechanisms and supporting an array of clientele. The goal was to get a valuable cross-sample which, while not representative of the non-profit sector, would demonstrate the potential of this project. Table 1 lists the organizations that we partnered with, including where they are located and their mission statement.

Table 1 – Participating Organizations

Community Organization	Location	Mission Statement
Community Connections Society of South East BC	Cranbrook	To be a visible leader in the East Kootenay communities, providing programs and services which holistically enhance the well-being of the diverse people of our region while working towards social and systemic change.
Fraser Region Aboriginal Friendship Centre Association	Surrey	Our Mission is to support the activities that promote the health and well being of Aboriginal People and to promote the resurgence of resident Aboriginal culture, language and teachings, particularly those of local residency.
Hope and Area Transition Society	Hope	Providing programs and services to individuals and families affected by social issues.
Kiwassa Neighbourhood House	Vancouver	To cultivate opportunities with people and partners to build a socially just, resilient, and connected community.
Ksan Society	Terrace	We believe in the inherent value of every human being. We are committed to responding to community need. We empower, assist, and support people experiencing gender violence, violence, poverty, homelessness and other forms of oppression/marginalization.
Living Positive Resource Centre, Okanagan	Kelowna	To provide harm reduction, prevention and education resource, and supportive services that focus on individual and community health and wellness to anyone living with, affected by, or at risk of HIV, Hep C, or related health issues.
Powell River Action Centre Society-Food Bank	Powell River	Feeding our community.
Prince George Sexual Assault Centre	Prince George	The Prince George Sexual Assault Centre Society provides counselling and support services in a safe and supportive environment for individuals, families and groups. PGSAC works with women, children and men to help them overcome the effects of sexual violence. We advocate for societal change that does not tolerate oppression, exploitation, or violence in any form. We strive to influence and increase awareness by delivering public education and together as a community, create a culture free from sexual violence.

Table 1 – Participating Organizations

Community Organization	Location	Mission Statement
Ray-Cam Cooperative Centre	Vancouver	To encourage and support community members to utilize their strengths and gifts in the improvement of day to day life of the community. To provide access to recreational, educational, social, cultural and economic programs which advance opportunities and abilities for community members, especially children and youth, and enable them to make successful and fulfilling life choices. To provide a safe and accepting environment for members of the community. To facilitate partnerships and achieve community goals.
Society for Equity, Inclusion & Advocacy	Nanaimo	SEIA works to support people impacted by systemic barriers who are most at risk at being excluded from society by providing: outreach; general and legal advocacy; crisis help; information, referrals and resource-planning; tenancy support; customized social and educational programming for youth and seniors; and by operating a women's centre where anyone identifying as female can access resources, support and social connection.
Society of Saint Vincent de Paul Vancouver Island	Victoria	To live the Gospel message by serving Christ in the poor with love, respect, justice and joy.
Victoria Youth Empowerment Society	Victoria	The Mission Statement of YES is twofold: First, to assist youth to remove themselves from the high risk environment of the street and make the transition to healthier and more constructive life situations and Second, to help youth and families make positive choices, which will prevent involvement in at risk behaviour or connection with the street scene.

Prior to the beginning of the research project, we sent the partner organizations a control survey to provide us with a baseline understanding of their organization, programming, and how they supported or responded to a need for menstrual products from their clientele. When asked to provide a brief outline of their programming structures, the partnering organizations provided these responses (note that they could reply to more than one category):

- Three indicated that they offered some service equivalent to a food bank
- Three acted as transition housing or shelter support for people experiencing homelessness
- One offered medical services as part of their programming
- Six acted as community service centers for their neighbourhoods
- Many indicated that their programming and structures were more varied than the options provided, indicating support for housing-insecure people, youth, and satellite organizations

The partner organizations were also asked to indicate some of the demographic and equity seeking groups that they support through their programming so that we could ensure that the product was accessible across a broad cross-section of the population. This was to ensure that the pilot project did not exclude any notable population groups, and to help assess whether certain groups might require different methods of dispensing menstrual products than others. Table 2 indicates the populations that they serve based on the questions that we asked them.

Table 2 – Participating organizations and demographics they serve

Community Organization	Girls	Women	Transgendered Individuals	Non-Binary Individuals	Indigenous (First Nations, Inuit, Metis)	People of Colour	New Canadians, immigrants and refugees	People living with physical or mental disabilities	Women fleeing violence	Single mothers	Homeless and Street-Dependent individuals	People suffering from mental illness or mental health	People struggling with addictions	People receiving social assistance
Community Connections Society of South East BC		X			X	X	X	X	X	X	X	X	X	
Fraser Region Aboriginal Friendship Centre Assoc.	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Hope and Area Transition Society	X	X	X	X	X	X		X	X	X	X	X	X	X
Kiwassa Neighbourhood House	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Ksan Society	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Living Positive Resource Centre, Okanagan	X	X	X	X	X	X		X			X		X	X
Powell River Action Centre Society-Food Bank	X	X	X	X	X	X		X			X			
Prince George Sexual Assault Centre	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Ray-Cam Cooperative Centre	X	X	X	X	X	X	X	X		X	X			X
Society for Equity, Inclusion & Advocacy	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Society of Saint Vincent de Paul of Vancouver Island	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Victoria Youth Empowerment Society	X		X	X	X						X	X	X	X

How Participating Organizations Supported Menstruators Prior to the Research Project

In the same survey, the organizations were asked to indicate how often they were asked for free menstrual products from their clientele. Three said that they were asked 1-15 times a month, seven said they were asked 16-30 times a month, and two indicated they were asked 31-60 times a month.

Nine of the organizations previously provided menstrual products to a mixture of their clientele (9 of 9), guests (7 of 9), and employees (3 of 9). Four of the nine organizations were dependent on donations and did not allocate budgets to purchase products, and the remaining five organizations had annual budgets to purchase product ranging from \$200 to \$1,000.

For these nine organizations, five of them required clients to ask a staff member for products, either individual products, boxes of product, or pre-made menstrual hygiene kits. Four placed individual products in dispensers or baskets and made them publicly available in the washroom. Many of the programs had multiple distribution methods that reflected a widespread integration into their programming. Three of them operated multiple sites where they offered their programs or managed facilities and had developed distribution methods for each of their locations. All of them provided disposable tampons and pads to their clients; one of them gave reusable menstrual cups; none used reusable menstrual pads or reusable menstrual underwear.

Two of the three organizations who did not provide product indicated that they were interested in doing so but had chosen not to because of the cost and concern of demand exceeding supply. In fact, concern of demand far exceeding supply was a common concern even among the nine organizations who provided product to their clientele, as only four of them publicized the fact that they gave product out.

Anticipating Involvement in the Research Project

To help United Way estimate the amount of product each organization would need they provided us with monthly estimates outlining their anticipated need. Many struggled to answer this question for two reasons. The first was the extreme liberality of the product dispersal; never had any of the organizations been able to so easily source and provide menstrual products to their clientele. The second was the challenge faced by those organizations who had never given out menstrual products in having to anticipate need and demand. Some of this uncertainty is indicated in Table 3.

Nonetheless, with their responses estimated monthly need for individual products we built out estimations on the amount of product that they would need shipped to them:

Table 3 – Anticipated Need by Menstrual Product

Community Organization	Monthly Anticipated Need – Individual Product: Tampons	3 Month Anticipated Need – Individual Product: Tampons	Monthly Anticipated Need – Individual Product: Pads	3 Month Anticipated Need – Individual Product: Pads
Community Connections Society of South East BC	425	1,275	425	1,275
Fraser Region Aboriginal Friendship Centre Assoc.	20	60	20	60
Hope and Area Transition Society	200	600	200	600
Kiwassa Neighbourhood House	500	1,500	500	1,500
Ksan Society	750	2,250	500	1,500
Living Positive Resource Centre, Okanagan	300	900	300	900
Powell River Action Centre Society-Food Bank	500	1,500	500	1,500
Prince George Sexual Assault Centre	1,200	3,600	500	1,500
Ray-Cam Cooperative Centre	500	1,500	250	750
Society for Equity, Inclusion & Advocacy	300	900	300	900
Society of Saint Vincent de Paul of Vancouver Island	300	900	300	900
Victoria Youth Empowerment Society	40	120	40	120
Total:	5,035	15,105	3,835	11,505

Each of the organizations was also asked to outline how many clients they anticipated providing product to monthly. This was an open-ended question, and the responses indicated a high number of clients for most organizations, regardless of their size, program structure, or the indicated characteristics of their clientele.

Table 4 – Community Organizations and Clients Served

Community Organization	Predicted # of clients to provide per month
Community Connections Society of South East BC	16-30
Fraser Region Aboriginal Friendship Centre Assoc.	20+
Hope and Area Transition Society	40-50
Kiwassa Neighbourhood House	250
Ksan Society	50
Living Positive Resource Centre, Okanagan	15
Powell River Action Centre Society-Food Bank	150
Prince George Sexual Assault Centre	80
Ray-Cam Cooperative Centre	25-50
Society for Equity, Inclusion & Advocacy	15-30
Society of Saint Vincent de Paul of Vancouver Island	30-60
Victoria Youth Empowerment Society	30

As previously mentioned, each of the organizations was permitted to establish a system for distributing menstrual products that they thought would best meet the needs of their clientele and suit their programming structure. Organizations were encouraged to distribute the product in as many ways as they thought suited their clientele; most opted to give the product out in more than one method:

- All 12 organizations were going to give out boxes to clients upon request.
- Six were going to give them out in dispensers or baskets outside of their washrooms, and eight were going to give the product through dispensers and baskets in their washrooms (with four organizations opting for both).
- Three organizations were going to give the product to program staff to distribute through their programming, including family programming, their food bank, settlement support, and employment streaming, or community outreach street programming.
- One organization was going to use the provided product to make “Moontime Kits” with other cleaning supplies not provided through this program.

Key Findings

Distribution to Community Organizations

To distribute the menstrual products to the 12 participating community organizations, we couriered product that United Way of the Lower Mainland purchased from our sponsors at Tampax and Always from our office to each of the participating organizations. In October 2019 they all received their first product shipment, which we estimated would cover their needs for the first three months of the project based on the information they had previously provided us. The organizations were instructed to connect with our office when they needed additional product. The total amount sent to each of the

organizations, including the estimated value of the product (where each individual product has an estimated retail cost of \$0.25), is represented in Table 5.

By any metric, a project that manages to distribute more than 330,000 menstrual products to community organizations over a period of 12 months is a success. Unfortunately, as previously mentioned, the quality of the data received from the participating organizations in each of the quarterly surveys is not of a high enough quality for us to provide a universal assessment of how much was given out, or how many people were supported. This is despite the specific instructions that the partnering organizations were given as conditions for their involvement in the project. Indeed, the data provided doesn't allow us to confidently determine how much product each of the partnering organizations had on hand at the end of October 2020, when the data collection was completed, or how many people each of the organizations provided product to.

Charities are busy organizations, running on limited resources while directing their effort to have as much impact as possible. As one participating organization reported, "Staff at our locations are incredibly busy and quickly discovered that tracking each box or individual product was impractical." Of course, 2020 has been an exceptional year for running any sort of project in the non-profit sector. If charities generally struggle to collect additional impact data on top of those bits that support their internal needs, doing so during a pandemic makes it more difficult. Nonetheless, indications prior to COVID-19 suggested that most of the community organizations dramatically underestimated how much product they would need. Some of the organizations asked for more product as few as six weeks after receiving their first shipment.

Table 5 – Product shipments

	# of Disposable Menstrual Pads	# of Disposable Tampons	Total Amount of Product	Estimated Value of Product ²²
Community Organization				
Community Connections Society of South East BC	3,452	5,100	8,552	\$2,138.00
Fraser Region Aboriginal Friendship Centre Assoc.	12,712	17,700	30,412	\$7,603.00
Hope and Area Transition Society	9,704	13,800	23,504	\$5,876.00
Kiwassa Neighbourhood House	7,112	10,200	17,312	\$4,328.00
Ksan Society	6,904	12,000	18,904	\$4,726.00
Living Positive Resource Centre, Okanagan	3,452	5,100	8,552	\$2,138.00
Powell River Action Centre Society-Food Bank	14,840	20,100	34,940	\$8,735.00
Prince George Sexual Assault Centre	10,488	12,600	23,088	\$5,772.00
Ray-Cam Cooperative Centre	19,368	30,600	49,968	\$12,492.00
Society for Equity, Inclusion & Advocacy	3,564	12,900	16,464	\$4,116.00
Society of Saint Vincent de Paul of Vancouver Island	35,296	52,200	87,496	\$21,874.00
Victoria Youth Empowerment Society	4,764	6,900	11,664	\$2,916.00
All Organizations	13,1656	199,200	330,856	\$82,714.00

²² For the purposes of this value assessment, we have estimated the value of individual menstrual products to be approximately \$0.25. Tampons tend to be slightly less expensive per unit than pads, but the price per unit for brand name products (like those used in this project) tends to be higher than even this estimate. Because of our sponsorship relationship with Always and Tampax, we were able to procure a cost of approximately half the retail price.

After the first quarter survey we provided the Government of B.C. an update on the difference between estimations received from community organizations prior to the beginning of the project and the estimated amount of product that partnering organizations would need based on the amount already distributed to community at that point. At that point we were already seeing that demand was likely to far exceed anticipated product need.

Based on estimations provided by the 12 partnering agencies, we anticipated needing approximately 2333 boxes to support them all for 12 months time. In October 2019 we sent each organization enough product to last for at least three months. In less than two months several of the organizations had used up their product and asked for more product. Between October 2019 and January 2020, we distributed 973 boxes of product, or approximately 42% of the product we anticipated needing for the entire year. Based on the modelling we were able to do at that point, we anticipated having to purchase 586 more boxes than we had initially anticipated. Based on demand from the various community organizations to that point, real need for free product in community organizations was approximately 25% higher than the partnering agencies expected.

Unfortunately, one of the impacts of COVID-19 was a reduction in the quality of the quarterly data received from the partnering organizations, meaning our ability to estimate and project need for each organization was substantially reduced after the first quarter results were received. Nonetheless, as indicated below, the product that organizations gave out clearly had an impact in the community and on their relationships with their clients.

Community Impact

Even if the usage data provided by the partnering organizations on this project don't allow us to do the modelling on impact that we had hoped for at the project's outset, it is clear that from the responses that they provided in both the quarterly and final project review surveys that the project had a beneficial impact on the community. One partnering organization in the Lower Mainland was succinct in their support for the impact of the project in their community: "I can say for certain that access to free products has made life a little bit easier for so many women." In this section we'll review that impact based on the responses that the community organizations provided.

With each quarterly survey, partnering organizations were asked to rate the community's response to their involvement on a five-point likert scale, where 1 indicated a very unfavourable response and 5 indicated a very favourable response. Over the four quarters, the average rating was 4.69. In the final project review survey, we asked the organizations to indicate how providing free menstrual products to their clientele impacted their relationships with their clients, with 1 indicating it had a very negative impact and 5 indicating a very beneficial impact. The likert average response was 4.45, indicating a highly beneficial impact. Given that most organizations indicated that they gave product out a couple of times a week, this is an unsurprising result.

Four of the 12 organizations indicated that providing free menstrual products brought new clientele to their organization, but only one of those four indicated that these new clientele placed additional strains on their programming. This is an unusually high rate for clientele acquisition with a single small program that likely indicates the strong relationships that these organizations had with their communities and the broad, invisible need for access to menstrual products in the populations that they serve. Indeed, when asked to estimate how common an issue limited access to menstrual products was in their

community, all responding community organizations indicated that it was common to extremely common.

Chart 1



When asked to explain their rating, many indicated that there is an invisible population that menstruates without suitable product to support them and do not ask for help or know where to get help. One suggested that “for every person who is expressing the need there are as many who don't.” Others noted that “many low-income families rely on donated products as they cannot afford them on their limited budget,” and that donated product “is not available on a consistent basis or through any regular institutions.” One organization indicated that they supported the poorest postal code in Canada, where more than 52% of residents live below the poverty line and depend on community organizations for basic needs, including menstrual products. Another indicated that their role as the central hub for people fleeing sexual and domestic violence in the North means that for every person that they are able to support, there are many more who are isolated in their home communities without an organization that can support them.

When the partnering organizations were asked to describe the benefit that the program brought to their community, they most frequently mentioned the implications that it had for their clients’ finances. One organization indicated that “most, if not all, the clients who accessed the products shared their gratefulness for the services. People were very happy to be able to access the products, and mentioned how it saved them a significant amount of money.” Another noted that “many women were able to afford more food by not having to budget in menstrual products.”

Indeed, affordability, and the impact that providing menstrual products had on how clients were able to spend their limited incomes, appeared as one of the most mentioned outcomes of this research project. In the quarterly surveys the cost of purchasing products regularly appeared as a theme to open-ended

questions about the impact that being involved in this project was having in their community. One organization noted that most of their clients “have been pleasantly surprised by the availability of the products. They've shared how much of a struggle it's been to get products, especially for those who barely have enough to get food and other necessary items. Most have been coming by regularly now to collect products, and are using our services as a main way of getting these products.”

Another organization added that “we have been told that the cost of buying menstrual products for some of our clients is so prohibitive that they have to stay home, when they are menstruating, so that they can buy food, instead.” A third one wrote that “providing free menstrual products has helped relieve some of the cost of living for our clients. I have had many ladies thank me because they couldn't have been able to afford them that month. One lady told me that she almost had to cut up her own clothing to use as a product.” Responses on this theme are far more numerous than we can share here, and they seem to confirm the suspicion that the cost of menstrual products is the primary reason that people have limited access to them.

Responses also indicated that being able to provide product increased the community’s trust in the organization’s capacity to offer support. One of the organizations, whose primary services included preparing and distributing pre-packed food and essential goods hampers to individuals and families, responded that “it is wonderful to have somewhere in the community where individuals knew they could access menstrual products for free on a consistent and regular and dependable basis. Women knew that if they accessed a [food] hamper at our organization they would also have access to menstrual products.”

Other organizations noted that the mental health benefits that they witnessed for clients who were anxious about where they would be able to access product was substantial. One organization who worked directly with street dependent and housing insecure teenagers and youth, noted that their clients “would casually mention they needed menstrual products and we would refer them to the bathroom where they were stocked, and we would let them know if they needed full boxes we had them readily available. Youth would appear very relieved and de-stressed we had them in stock whether they would take us up on it or not.”

When we met with our partners in one-on-one or group meetings to review survey results and confirm our analyses, it was revealed that they were having informal conversations with their clients about the challenges that they had in accessing product and the benefits that having reliable access to tampons and pads in a community organization was having on their day-to-day life. Throughout the project we struggled to get responses to our public survey from people who had accessed the free product from the 12 organizations, so we instead asked the organizations to respond to a matrix of questions to capture some of the impact and benefits that the program was bringing to their clients, as evidenced from these informal conversations. Ten of the 12 provided responses. The results are presented in Table 6, where an (x) indicates that an unscripted conversation at some point over the past year had confirmed the statement. While the findings are less revealing than the results of the public survey, they speak to the specific impact that this research project had in the day-to-day lives of clientele.

Table 6 – Impacts and benefits are providing free menstrual products

Community Organization	Improved their quality of life, or that of a dependent	Made the lives of their clients more affordable	Allowed clients to attend school	Allowed clients to go to work	Allowed clients to be more involved in community	Improved physical health and well-being	Improved mental health and well-being
Community Connections Society of South East BC	X	X			X	X	X
Fraser Region Aboriginal Friendship Centre Assoc.		X					
Hope and Area Transition Society	X	X	X	X	X	X	X
Kiwassa Neighbourhood House							
Ksan Society							
Living Positive Resource Centre, Okanagan	X	X			X	X	X
Powell River Action Centre Society-Food Bank	X	X	X			X	X
Prince George Sexual Assault Centre	X	X	X	X	X	X	X
Ray-Cam Cooperative Centre	X	X	X	X	X	X	X
Society for Equity, Inclusion & Advocacy	X	X				X	X
Society of Saint Vincent de Paul of Vancouver Island	X	X				X	X
Victoria Youth Empowerment Society	X	X				X	X
Positive Responses	9	10	4	3	5	9	9

Undoubtedly one of the benefits that emerged out of this project was that most organizations noticed, because of the free and relatively easy access to menstrual products, that stigma around menstruation and not being able to purchase products appeared to decrease. Six organizations indicated that they saw a shift in how clients asked for help in accessing menstrual products, or how much more openly they discussed menstruation from the beginning of the research project to when it ended. One organization noted that “the clients that accessed our services were sometimes partners and family members of people who needed the products, and we can see how [providing tampons and pads] normalizes conversations regarding menstruation.” Another said that they chose to promote and present the availability of the product openly, so that their clients didn’t have to ask for it, and that their clients would “talk freely and openly” about menstrual products and menstruation. One program noted that they “serve a complex and mixed community with people from various backgrounds and cultures, including many refugee families. [The respondent] noticed that stigma around asking/access/rights-based approaches [to providing menstrual products] has fundamentally shifted for some community members.” Unsurprisingly, the visibility and open presentation of menstruation and menstrual products has helped reduce the discomfort many feel in discussing it or revealing their need for it.

The Impact of COVID-19

While the first case of COVID-19 in British Columbia can be traced to more than a month prior, the real impact of the virus on our social structure was being felt in the first two weeks of March 2020. In the third week, most organizations and businesses deemed non-essential had to close their doors. Those that were considered essential had to quickly adapt their operations to allow for social distancing and new cleaning protocols. This included most non-profit organizations offering frontline services and support to people living in poverty; they had to shift their operational structures.

Nearly all partnering organizations on this project indicated that they had to make some sort of shift. In the first quarterly survey that followed the declaration of a public health emergency in March, we asked them to indicate the impact that the outbreak had on their organization’s work in their community broadly, and not specifically related to the provision of menstrual products to their clients. Table 7 shows their responses, where an (x) indicates that they had immediately used this technique as a means of following the public health orders.

Table 7 – Adapting to public health orders

	Reduced programming	Reduced services and supports	Reduced outreach	Temporarily shut down during the outbreak	Cancelled all programming, services, and outreach	Closed our doors to the public	Transitioned to working from home
Community Organization							
Community Connections Society of South East BC	X				X	X	X
Fraser Region Aboriginal Friendship Centre Assoc.	X	X				X	X
Hope and Area Transition Society	X	X					X
Kiwassa Neighbourhood House	X	X	X	X	X	X	X
Ksan Society	X	X	X				X
Living Positive Resource Centre, Okanagan	X	X	X	X	X	X	X
Powell River Action Centre Society-Food Bank	X	X	X				
Prince George Sexual Assault Centre	X	X				X	
Ray-Cam Cooperative Centre	X	X	X	X		X	
Society for Equity, Inclusion & Advocacy	X	X	X	X		X	X
Society of Saint Vincent de Paul of Vancouver Island							
Victoria Youth Empowerment Society	X	X	X				X

The Society of St. Vincent De Paul in Victoria was the only organization who didn't indicate that they had shifted their programming in any substantial manner; they responded to the prompts by saying that "none of our services have been interrupted or cancelled. We have modified our mode of delivery, and reduced our hours, so that we can prepare in the morning and clean up in the afternoon, with fewer volunteers." Nonetheless, the other responses indicate immediate and substantive impacts on how organizations adapted. Some reported having reduced staff and capacity, fewer volunteers, or converting most of their operations to "work from home" structures where a small team of in-office staff members would support the public with much more limited services. One organization noted that they had a reduced team "to provide essential services only: childcare, out of school care and learning; youth work/outreach; seniors support/ outreach; family support and food/supply distribution. The doors of the community centre have remained closed and the reduced staff team have provided essential services throughout the pandemic." Three organizations shut their doors to the public for months on end; they were not offering any programming or distributing any menstrual products.

While all people who menstruate have certainly been impacted by the economic downturn caused by the pandemic, the largest gendered grouping for which data is readily and easily available is women. Across Canada we know that women make up the majority of Canada's minimum-wage and part-time workers, and work in industries at higher risk of lay-off during COVID-19.

Nationally, women represented 70% of all job losses in March 2020 in the core working demographic aged 25 to 54. The largest proportion of job loss across the economy affected workers aged 15-24, with women accounting for 59% of these job losses.²³ In March 2020, over 1.8 million women had lost their jobs or lost at least half of their usual hours of employment in Canada.²⁴ In April 2020, 147,500 women in British Columbia became unemployed and began looking for other work. Major losses in the service industry, accommodation, food services, wholesale, and retail work were all recorded.²⁵ These industries are largely low-paying, and a large portion of these workers likely did not have reserved financial resources that they could rely upon to support themselves during either short-term or prolonged unemployment. An additional 55,000 B.C. women were pushed out of or otherwise left the workforce and did not look for new employment opportunities.²⁶ COVID-19 immediately impacted the incomes of people who menstruate at a shockingly high rate.

Despite the challenges, the partnering organizations pivoted their distribution of menstrual products into their new with remarkable speed. One organization began providing harm reduction supplies and menstrual products to other boots-on-the-ground organizations in lieu of closing to the public. Another began placing them in food hampers as part of an emergency response program, and began promoting their ability to provide menstrual products to the public through their social media. As previously mentioned, these substantial organizational shifts and emergency responses are part of why the data collected from the various agencies was no longer useful for supporting an analysis of usage rates; it was no longer possible, under these new distribution methods, and with even more limited resources, to track product distribution in the manner that we had originally requested.

²³ Katherine Scott, "Women bearing the brunt of economic losses: One In five has been laid off or had hours cut", Behind the Numbers, accessed June 12, 2020, <http://behindthenumbers.ca/2020/04/10/women-bearing-the-brunt-of-economic-losses-one-in-five-has-been-laid-off-or-had-hours-cut/>.

²⁴ Ibid.

²⁵ "Labour Force Statistics Highlights", Government of British Columbia, accessed April 21, 2020, https://www2.gov.bc.ca/assets/gov/data/statistics/employment-labour-market/lfs_highlights.pdf.

²⁶ Ibid.

Across the second, third, and fourth quarterly surveys, all organizations indicated a moderate decrease in the number of people who accessed their services or programs, and a moderate decrease in the number of people to whom they provided menstrual products. Partnering organizations were asked to provide a likert rating on a seven-point scale, with 1 indicating a substantial increase and 7 indicating a substantial decrease. The averages are reflected in Table 8.

Table 8

Average Likert ratings on changes in people supported and products provided by partnering agencies over the course of the research project			
<i>1=substantial increase, 7=substantial decrease</i>			
Quarterly Survey	Changes on # of people organization support	Changes on # of product recipients	Changes on amount of product providing
Q2	5.08	5.09	4.46
Q3	5.17	5.08	4.83
Q4	4.36	4.46	4.64

The responses stand in stark contract with a May 2020 report released by Vantage Point, a Vancouver-based non-profit, that indicated 52% of non-profit organizations indicated an increase in demand on their services because of COVID-19.²⁷ As one organization suggested in their feedback, “some people no longer come as they are afraid of COVID-19.” Vulnerable people were abiding by health orders from the Provincial Health Office and doing everything they could to stay home.

Another culprit was reduced accessibility to programs, services, and the organizations themselves, which produced uncertainty in clientele about which programs were still available. One organization reported that they were operating fewer hours and serving fewer people as a result, several noted that they no longer had drop-in hours in their resource centres and had to place strict limits on the number of clients in a space at any given time, limited their ability to provide quick and responsive support to their community members. All of this meant shifts in relationships with their existing clientele, and an extremely limited capacity to take on additional or new clients. As one organization reported in August 2020, they have “lost contact with a lot of women that relied on us to be here.” They were only just starting to re-establish contact through a targeted outreach program.

Despite all of this, the positive impact of providing menstrual products during the pandemic was noted by vulnerable people and the organizations that supported them. This was particularly true for organizations that saw either an increase in the number of their clientele, or saw new clients that took the place of people who were no longer returning to access services. Some of these new clients were recently unemployed or newly homeless. As one organization noted, “we have seen a 20% increase in clients. People are having a rough go of it with not much help. Being able to offer period products saves them a bit of money and during these hard [times] every dollar counts.”

²⁷ “No Immunity: BC Nonprofits and the Impacts of COVID-19”, Vantage Point, accessed May 14, 2020, <https://www.thevantagepoint.ca/sites/default/files/no-immunity-report-hi-res.pdf>, 1.

Program Successes

All 12 participating organizations were grateful to be involved in this research because of the impact that it had in their community and on their organizations. But they felt as though the integrated approach to providing menstrual products to their clientele, through existing relationships or programs, allowed it to be particularly successful because it leveraged existing successes in their programming and structures and, in turn, enhanced the connection with their clientele. When asked to illustrate what they meant, one organization said that their method of giving out the tampons and pads “was just using the distribution method that we used to distribute other products that we give out, such as harm reduction supplies.” Overall, it was an easy project to integrate. This in part explains the high positive response rating from staff on being involved in the project (4.50/5).

One of the programs, which provides housing and shelter to women, noted that it allowed them to direct funding to other programmatic needs over the past year. For programs that did not previously have budgets to purchase product and instead relied on donations from the public, it was felt that involvement in the program provided more consistent access to their clientele. Several noted that they didn’t have to turn anybody away empty-handed, as they have done in the past. As one said in the final project review survey, “it was wonderful to be able to be able to provide regular consistent access to free menstrual products to our clientele. There is a definite cost to having to purchase these monthly - and it definitely assisted our clients with their expenses with being able to access them regularly.” Indeed, organizations noted other benefits to the organization because of being able to consistently provide menstrual products to their clients, including drawing more vulnerable people to access a variety of services. To that end, giving out tampons and pads increased trust between community members and the organizations that are attempting to offer them support.

Some of the other noted successes of the program method of distributing the product through existing community organizations included:

- Providing clients with a variety of different types of menstrual products so that they could choose which tampons or pads best suited their needs, advancing their sense of self-control and improving mental health
- Providing organizations with the ability to determine their own distribution method, and to pivot as needed to be as effective as possible
 - Allowed for discretion with some clients, and open distribution with others
- The broader public promotion of the program, along with the promotional materials developed by United Way, reduced menstrual stigma and made it easier for people to ask for help
- Drawing new clients to community services that might be able to offer them additional wrap-around supports that improve the quality of their life.

Program Challenges

When asked to identify some of the challenges that emerged from being involved in this project for the organizations, none arose other than the collection of data, tracking of usage, and then reporting that data to United Way. Only one organization indicated that their involvement came with unanticipated expenses, though it was limited to purchasing baskets to place individual products in their washrooms.

That is not to suggest that the program was perfect. The partnering organizations were able to easily indicate who this program worked well for – broadly speaking, it was in perfect alignment with their clientele base. But they also recognized that distributing menstrual products through a limited number

of community organizations acted as a serious limitation on access outside of operating hours, or when programs may not have been running. Certain populations, particularly those with limited transportation, or those who worked during regular operational hours, or those who needed access to overnight services, were less able to access the products. This limitation was highlighted during the earliest phases of the COVID-19 emergency health protocols, when many organizations implemented safety measures that reduced or temporarily halted their interactions with community members.

Some additional limitations were raised by partner organizations which, while not oft-repeated, are worth highlighting:

- For clients who had limited time, access to transportation, and challenges accessing products because of the distance to the community organization, or for those who didn't access the community organization for other reasons, it became difficult to justify coming to the organization given the expenses that they might incur
- Involvement in the project put community organizations in a role of "gatekeeping" or "limiting" access to the resources based on the quality of a relationship with the client, particularly when the client reported collecting product on behalf of friends, family members, or other people in the community
- In a manner that isn't unusual from other services and programs, organizations indicated their capacity limitations in providing services in multiple language or that reflected particular cultural practices or beliefs around menstruation, indicating that merely providing menstrual products and not relevant education or resources for clients limited both the impact and the potential for outreach with the program.
 - This was noted as particularly difficult when trying to support refugees, immigrants, or people whose first language was not English.

Public Survey

As previously mentioned, the public stream of research was structured to give us a broad sense of what period poverty looks like in British Columbia. It was available online, and paper versions were provided to the partner organizations so that people who didn't have access to computers or the internet could provide their responses if they wanted to. Unfortunately, with most organizations dramatically reducing their contact points in 2020 because of COVID-19, few of these responses were received. That said, the results of the public survey still provide us with clear trends that can support important insights about what lack of access to menstrual products looks like in B.C.

The findings from the public survey are structured according to the relevance of their findings to the core questions of this research project:

- The difficulty of purchasing product
- The impact of not having access to product
- The benefits of having more reliable access to menstrual products in community

Given the changes that took place between the two phases of the public facing survey, the resulting data is presented with a note indicating which survey it came from. If the data reflects the combined results from both survey phases it is stated as such. Copies of the questions and data, both raw and clean, are available as part of the appendix items.

Demographics of Survey Respondents

Before diving into the results of the survey, we want to outline the demographic data provided by the respondents. Combined, the two surveys received 1,654 responses. Participants were asked to respond to questions related to age, gender, level of education, racialization, immigration status, disability status, language, geographic region, and household income. Some of these questions were restructured from the first phase to the second. The phase from which we have drawn the data is indicated in the accompanying table. Some of this data was only collected in the second phase of the survey, a change that was based on feedback and responses that had been received; where applicable, this is also noted.

The demographic data helps indicate the variety of people that responded to our public facing surveys and could be used to place the results in the broader context of our provincial demographics. It allows us to understand the richness of the data that we've collected from the population and could be used to better understand its limits. For the purposes of this report, we've used the demographic data to identify trends in sizeable demographic groups that fall outside of the standard. We haven't done cross-sectional analysis based on geographic region because of the large variety of communities (more than 130) that are reflected in this data set. For future purposes, we hope to use this data to conduct further cross-sectional and intersectional research into how limited access to menstrual products affects different populations.

The demographic categories were created based on how they have been used in some of the dominant research around the issue of period poverty and menstrual equity, their prevalence in usage in United Way of the Lower Mainland's research, census demographic categories, and some of previous assumptions that influenced the development of this research project. We've arranged the data in the order that they appeared in the surveys.

Table 9 – Demographics of Survey Respondents

Age Categories (Combined)		
Age Category	Number of Responses	Percentage
0-17	76	4.59
18-25	279	16.87
26-40	765	46.25
41-60	437	26.42
61+	54	3.26
No response	43	2.60

Gender Categories (Phase 1)		
Gender Category	Number of Responses	Percentage
Female	865	91.73
Transgender	8	0.85
Non-Binary	15	1.59
Male	18	1.91
Two-Spirit	2	0.21
Other	3	0.32
No response	32	3.39
Gender Categories (Phase 2)		
Gender Category	Number of Responses	Percentage
Man	0	0
Woman	690	97.05
Non-Binary	14	1.97
Agender	1	0.14
Pangender	0	0
Two-Spirit	1	0.14
Other	2	0.28
No response	3	0.42

Identify as First Nations, Metis, and Inuit (Combined)		
Response	Number of Responses	Percentage
No	1,454	87.91
Yes	158	9.55
No response	42	2.54

Racialized as a Person of Colour (Combined)		
Response	Number of Responses	Percentage
No	1,373	83.01
Yes	238	14.39
No response	43	2.60

Immigrant or Refugee Status (Combined)		
Response	Number of Responses	Percentage
No	1,433	86.64
Yes	177	10.70
No response	44	2.66

Speak English as their First Language (Combined)		
Response	Number of Responses	Percentage
No	180	10.88
Yes	1,398	84.52
No response	43	2.60

Living with a Physical or Mental Disability (Phase 1)		
Response	Number of Responses	Percentage
No	630	66.81
Yes	251	26.62
No response	40	4.24

Living with a Physical or Mental Disability (Phase 2)		
Response	Number of Responses	Percentage
No	486	68.35
Yes	225	31.65
No response	0	0.00

Living with a Physical Disability (Phase 2)		
Response	Number of Responses	Percentage
No	627	88.19
Yes	82	11.53
No response	2	0.28

Living with a Mental Disability (Phase 2)		
Response	Number of Responses	Percentage
No	513	72.15
Yes	195	27.43
No response	2	0.28

Annual Household Income (Phase 2)		
Income Bracket	Number of Responses	Percentage
\$0 - \$9,999	38	5.34
\$10,000 - \$24,999	118	16.60
\$25,000 - \$39,999	88	12.38
\$40,000 - \$59,999	112	15.75
\$60,000 - \$89,999	144	20.25
\$90,000 - \$199,999	101	14.21
\$120,000+	105	14.77
No response	5	0.70

Completed Education (Phase 2)		
Level of Education	Number of Responses	Percentage
Some elementary / high school	20	3.80
Completed high school	81	15.40
Some Bachelor's degree	96	18.25
Bachelor's Degree	199	37.83
Master's Degree	64	12.17
Ph.D. or higher	7	1.33
Other	52	9.89
No response	7	1.33

Current Students (Phase 2)		
Level of Education	Number of Responses	Percentage
Elementary School	1	0.57
High School	41	23.43
College	34	19.43
Trade School	2	1.14
University (Bachelors)	71	40.57
University (Masters)	22	12.57
University (Ph.D.)	2	1.14
Other	6	3.43

Geographic Location		
Community	Number of Responses	Percentage
Abbotsford	50	3.02
Burnaby	68	4.11
Coquitlam	78	4.72
Delta	17	1.03
Kamloops	37	2.24
Kelowna	74	4.47
Langley	43	2.60
Nanaimo	76	4.59
Prince George	59	3.57
Prince Rupert	4	0.24
Richmond	18	1.09
Surrey	103	6.23
Vancouver	263	15.90
Vernon	14	0.85
Victoria	171	10.34
Other (120 other communities)	541	32.71
No Response	38	2.30

Key Findings

Affordability of Menstrual Products

Across both phases of the survey, we asked whether respondents have struggled to purchase product for themselves or for a dependant. We did not ask respondents to indicate the frequency with which they struggled to purchase product, so the results of these questions cannot be used to denote the predominance of regular or irregular challenges in purchasing product. Regardless of these limitations, and even with consideration to the limitations of the data set, struggling to purchase menstrual products is quite common in British Columbia, whether it be for oneself, for one's dependants, or for both. The graphs and tables below reflect the average responses for all respondents. Indeed, more than half of all respondents to the public survey indicated that they had struggled to purchase product for themselves at some point.

Corresponding Testimony

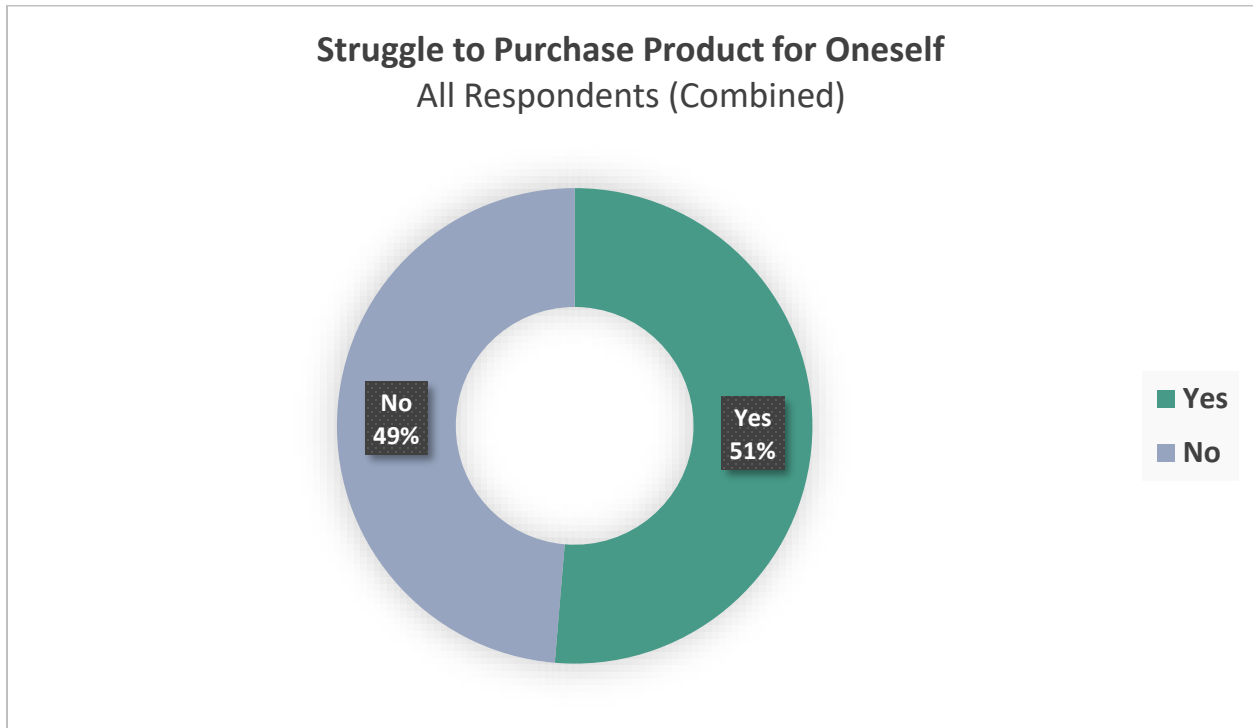
"When I had to add menstrual products to my monthly budget I had no - and I mean zero - room for error. To try to eat healthfully, maintain a roof over my head, wear decent clothing, be well groomed, and keep myself in pads, tampons and over the counter pain relief... was a nightmare. Here's the thing - bleeding every month not only means women need something to mop up that blood, but means: extra laundry, "sick" days because we can't function due to pain, the cost of over the counter or even Rx pain relief, iron rich red meat/food and iron supplements to make up for lost blood and the physical toll that takes on our overall health, and a vicious cycle - ha! - of trade-offs between not bleeding through clothing or smelling like dead meat and trying to stay healthy and housed. I had tampons, but not food. I had pain medicine, but not money for a phone bill. I had clean clothes, but a higher energy/laundry bill. Throwing bloody underwear in your bath is only fun for so long... This. Is. The. Real. Cost. It was and is brutal. And I was one of the lucky ones."

"I've always had super heavy periods and really intense cramps. It's been nearly impossible to find products that can completely prevent leaking and because of the stigma it's been impossible to feel confident leaving my house when I'm on my period. It's so frustrating that resources that could possibly help me with this are crazy expensive (Livia is 200\$, period underwear anywhere from 20-55\$ a pair) and it makes it feel like living through your period and being comfortable is somehow a privilege, when it should be a right."

"In university I would use money that could be used for food or other needs on period products because I wasn't born male. I also free bleed when convenient to avoid having to spend money that could be used for bills instead of period products."

"My cycle was not consistent when I was a teen, for at least the first year. I was young and always unprepared. I remember leaving school and having to walk home, about 20 minutes away, to get products from home. I did not have access to money to run to the pharmacy that was 2 minutes away."

Chart 2



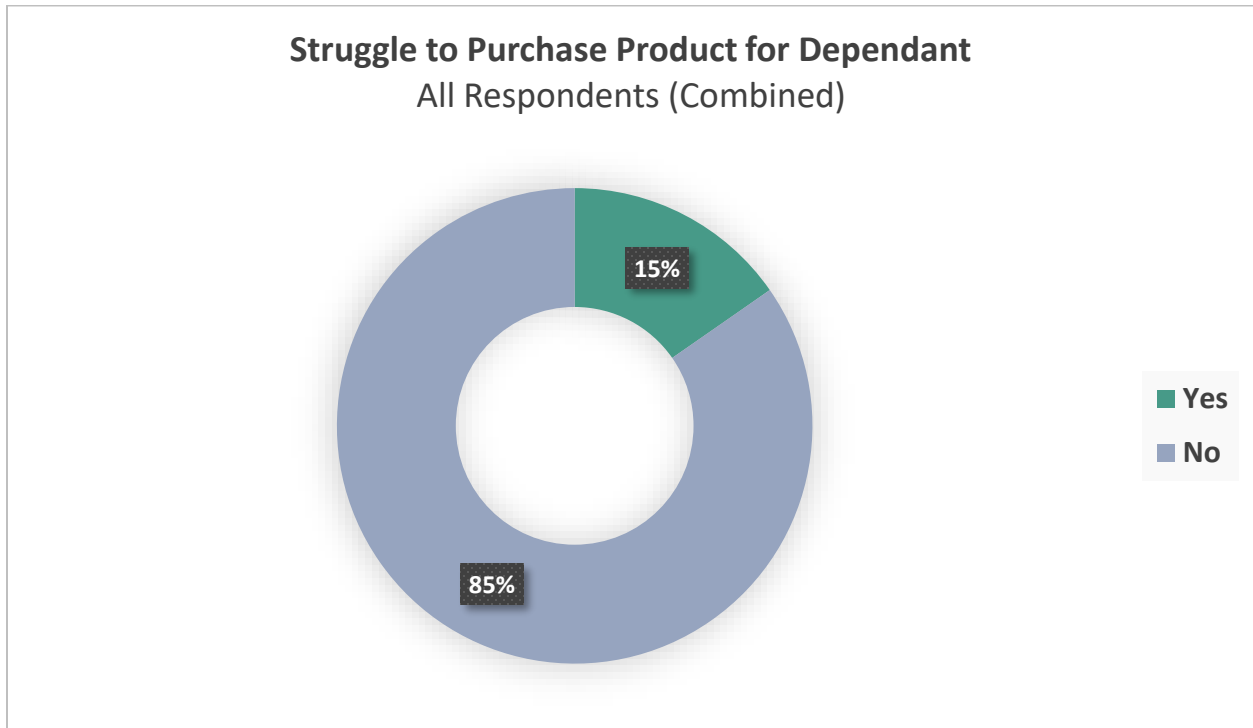
To respond to any questions related to purchasing product for dependants, respondents did not have to indicate that they had a dependant. This was an error in the survey logic that limits the findings of this question. We cannot know what percentage of respondents have dependants – but that doesn't alter substantially the story that these results tell us. A substantial portion of all respondents, regardless of whether or not they have or have had dependents, has struggled to purchase product for somebody who is dependent upon them at some point.

Corresponding Testimony

“The feeling of failure when I am unable to provide menstrual products for my teenage daughter. It’s heartbreaking.”

“Having access to free products ensured my child had what was needed and didn't have to worry about not having the products she needed. Neither of us had to worry about when her menstrual cycle would start as we already had products.”

Chart 3



Combining the responses from the previous two questions shows a high rate of coincidence between individuals who struggled to purchase product for their dependants and those who struggled to purchase product for themselves. Indeed, 92% of people who struggled to purchase product for a dependant struggled to purchase product for themselves as well.

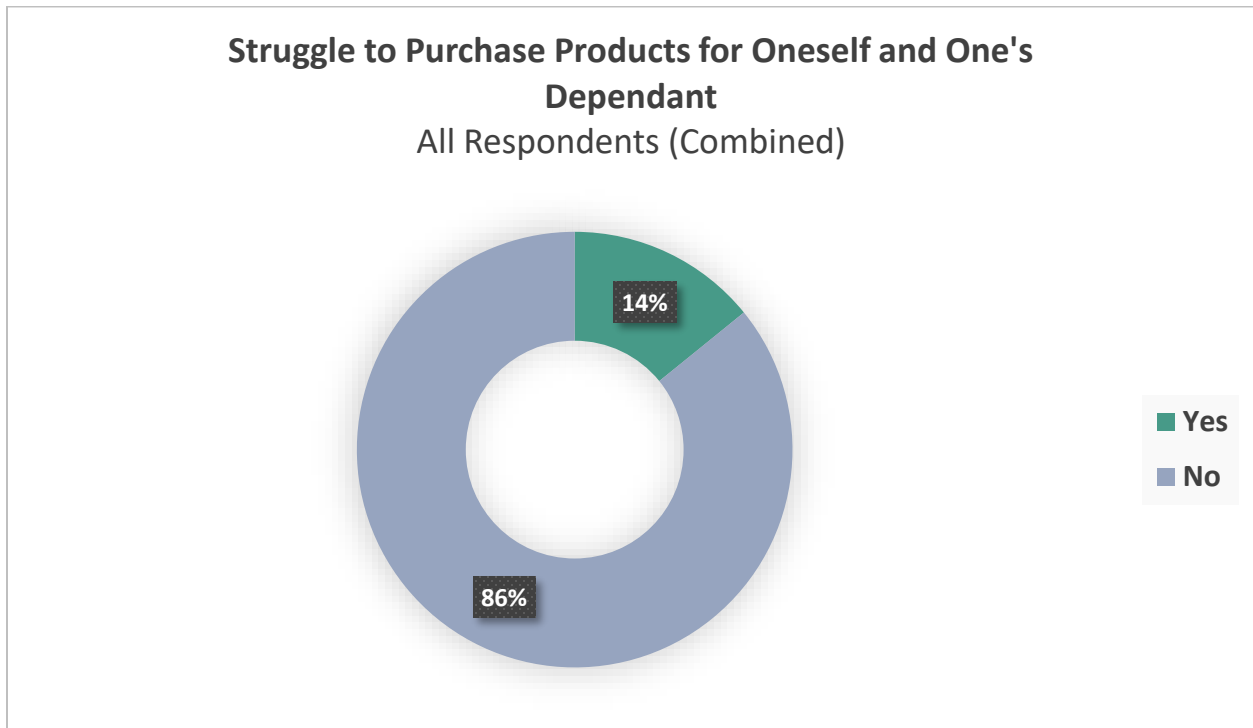
Corresponding Testimony

“As a child I remember trying to make a pad last all day. I always worried about odours, rashes, leaks etc. It was an awful experience and I would often just not go to school and have some toilet paper in my underwear at home. I can honestly say, I also did not have the proper undergarments a lot at that age either. Ill fitting underwear coupled with the pain of not having any medication for cramps, etc. all culminated in a lot of lost opportunities. I never wanted that for my kids so have tried very hard to ensure we have enough pads available for all of us and that can run upwards of \$40-60 a month. When you only make enough to pay rent, bills and get some food, this can be costly.”

“When I was younger I did not have access to products, I would have to use bathroom tissue, or type of clothing I felt so dirty and horrible like something was wrong with me. Now that I have my own 3 daughters I have had trouble at times making sure I can provide the products they need, I believe these products across the line from pads, liners, tampons, cups need to be free menstruation is not a CHOICE it's how we were created these need to be free to anyone that uses them.”

“I was homeless as a teenager and later, I was a low income single mother. I remember doing everything I could to make my supplies stretch- when I was homeless I would often steal tampons after trying to find some for free. When I was a young, poor single mother, every penny spent was towards my daughter- I would bus for hours to try to find free menstrual supplies. I would use old rags. I would wear a tampon for way, way longer than I should've. It was food for my baby or tampons, so I chose food for my baby.”

Chart 4



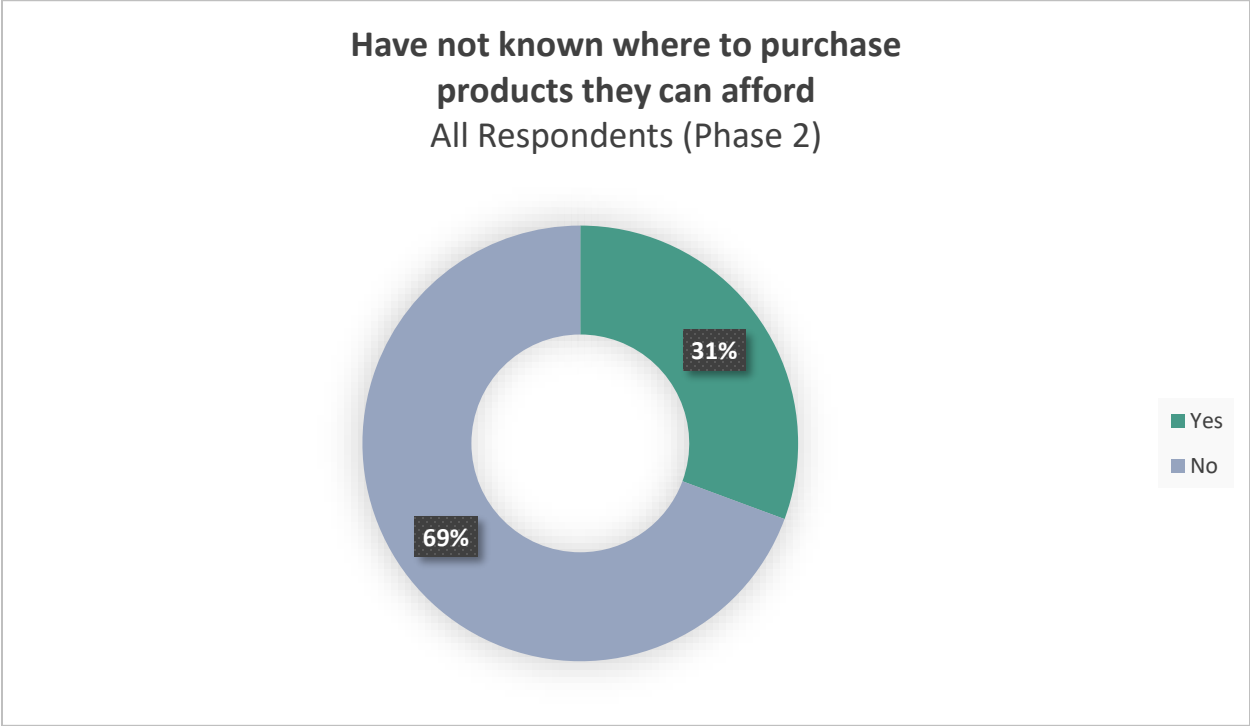
In the second phase, we asked whether or not people had known where they could purchase product that they could afford. We hoped it would allow us to better understand the intersection between affordability and accessibility as an important feature of how people accessed the product that they needed. This developed out of conversations with the partnering agencies in the spring of 2020, when the clear accessibility divide between some of the larger urban centers and some of the smaller, more rural communities became a topic of discussion.

Overall, 31% of respondents from the second phase indicated that they didn't know where to purchase product that they could afford. As many respondents indicated, menstrual products can be quite expensive, and buying cheap affordable options available in discount and dollar stores is “not a better solution.” Another respondent indicated that when her children were young, she was living in poverty and “often used rags or old baby flannel blankets rather than menstrual pads because I couldn't afford menstrual products.”

In reviewing the results from this question and comparing it with those about struggling to purchase product, it became clear that affording product and having access to affordable product of a reliable quality is a serious concern for many people in our province. Given the different structure of this

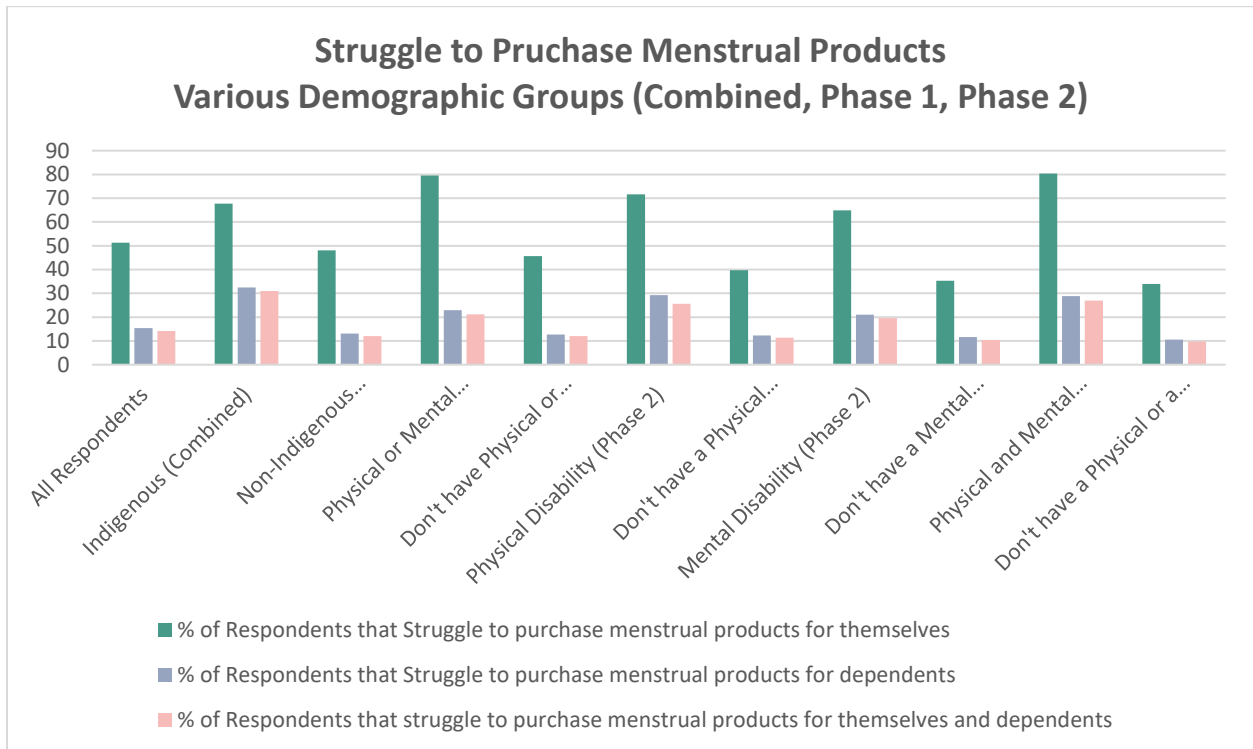
question, and that it was only available in the second phase, we have separated it out from the above three questions in our demographic reporting.

Chart 5



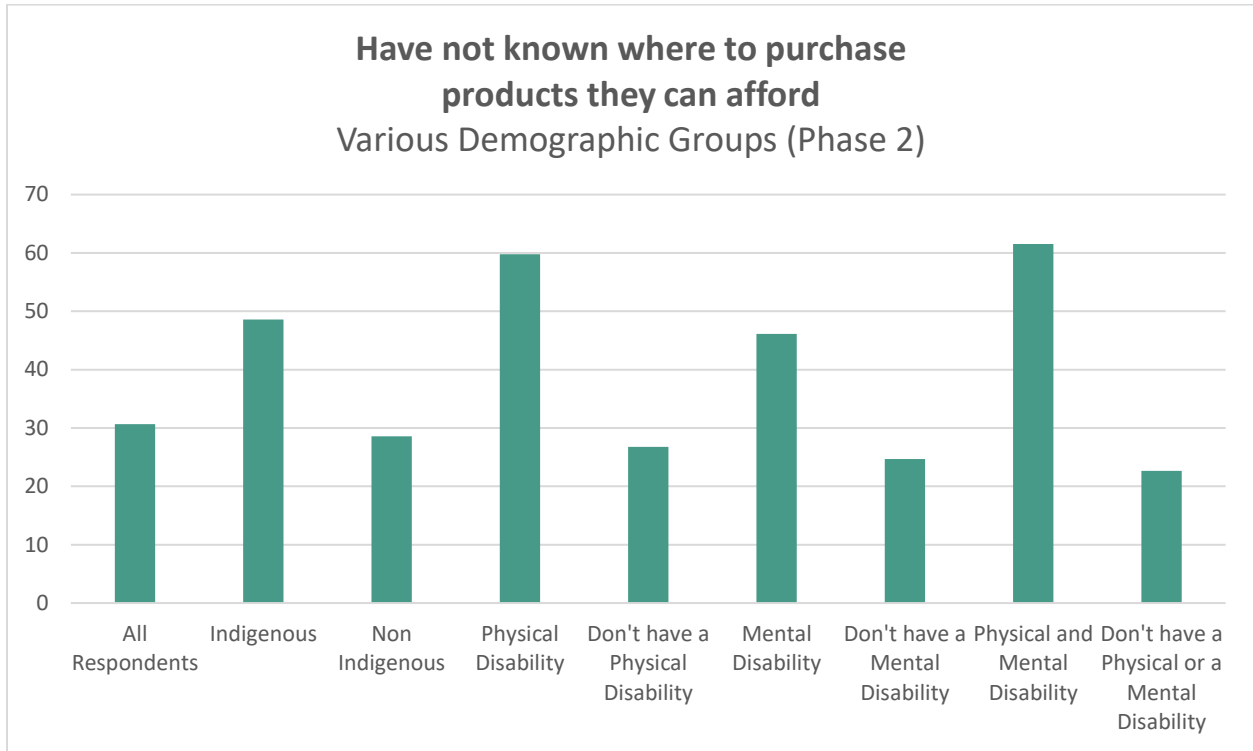
When we sectioned off the responses based on the demographic characteristics of the respondents, some consistent trends emerged across all three groupings. The first is that Indigenous people (First Nations, Inuit, and Metis) all struggled to purchase product at a much higher rate than the average regardless of the person for whom the product was being purchased. The same is true for people living with disabilities in British Columbia. The second phase of the survey, where we divided respondents depending on whether they have a physical or mental disability (or both), indicated that people with physical disabilities struggle to purchase product more than people with mental disabilities. The difference is even more striking when we remove the demographic group from the average and assess the distance between Indigenous and Non-Indigenous respondents, and do the same for people living with disabilities in B.C.

Chart 6



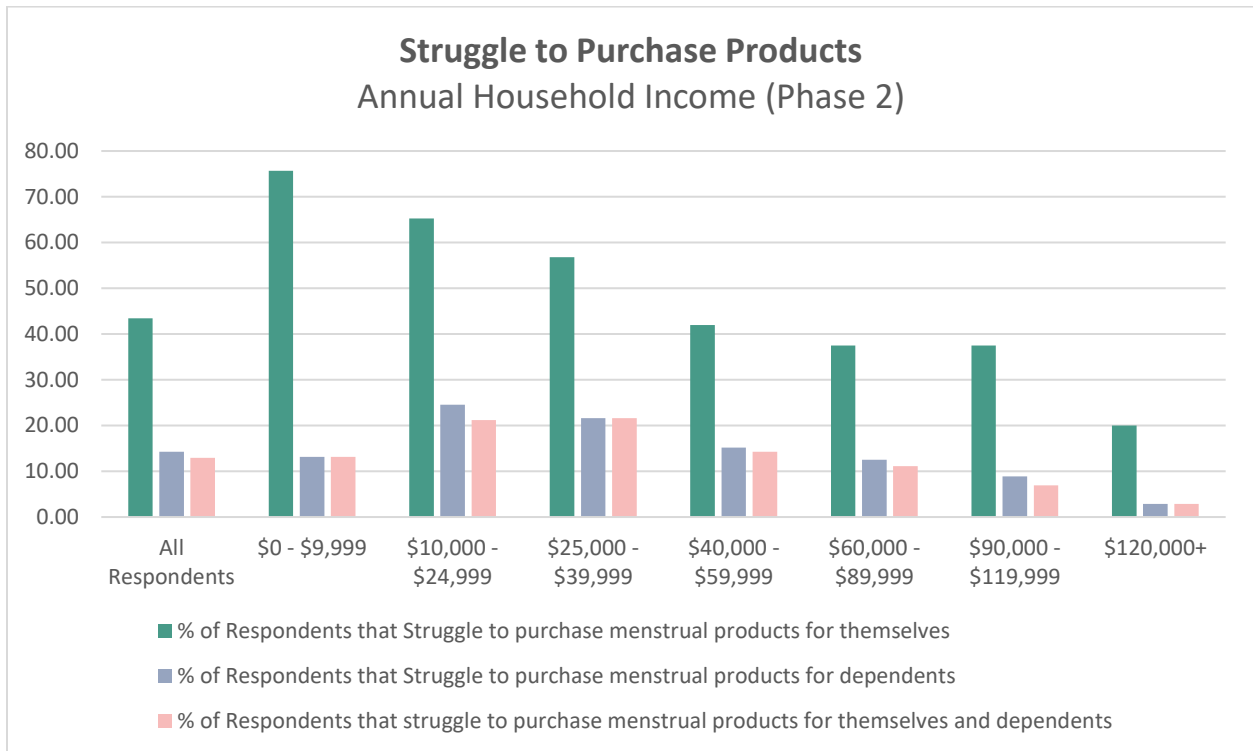
The trend highlighting the disproportionate challenge in accessing menstrual products for Indigenous people and people living with disabilities in B.C. is also reflected in the proportion of survey respondents who did not know where to find menstrual products that they could afford.

Chart 7



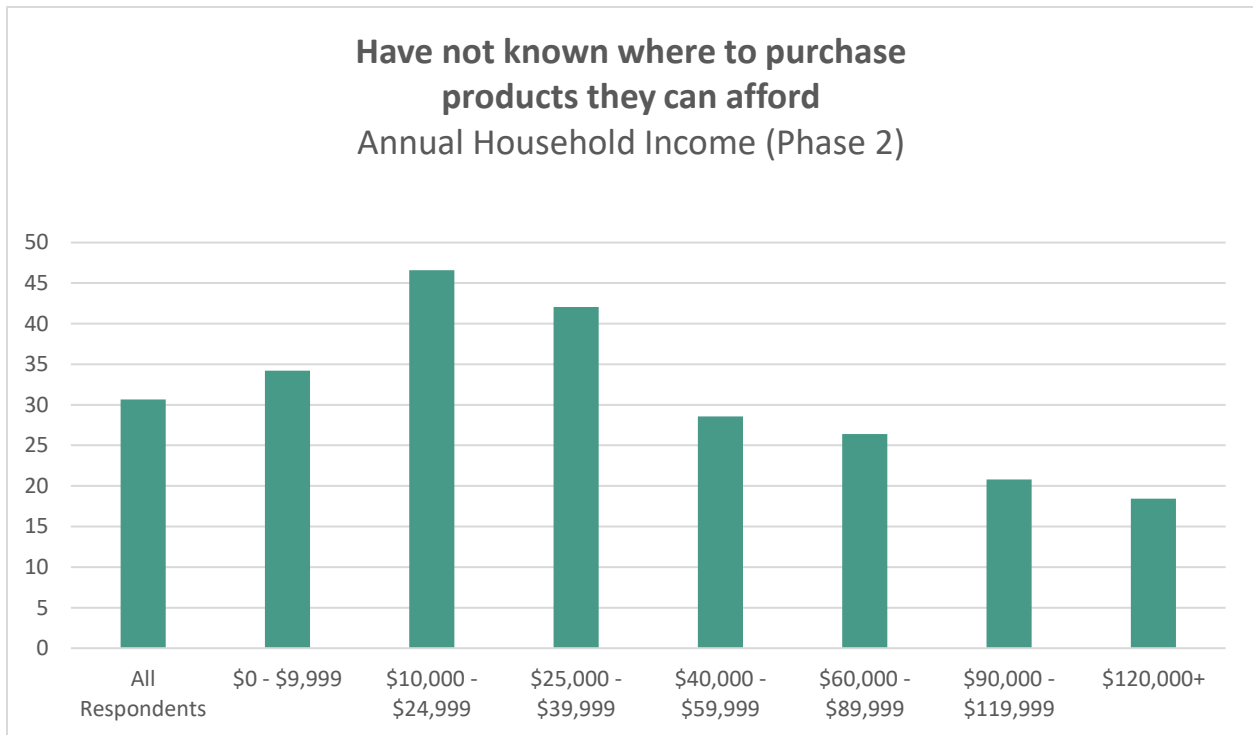
Unsurprisingly, we saw a close connection to limited access to menstrual products that coincided with the annual household income level of the respondents. Chart 8 shows the results for these demographic groups.

Chart 8



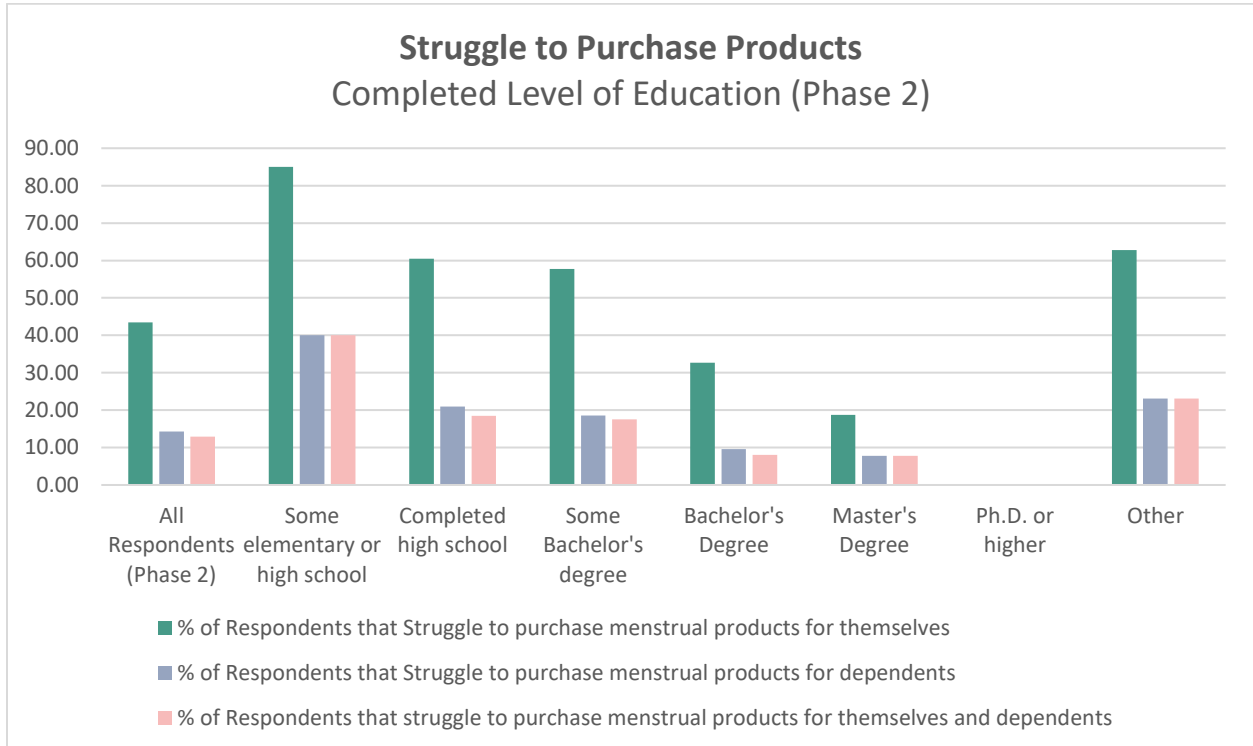
In terms of knowing where to access product that a respondent could afford there is a coincidental trend along annual household income that largely follows the trend visible in the struggle to purchase product for oneself or one's dependants. However, the outlier is for B.C. residents with an income in the \$0 to \$9,999 range. For this group, they still reported a positive response rate higher than the average of all respondents, but more than 10% lower than that of the next highest income grouping of \$10,000 to \$24,999.

Chart 9



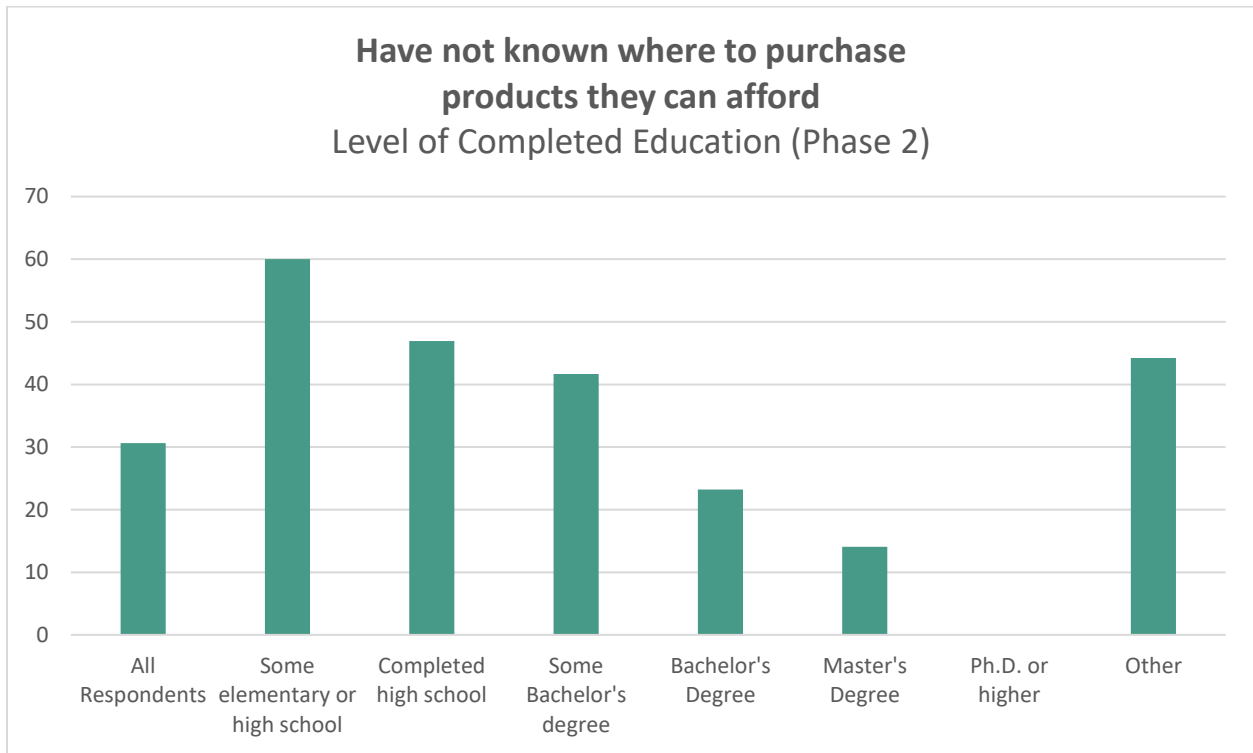
A similar trend was visible in levels of completed education, with people who have not completed elementary or high school, those who have completed high school, and those who have completed a portion of a Bachelor’s degree all having higher than average challenges in purchasing product. Moreover, the category of “Other” had substantially higher than average responses. Given the close connection between levels of education and income, this outcome was expected. Please note that the category labeled “Other”, includes a wide variety of completed levels and forms of education, including college diplomas and certificates, college-certified degrees and red seal certification in the trades.

Chart 10



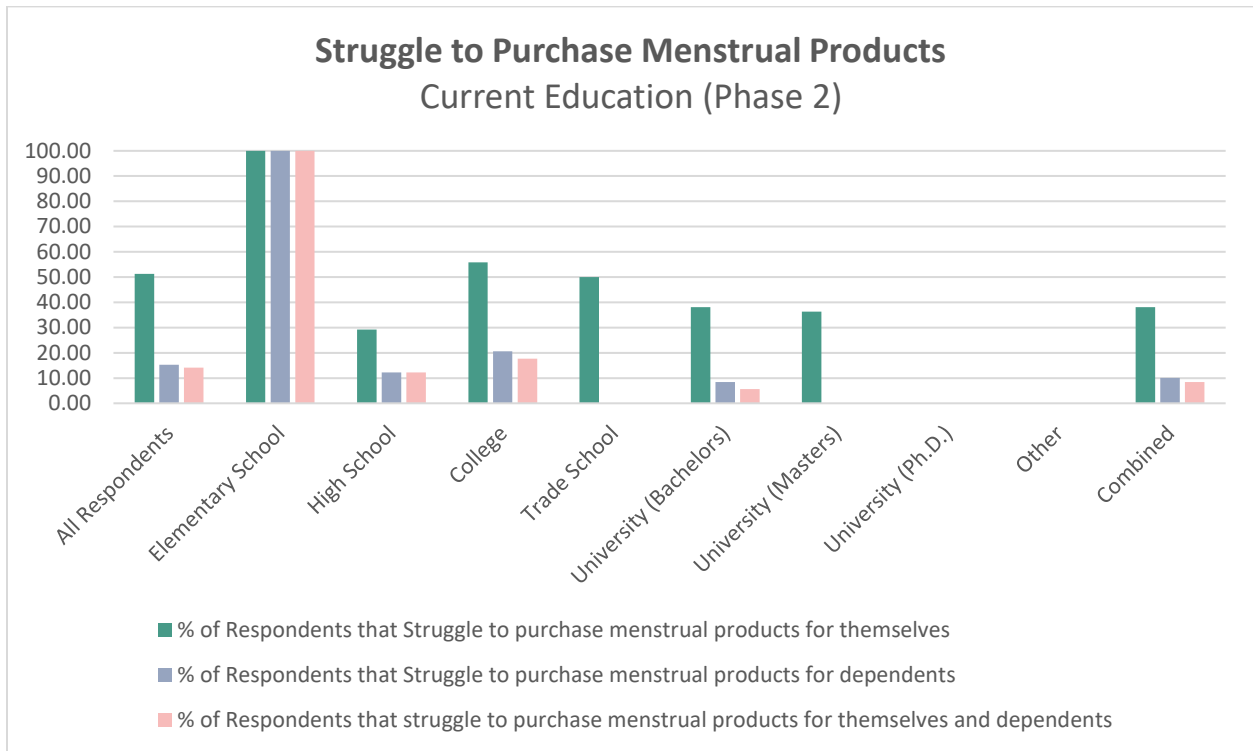
Positive responses to the question of not knowing where to find menstrual products that a respondent could afford almost exactly mirror the trend line of people who have completed their education but struggle to purchase product for themselves. The results of this cross-section are presented in Chart 11.

Chart 11



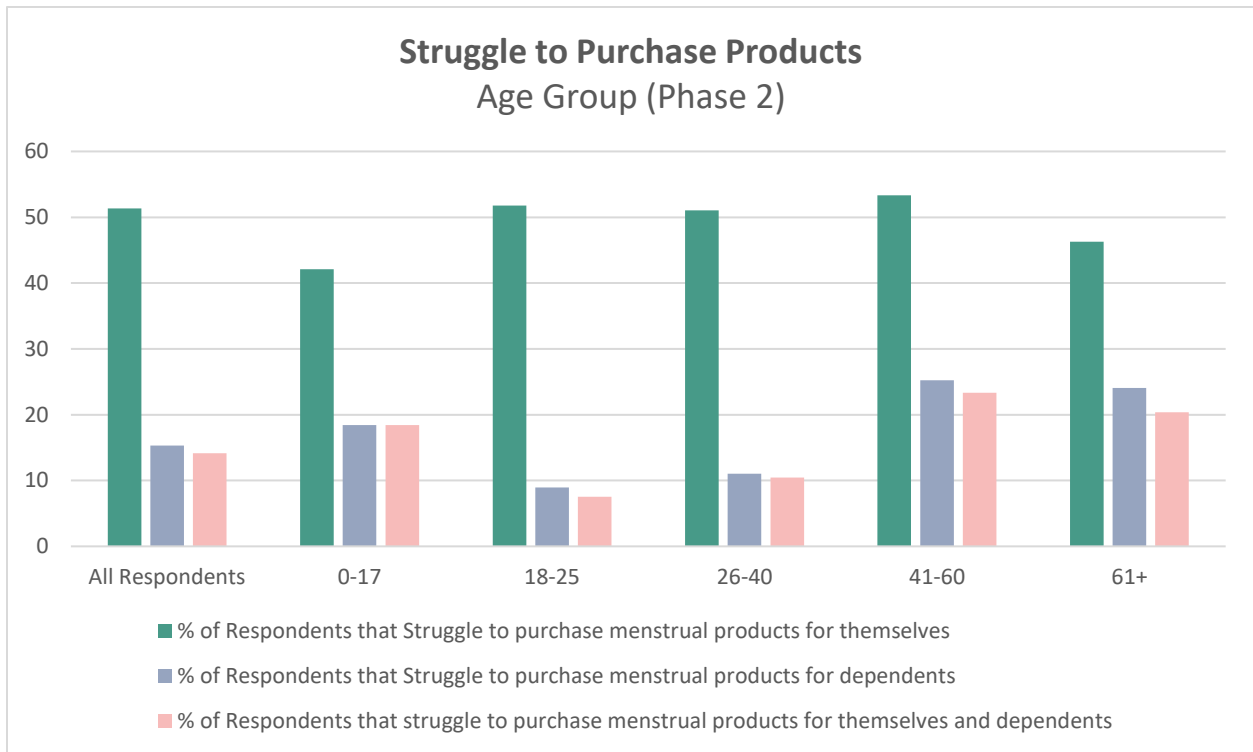
Of the more than 710 respondents to the second phase of the survey, only 179 of them indicated that they were currently in school; these respondents were divided into eight categories indicating their levels of study. Due to the low number of results, we hesitate to provide any findings for any of the categories. Collectively, though, they indicated that they struggled to purchase product a great deal less than non-students. Of course, the reported rates are still very high, averaging with almost 40% of respondents indicating a struggle to purchase product for themselves, but this is a substantial decrease compared to all respondents, who reported that more than 50% experienced this challenge. A smaller, but comparable decrease is also visible in the number of students who reported not knowing where to purchase product that they could afford.

Chart 12



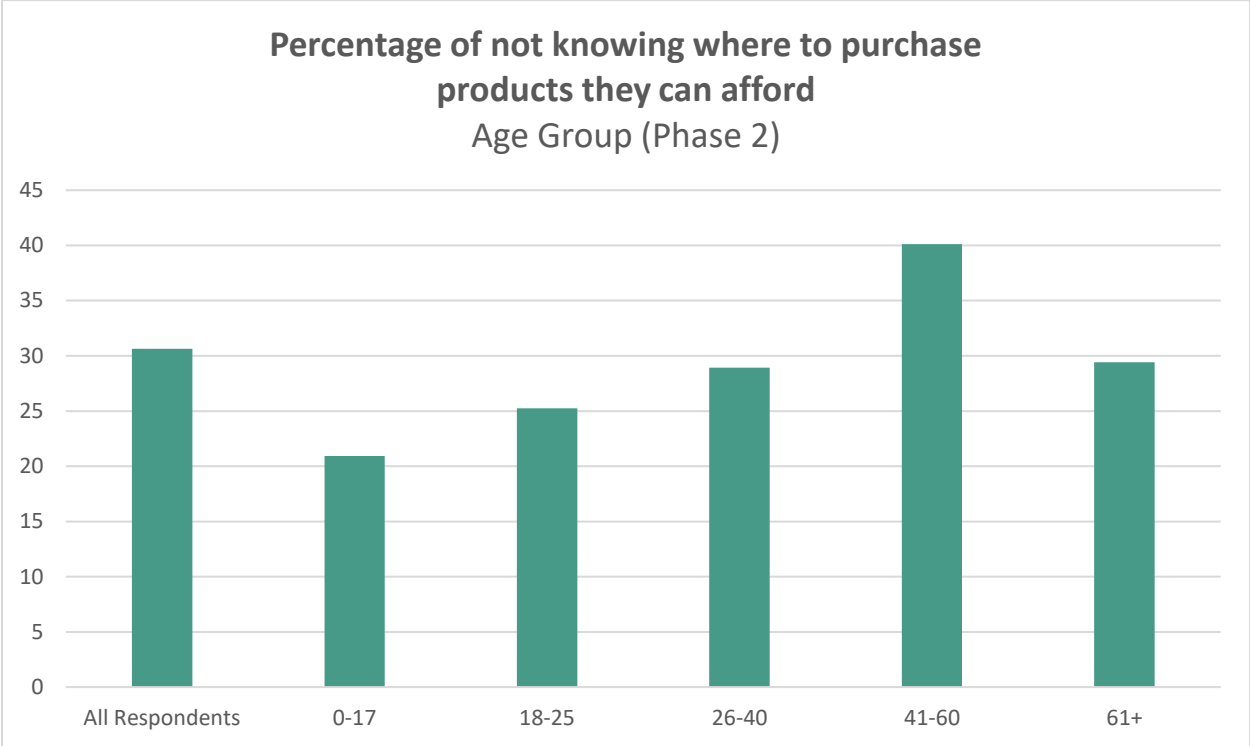
As indicated in Charts 9 through 12, some demographics fared better than others in being able to purchase menstrual products. Those with more education and those with higher incomes were particular standouts in the results. Interestingly, no similar substantial deviation was visible when dividing responses according to age groupings. The standout exceptions would be for people aged 41-60 and 61 or older who have struggled to purchase product for a dependant, and, unsurprisingly, for people in those same age groups who have struggled to purchase product for themselves and their dependants.

Chart 13



Age is largely not a substantial indicator for difficulty in knowing where to purchase products that are affordable for respondents across the survey. Surprisingly, the most substantial peak is in the age group of 41 to 60. Aside from this age group, all of the other age groups have a lower than average positive response rate to the query, indicating that they have more awareness of where they can purchase products that they can afford.

Chart 14



Interestingly, racialized respondents, those who do not speak English as their first language, and immigrants and refugees all consistently indicated a lower positive response rate to the above questions than the average. Their results, including how they compare to the average and complementary grouping, are visible in the Chart 15 and 16 below.

Chart 15

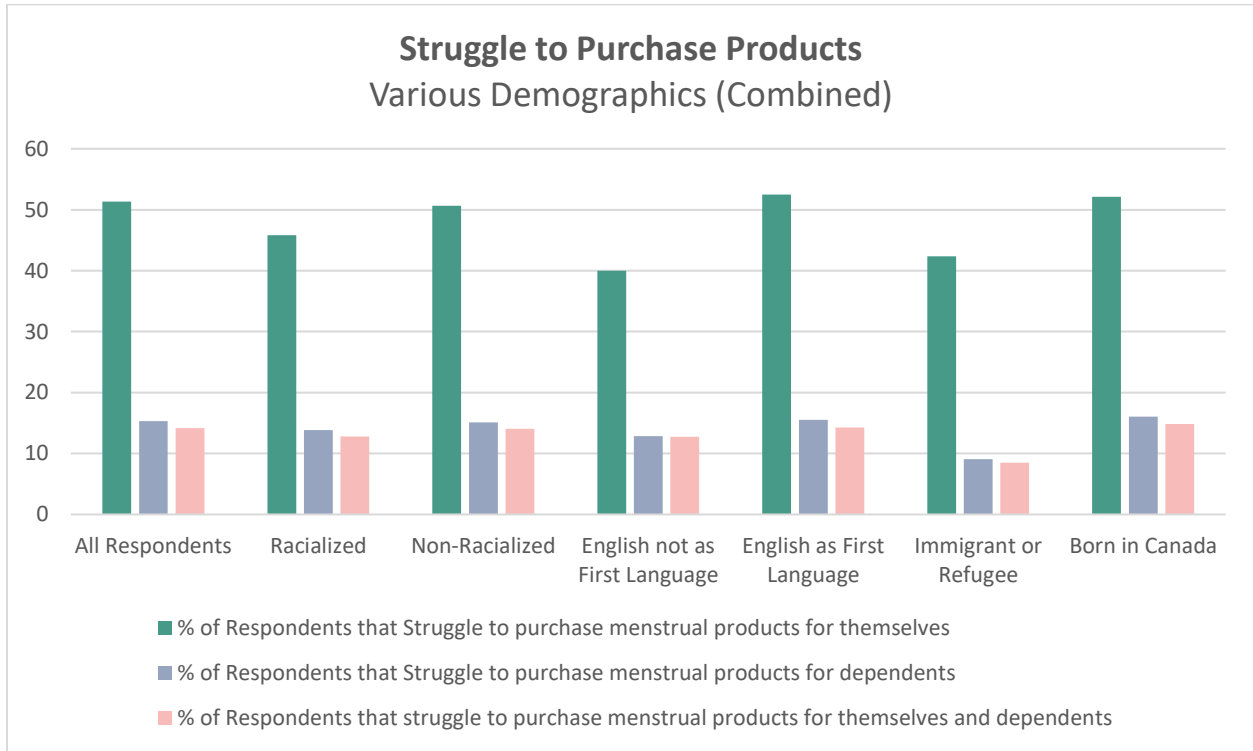
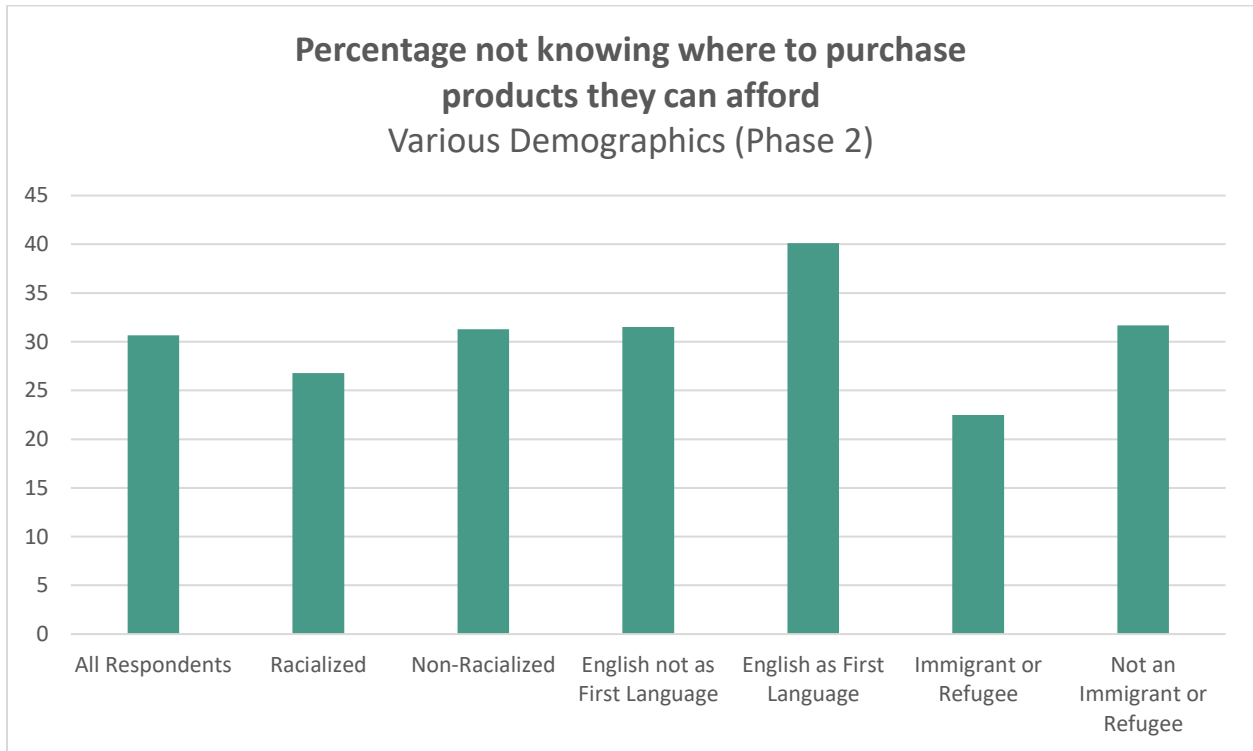


Chart 16



In the second phase of the survey we asked respondents additional questions which we hoped would help us better understand some of the ways that period poverty manifests itself in our province. It was hoped that it would help us understand how many people who struggle to afford menstrual products had experienced a period without access to menstrual products whatsoever. The first was about whether a respondent had gone through a period without having menstrual products available to them. About 26% of respondents had gone through a period without having menstrual products available to them. The second question was about whether people had not been provided menstrual products by their family when they were a dependant. 13% indicated that they had not received menstrual products from their family.

In this report we have paired these two questions with a third, asking people to indicate how menstrual stigma makes asking for help in getting products difficult. Responses to this question were provided on a likert scale, where 1 indicates “Strongly Disagree”, 3 indicates a “Neutral” response, and 5 indicates “Strongly Agree.” Unlike the preceding two questions, it doesn’t present the commonality of lived experience. Instead, it reports on the potential impact that menstrual stigma would have on all respondents if they needed to ask for assistance. Across all Phase 2 responses, the most common response was a strong agreement with the provided statement. These results are reflected in Chart 17 below. The testimonies below highlight the challenges of going through a period without menstrual products, the precarity of depending on caregivers to provide menstrual products, and the impact that stigma has on people when they are asking for help.

Corresponding Testimony

“Ask any woman, anywhere that has been in a public washroom and realized her period has started... Sometimes you don't have the courage to ask a complete stranger for help. Even though we all have our periods we are taught to be shameful and embarrassed. If no one is around or you can't pluck up the courage you start to wrap toilet paper around the crotch of your underwear until you have enough bulk to get you home from work, or a party, or a dinner, or a day at the park with your kids. It's a gross feeling. It takes away some of your dignity.”

“I grew up in poverty. I did not have access to menstruation products very often as a teenager. I was reduced to using very unhygienic alternatives that did not work and I now know were a major risk for infection. I was very ashamed of my family's low income and that I could not afford such a basic item. It greatly affected my self esteem and sense of self worth. I could never ask for help directly because of these feelings and thoughts of inadequacy and insecurity... I'm now in my 30's but I still carry a lot of the shame of growing up in poverty. It's something I work on every single day. This issue especially made me feel ugly and dirty and unworthy.”

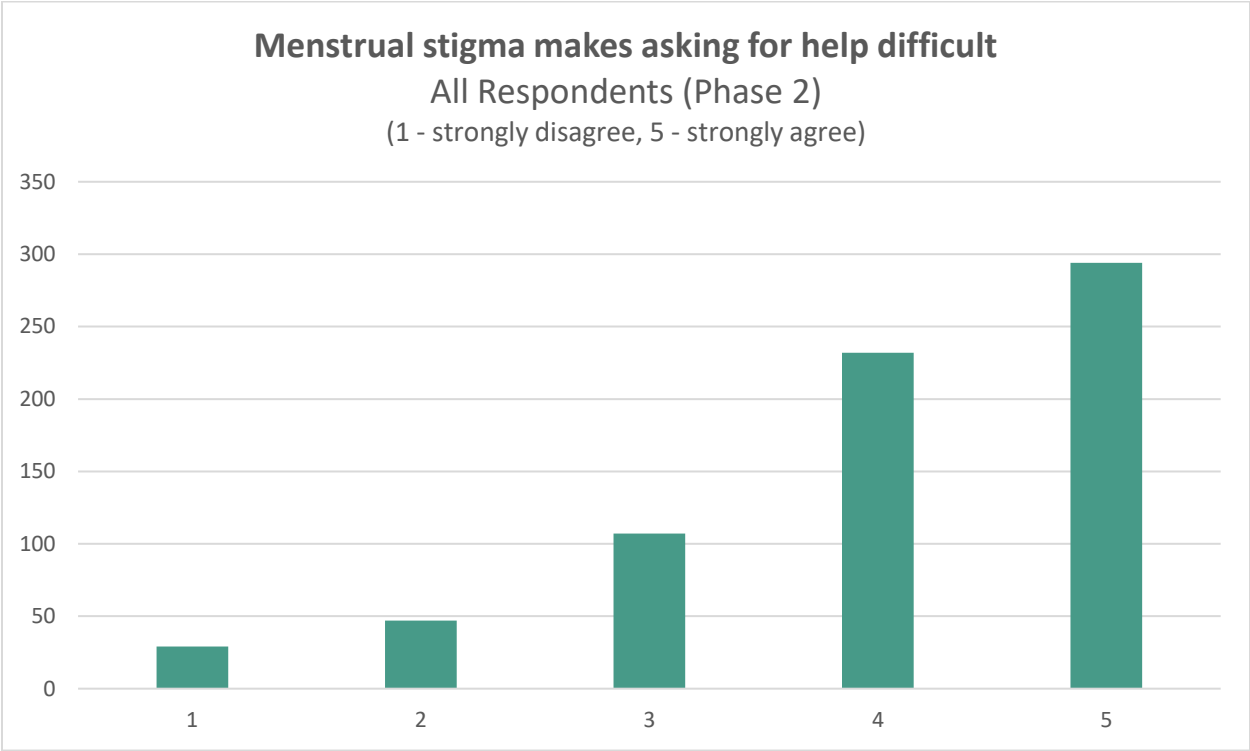
“When I was 13 I lived in a foster home where the foster dad rationed tampons each cycle he would give me four tampons. If I asked for more he would yell at me. That was the first time I ever stole from a store. I had started skipping school because my periods were so heavy I would leak and I was embarrassed. If products were free somewhere it would have helped so much.”

“When I was a teenager I would excuse myself from PE and from classes to sit in the bathroom and bleed. My family could probably was awkward having d having to ask anyone for supplies at a young age. So I'd use toilet paper and feel extremely uncomfortable because we had to wear kilts.”

“It was the day of my youngest fun fair at school in June. Very hot out. I got my period just before I was due to leave. I had no products and no money for 11 days. I waded up toilet paper and stuck it in my panties and off I went to fun day with this awful bulge between my legs a fear of leaking and embarrassing my child i tied a hoodie around my waist as a precaution and over heated. When we got home my pants and panties were garbage and my hoodie was badly stained and the seat in my car ruined. No one saw anything but I was humiliated that I had to make a choice between menstrual products and cereal and bread.”

“As a teenager, it felt embarrassing bringing in your pads everywhere with you. And sometimes when I didn't have enough it was very stressful and even asking a female friend or classmate was a scary thing. Although we had access through the reception desks, we could get pads and tampons, not every girl grew up in a “sex positive” household and could easily ask for the products if needed. It should be easily accessed in her comfort. However, what I just hope in the near future that it's seen in a more natural light and it's isn't shameful talking about periods, especially with men.”

Chart 17



To support a demographic analysis of the above three questions, we've plotted the first two questions on a bar graph (Chart 18), followed by two tables (Tables 10 and 11). Table 10 presents the results shown in Chart 18. Table 11 provides the average likert rating and most common likert rating for each of the demographic groupings, based on their level of agreement with the above statement around stigma. Given the relative consistency in the response to this question we have not graphed the likert data for all demographic groupings. That said, the average likert response is graphed in groupings based on income, completed education levels, and current students, where a trend that largely coincides with the other two questions is observable.

As indicated in the above section about being able to purchase menstrual products, Indigenous people and people living with disabilities more frequently responded positively to the question. The results are reflected in the graph and table and graph below.

Chart 18

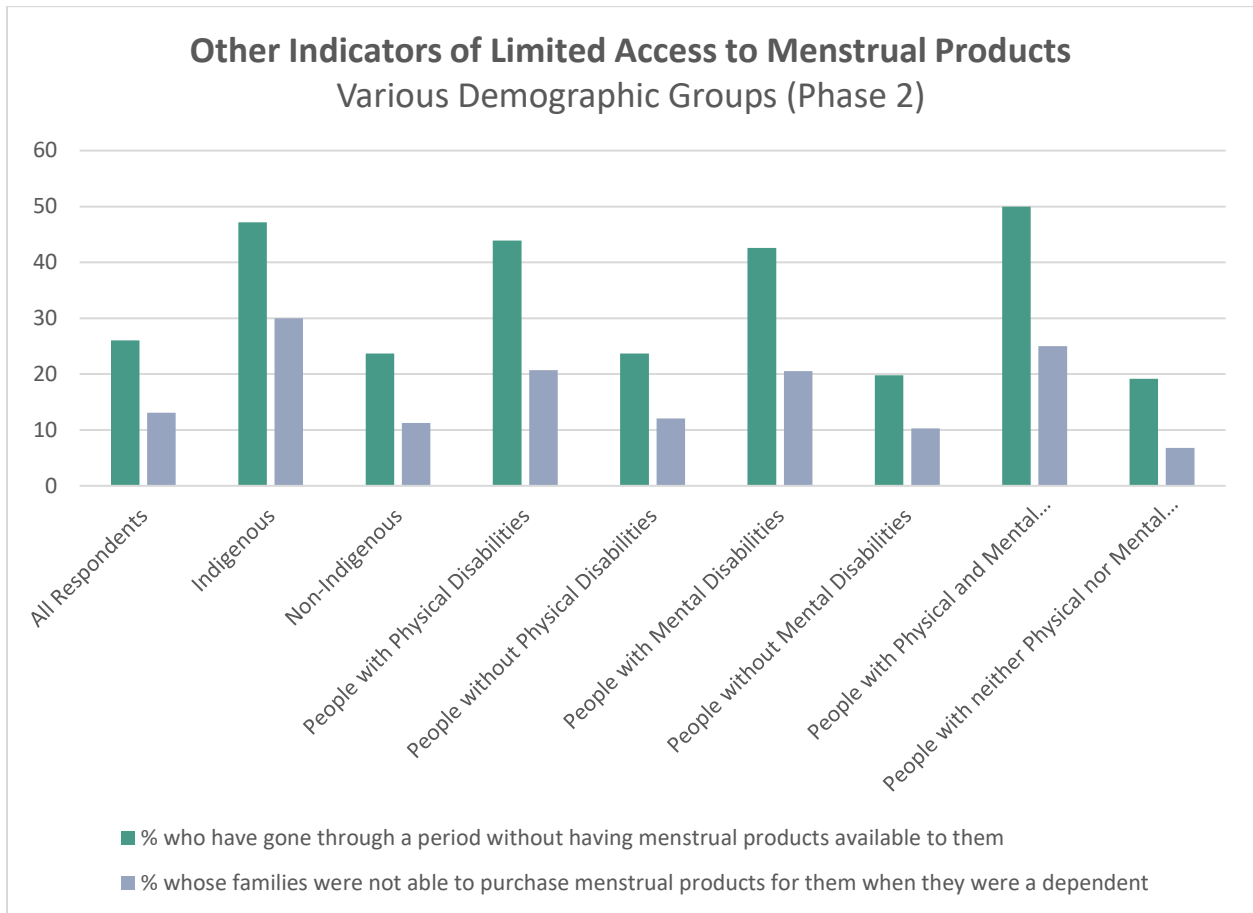


Table 10

	# of Respondents	Respondents who have gone through a period without menstrual products (%)	Respondent’s families who couldn’t buy menstrual products for their dependents (%)
All Respondents	710	26.06	13.10
Indigenous	70	47.14	30.00
Non-Indigenous	641	23.71	11.23
Physical Disability	82	43.9	20.73
Without Physical Disability	629	23.69	12.08
Mental Disability	195	42.56	20.51
Without Mental Disability	516	19.77	10.27
Physical and Mental Disability	52	50.00	25.00
Without Physical / Mental Disability	444	19.14	6.76

Table 11

Menstrual stigma makes asking for help difficult (Phase 2)		
<i>1 = “Strongly Disagree”, 3 = “Neutral”, 5 = “Strongly Agree.”</i>		
	Average Likert Rating	Most Common Response
Average Likert Rating	4.01	5
Indigenous	4.16	5
People with Physical Disabilities	4.04	5
People with Mental Disabilities	4.29	5
People with Physical and Mental Disabilities	4.19	5

Results to these three questions based on income category are presented in Charts 19 and 20. Again, there were clear indications that income is a major determining factor in accessing menstrual products, as these questions once again revealed that respondents in the lowest three household income categories had the most pronounced positive responses to these questions. For the question about having gone through a period without having access to menstrual products there is an intriguing uptick of nearly 10% between respondents in the \$0 to \$9,999 category and the \$10,000 to \$24,999 category, which might be an indicator of not knowing where to find access to free product in community if you are not reliant upon community organizations for regular access to basic needs and services.

Chart 19

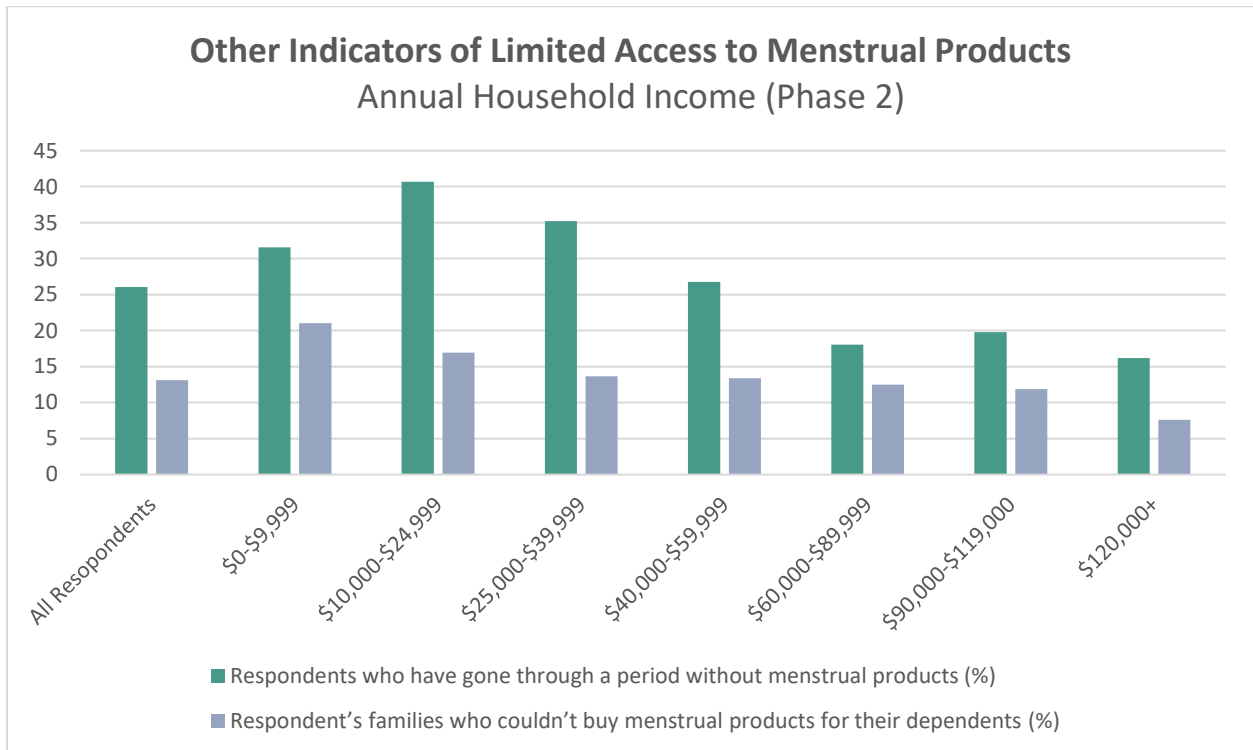
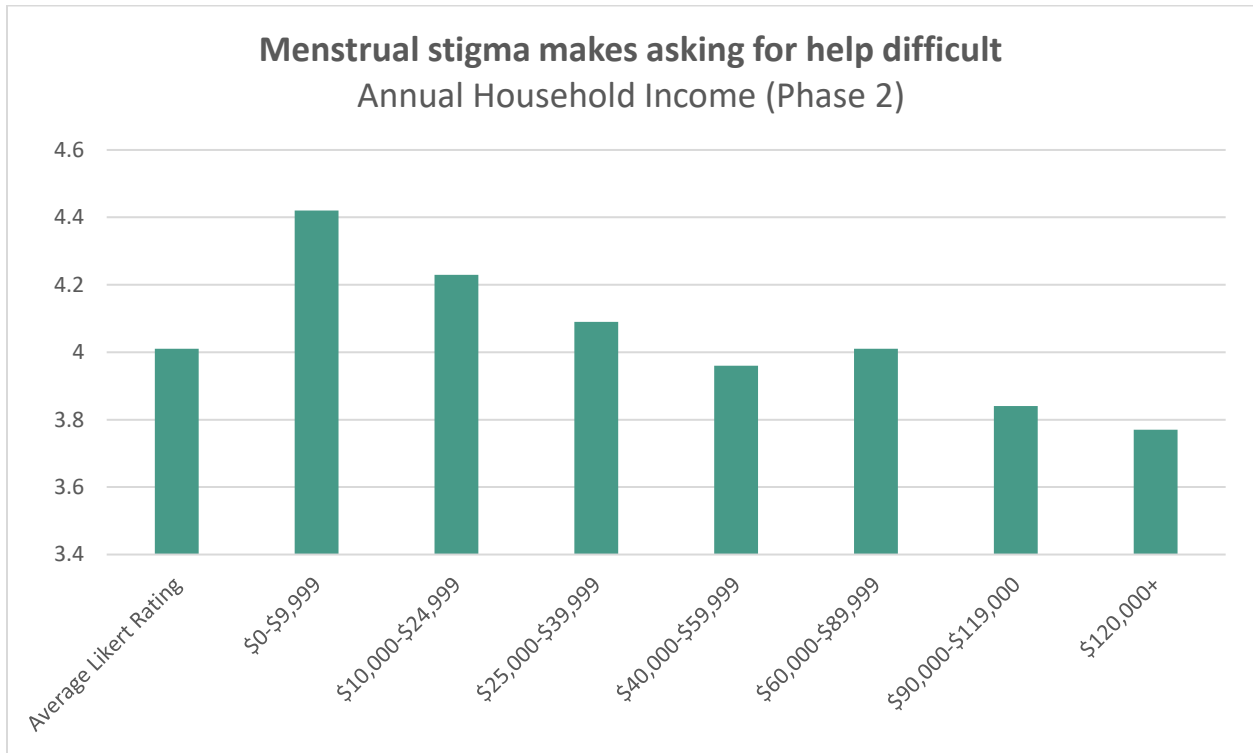


Chart 20



As with the previous set of questions, there is a recognizable trend related to levels of completed education and access to menstrual products. As somebody’s level of education increases, they appear to have an increased ability to access the products they need to navigate their period. The disruption to the trend in respondents with a Ph.D. or higher levels of education is likely an indication of a very small sample size (seven respondents) with a self-selection bias.

Interestingly, the question about whether somebody’s family was able to purchase products for them when they were a dependant mostly follows the same trend as the first one. This question was intended to help us chart the impact of inter-generational period poverty.

Chart 21

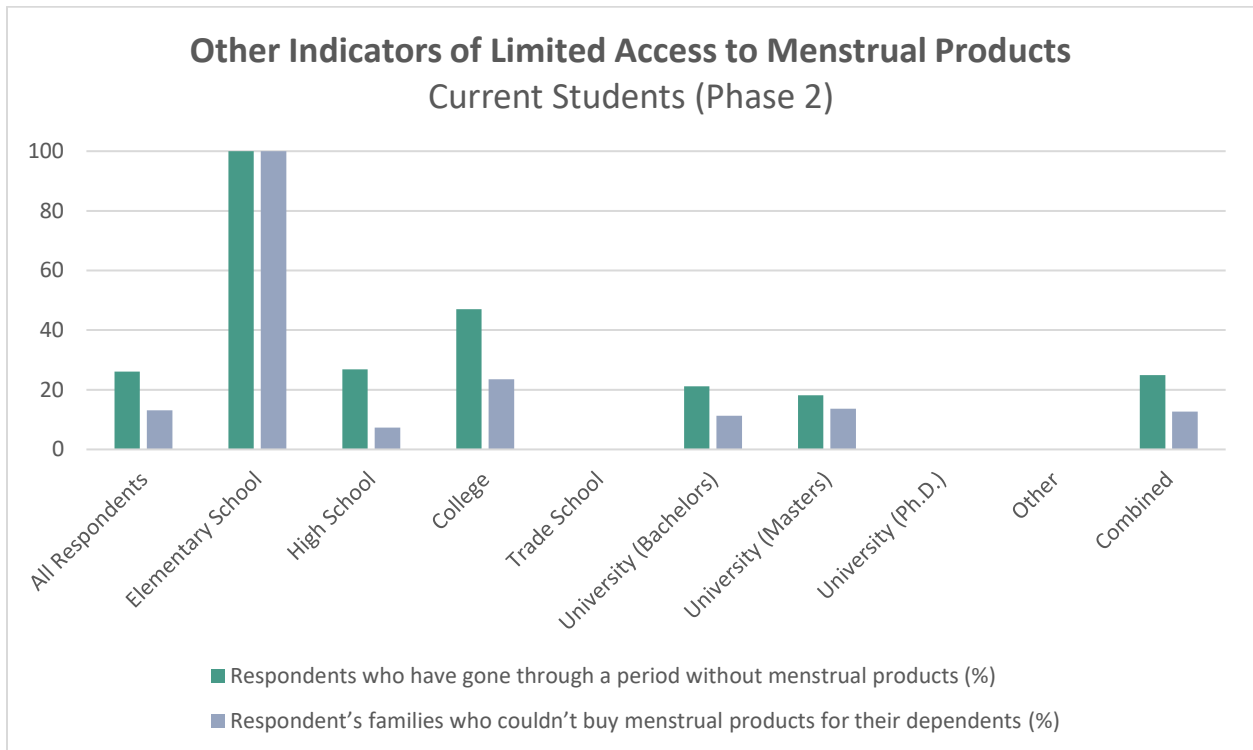
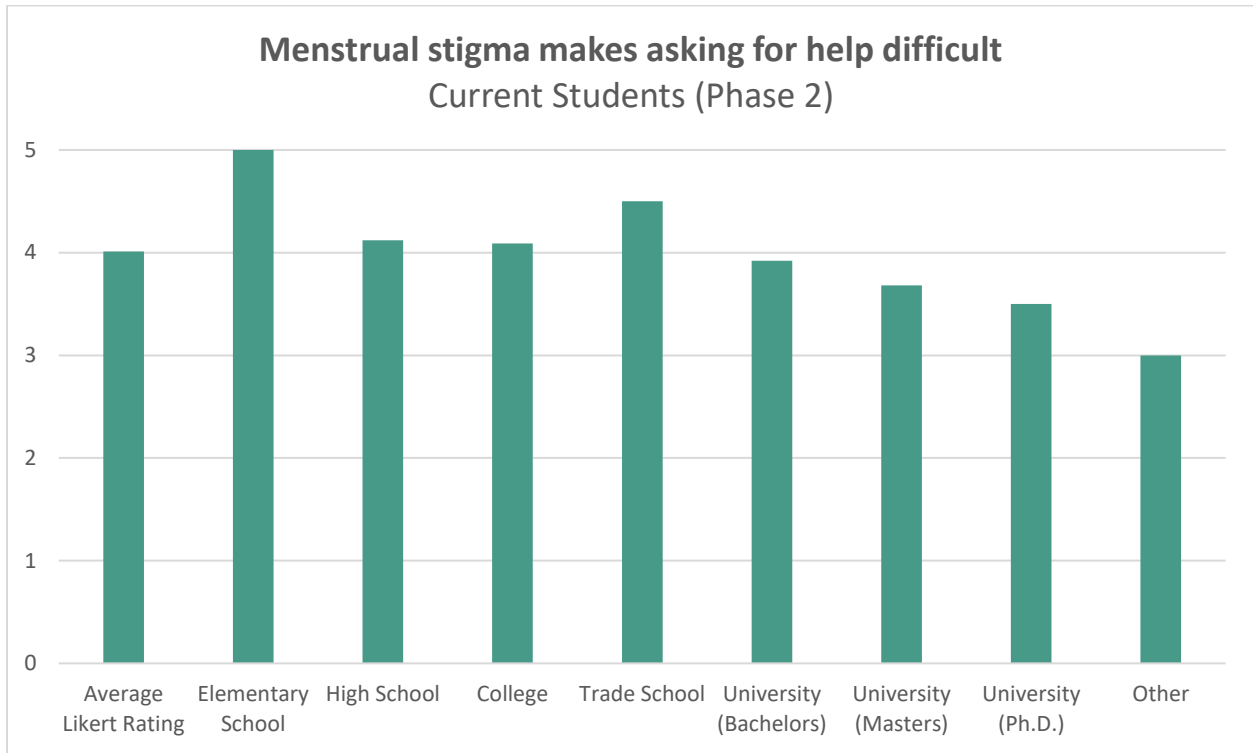


Chart 22



When considering these questions across the various age demographics, there is no consistently visible trend in the results. Having gone through a period without access to menstrual products seems to peak for people in the ages of 0-17, and then declines for people in the 18-25 age group, where it increases for the next two age groups. For people in the same four age groups, the number of respondents whose families were not able to purchase menstrual products for them when they were dependants hovers around the average from all respondents. The sample size for respondents over the age of 61 from the second phase of the survey is likely too small to provide statistically conclusive data.

Chart 23

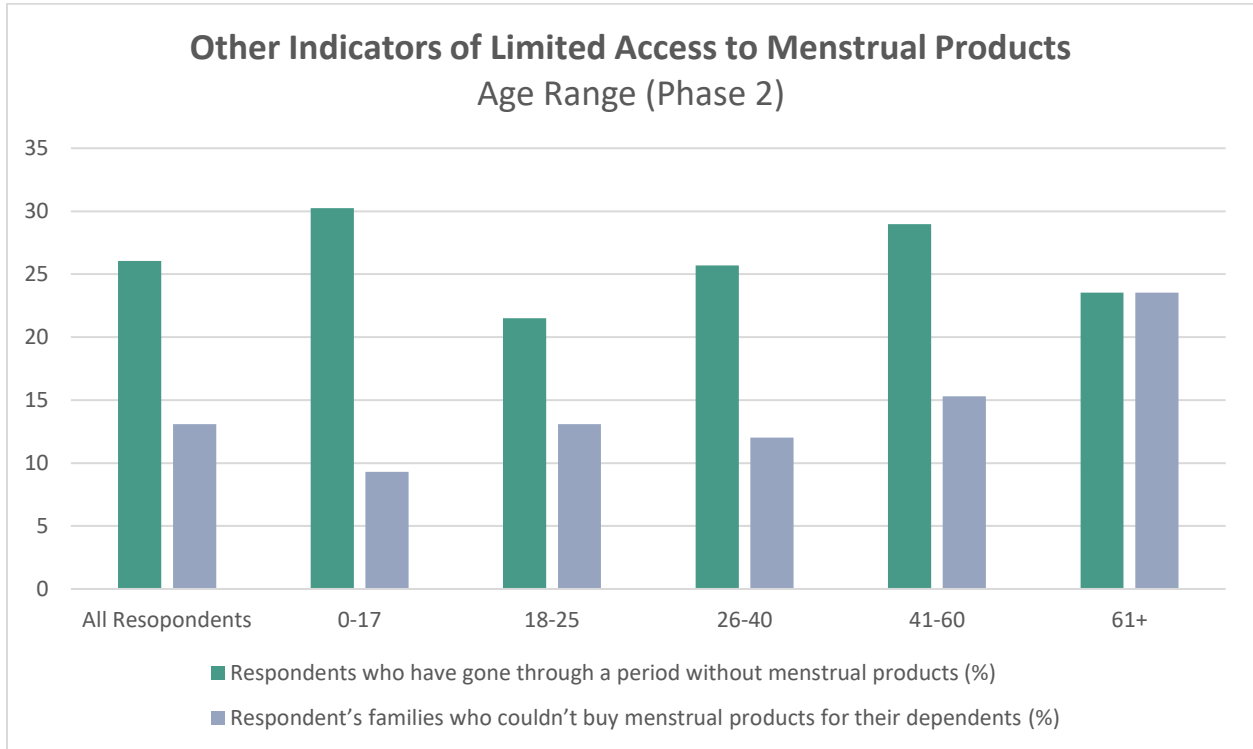


Table 12

Menstrual stigma makes asking for help difficult: Age Range (Phase 2)		
<i>1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"</i>		
	Average Likert Rating	Most Common Response
Average Likert Rating	4.01	5
0-17	4.19	5
18-25	4.14	5
26-40	3.97	5
41-60	3.95	4
61+	4.47	5

As with the previous three indicators of period poverty, respondents who indicated that they were racialized as people of colour or spoke English as a second language largely performed better than those who were not racialized as people of colour or who did speak English as their first language. This trend is most visible when contrasted with results from respondents who were not part of the category. The outlier in this trend is the percentage of racialized respondents who indicated their families were not able to purchase menstrual products for them when they were dependants; the reported rate is 50% higher than the average from all respondents.

Chart 24

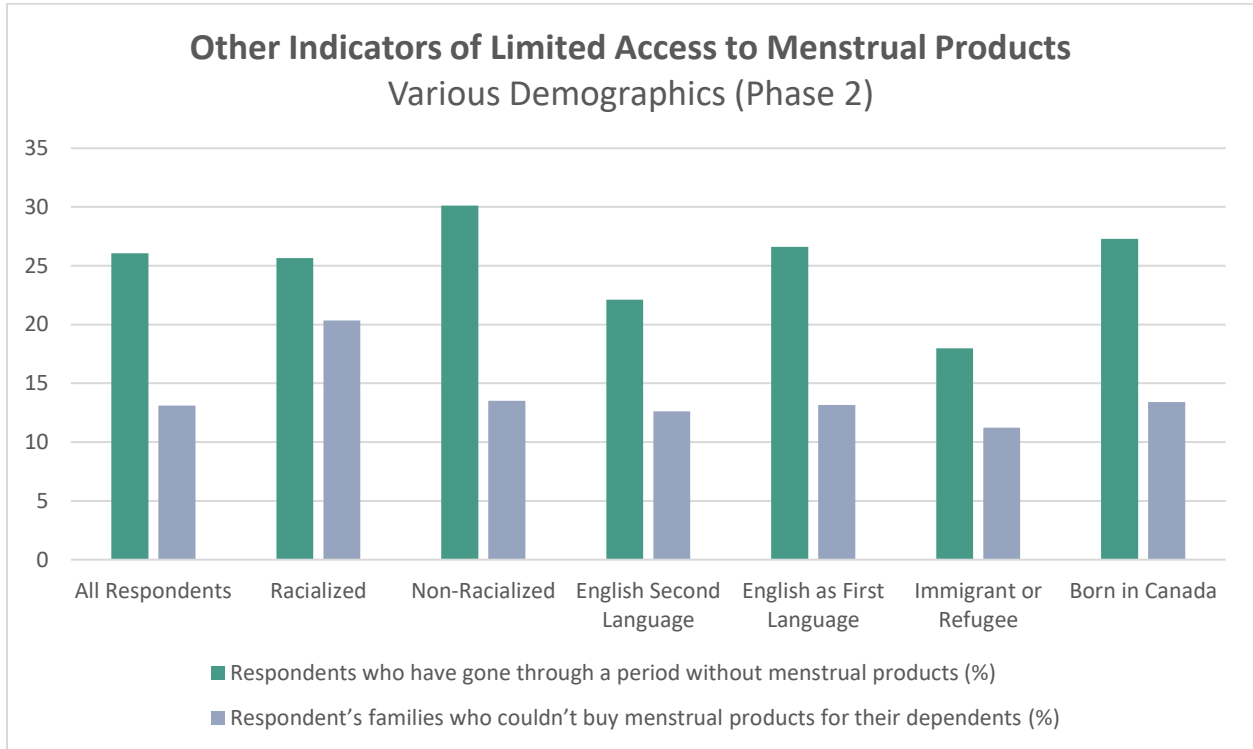


Table 13

Menstrual stigma makes asking for help difficult: Age Range (Phase 2)		
<i>1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"</i>		
	Average Likert Rating	Most Common Response
Average Likert Rating	4.01	5
Racialized	3.94	5
English not as First Language	4.08	5
Immigrant or Refugee	3.88	5

The Impact of Limited Access

In addition to outlining the scope and demographic trends in accessing menstrual products, this study allowed us to chart some of the impacts that limited access to menstrual products has in the lives of people who menstruate in British Columbia. As highlighted in the data, the impacts of period poverty in British Columbia are quite broad. The results from the first phase of the public survey led us to expand our questions about impact in the second phase so that we could develop a more substantive understanding. We've indicated which data was provided by the combined phases and just the phase 2 results in Chart 25. It is important to note that this is only a snapshot of the impacts that people feel when access to menstrual products is limited, and the questions that were asked reflect learnings from existing academic research and United Way of the Lower Mainland's work on the issue of period poverty over the last five years.

The questions in this section asked people to indicate if they had ever experienced a form of isolation in four different categories: access to school, access to work, access to community events, or limitations on their social life. In the first survey we asked whether or not people had missed work, school, or community events due to limited access to menstrual products. In the second we expanded this field to include social opportunities, and asked an additional question of whether or not respondents had left a work, school, a community event, or social opportunity due to limited access to menstrual products.

The results are combined below with a likert scale response where people indicated how likely they were to stay home when they didn't have menstrual products. Respondents indicated how much they agreed with the statement "When I don't have access to menstrual products I am more likely to stay at home than go out" on a scale of 1 to 5, where 1 indicated that they strongly disagreed and 5 indicated that they strongly agreed. The results to this prompt are presented in a table indicating the average of all responses to this question, and the most common response. In comparison with the previous question, which asks about lived experience, the likert scale helps measure potential responses given particular conditions.

In this section we are presenting the data differently than above. Instead of providing a complete demographic breakdown of the questions, we have highlighted the averages and the major deviations from that average. When and where appropriate we have also included responses provided to an open-ended question asking respondents to describe the impact that limited access to menstrual products has on their day-to-day life.

Limited access to menstrual products has a substantial impact on people's day-to-day lives, with a substantial number of respondents indicating that they had missed school, work, community events, and social events because they did not have menstrual products. Even accounting for the inherent self-selection bias in the survey, it is clear that period poverty acts as a substantial barrier to work, education, and a healthy community connection for people in our province.

Corresponding Testimony

"I had to wear the same pad for 3 days when I was 10 because my family couldn't afford more at that time. I've had to miss school and be late to work from bleeding through my pants."

“I've missed work because the only thing to use was folded up toilet paper, I need to change that very often and am afraid of moving and having it fall down my pant leg. I've even lost jobs because I take time off once a month.”

“When I was younger, I missed almost a week of school every month due to not having access to products.”

Chart 25

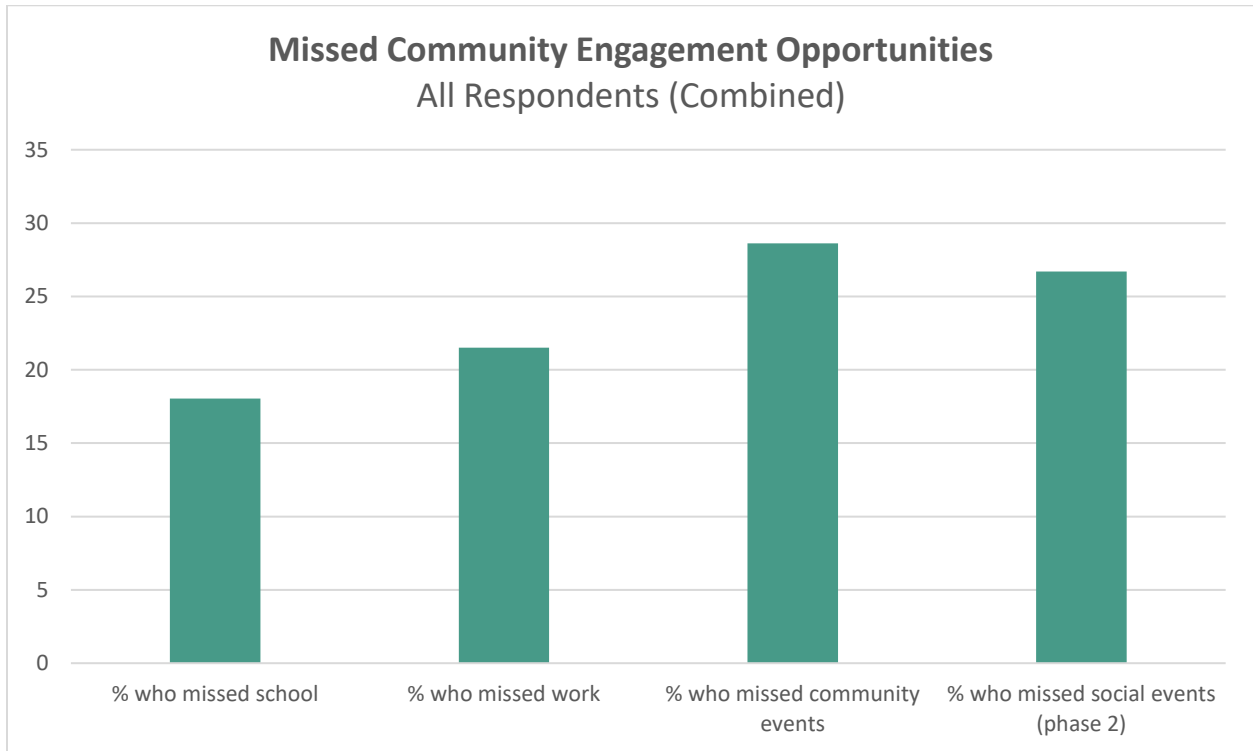


Table 14

When I don't have access to menstrual products I am more likely to stay at home than go out: All Respondents (Combined)		
<i>1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"</i>		
	Average Likert Rating	Most Common Response
All Respondents	4.34	5

In the second phase of the public survey, we expanded this line of questions to include people who had left community, work or school events. The results for this series of questions indicate that it is far more common for people to leave community events than they are to miss them in their entirety. As will be shown below, this trend is consistent across all demographic groups. In the graph and table below we present the results from phase 2. It is worth noting that respondents in the second survey generally indicated that lack of access to menstrual products had a less severe impact on their connection to community than those who responded to the first phase of the survey, though the difference did not shift the ultimate conclusion. Indeed, below are some example testimonies that were collected from

respondents indicating how lack of access to menstrual products had forced them to leave public spaces, leading to higher rates of isolation.

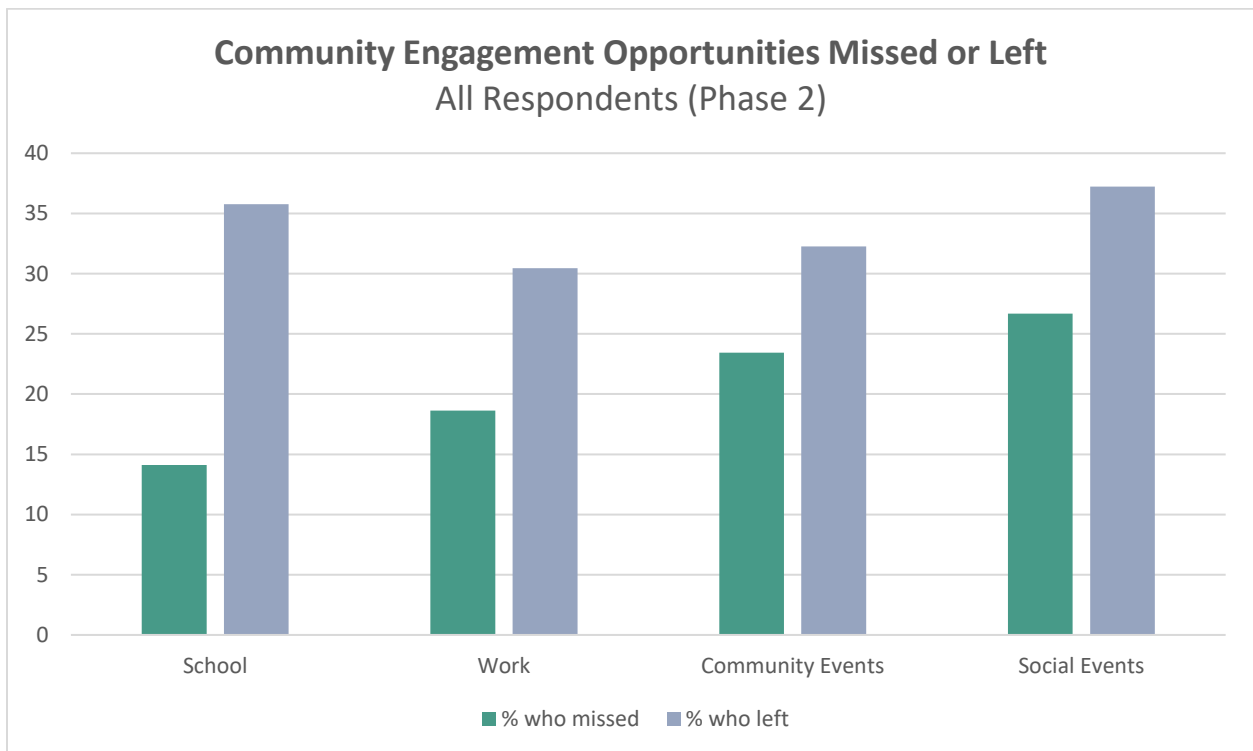
Corresponding Testimony

“I have had to miss out on work and activities and family events Because I haven't had menstrual product and I haven't been able to afford them and I also have had to choose between menstrual product and buying food.”

“I have left a job early, because I did not have any pads on me. I only worked with men, so could not ask any of them for one either. I did not drive at the time, and so could not leave for a short time to get them from a store and come back either.”

“I was doing a swim competition and I was still pretty new at it. My period showed up and it was a heavy one. I had to spend so much time doing the math on how to spread out the amount if tampons I had to last me as long as I could, I almost missed my first race. I tried seeing if I could find stuff in the washrooms but there was nothing. I had to leave pretty quickly after my races and I almost didn't get home in time.”

Chart 26



In Chart 27 we compare the results from four different demographics groupings with that of all respondents. Of the four that are presented here, the Indigenous population is clearly the most likely to have missed community engagement opportunities because of their limited access to menstrual products, whether that meant not attending or leaving. In addition, people who are racialized as people of colour consistently responded at a higher rate than the average. The graph clearly indicates that the negative impacts of period poverty in our community are most keenly felt by black, Indigenous, and people of colour (BIPOC) community.

Though many testimonies were received from respondents who indicated they were part of the BIPOC community, few respondents mentioned being a member of the BIPOC community when explaining their lived experience with lack of access to menstrual products. The example provided below was one of the exceptions.

Corresponding Testimony

“As an Indigenous youth (17), fresh out of foster care, I am struggling to finish high school when ‘independent livin’ (aka welfare) demands WORK over education. This means I have to FIGHT for the right to finish my grade 12. But with less than \$500 a month to live on, I can't afford period products and the bus pass I need to get to school. So I steal napkins, paper towels, and toilet paper to use for my period, but those are precarious so I stay home when I'm bleeding. I miss tests, I miss valuable education. I am ashamed and humiliated so I don't tell (mostly male) teachers when they single me out and punish me for missing classes.”

Chart 27

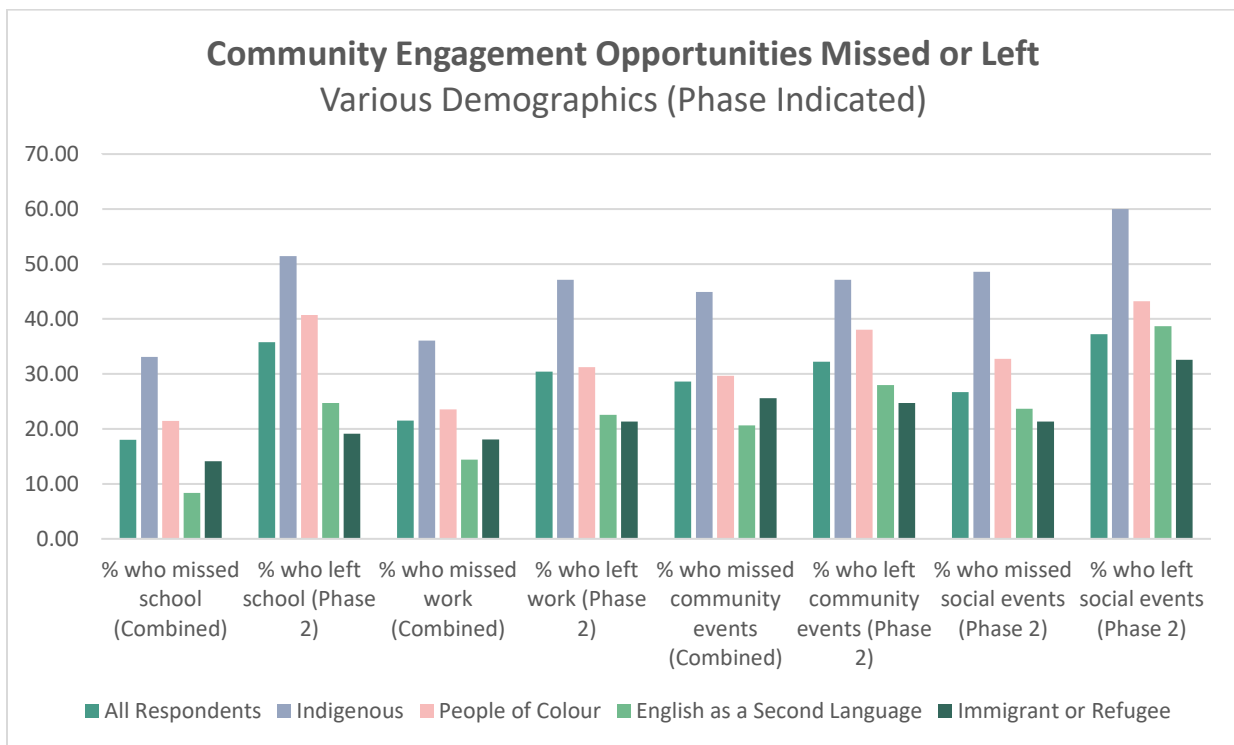


Table 15

When I don't have access to menstrual products I am more likely to stay at home than go out: Various Demographics (Combined)		
<i>1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"</i>		
	Average Likert Rating	Most Common Response
Average Likert Rating	4.34	5
Indigenous	4.39	5
Racialized	4.23	5
English as Second Language	4.08	5
Immigrant or Refugee	4.08	5

As with the data received about being able to purchase menstrual products, living with a disability in British Columbia has a high rate of correlation with experiencing some of the negative impacts of period poverty. Given the high correlation between living with a disability and experiencing some of the negative impacts of poverty generally, this is unsurprising. The table and graph below indicate the severe difference between the average of all respondents and those living with disabilities. As above, the structure of our questions around those living with disabilities was restructured in the second phase to provide us with a richer dataset that separates people living with physical disabilities from those living with mental disabilities, and allows us to separate people living with both physical and mental disabilities. This also coincided with a broader set of questions around community engagement opportunities.

Corresponding Testimony

“I have a hard time asking for help from my family and others so when I cannot afford to buy tampons I stay home and use paper or whatever. I feel embarrassed and my life seems less than [everything it could be]. I am not classified as a PWD but am on disability and live on around 11,000 -15,000 a year. I pay my bills first then what ever is left over is for food and I can usually make it halfway through the month then I struggle. I am good at finances but that is very little to live on and afford luxuries like personal hygiene stuff. So I miss out on going outside for a walk or grocery shopping or anything to do with leaving the house when my monthly cycle happens and I have no menstrual tampons. It's very basic but so complicated. Menstrual items should be free. Thank you.”

“Having the fear of bleeding through your pants and not being able to participate severely impacts my mental health. As I am already a person with a disability and living on a budget having to save money for these supplies is very cost consuming.”

“Products are becoming increasingly expensive, my disability pay is limited. I am only able to use a certain brand. I would love to try reusable "underwear for periods" it is out of my price range sadly.”

Chart 28

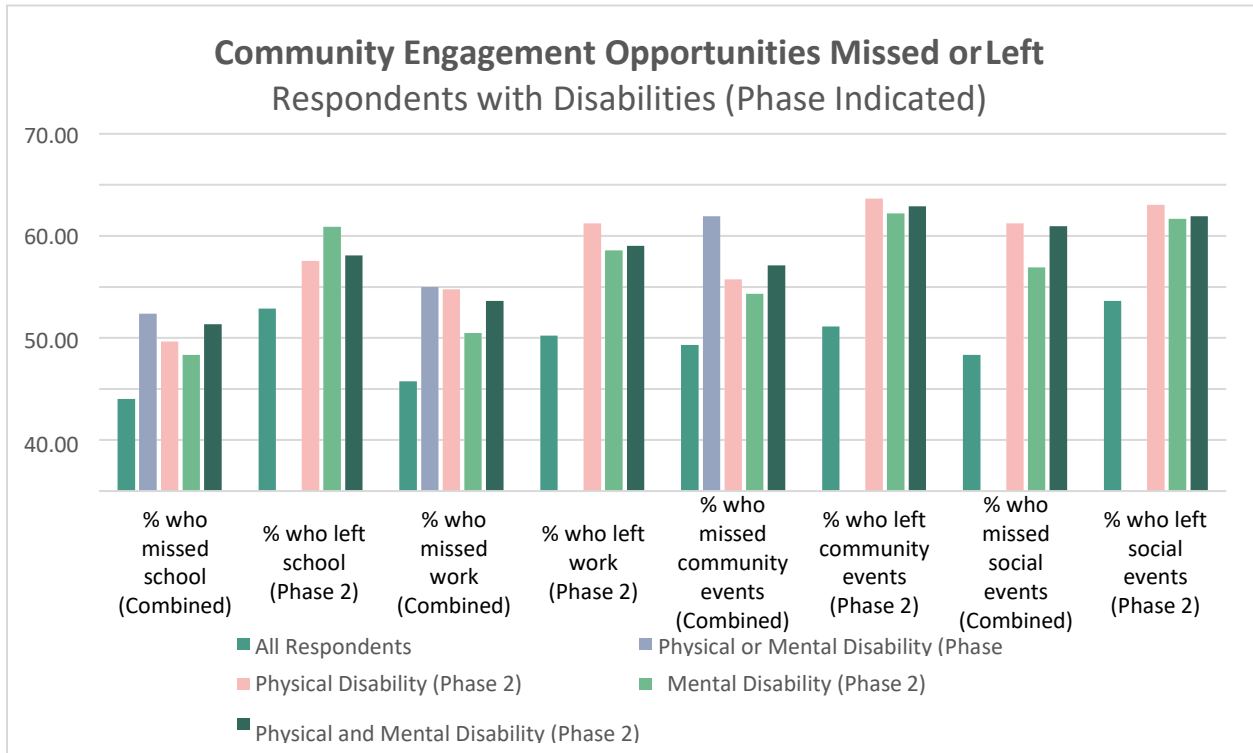


Table 16

When I don't have access to menstrual products I am more likely to stay at home than go out: Respondents with Disabilities (Phase Indicated)		
<i>1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"</i>		
	Average Likert Rating	Most Common Response
All Respondents	4.34	5
Physical / Mental Disability (Phase 1)	4.32	5
Physical Disability (Phase 2)	4.44	5
Mental Disability (Phase 2)	4.52	5
Physical & Mental Disability (Phase 2)	4.54	5

In the second phase we asked demographic questions related to annual household income. Chart 29 indicates how income level was a determining factor in some of the limiting impacts that not having access or being able to purchase menstrual products had on respondents. Interestingly, the impact seems to be most pronounced for individuals whose household income is in the \$10,000 to \$24,999 category rather than the \$0 to \$9,999, but there is a fairly consistent trend indicating that the three lowest income level categories experience the negative impacts of period poverty in their community engagement opportunities at a rate above the average for all respondents.

Chart 29

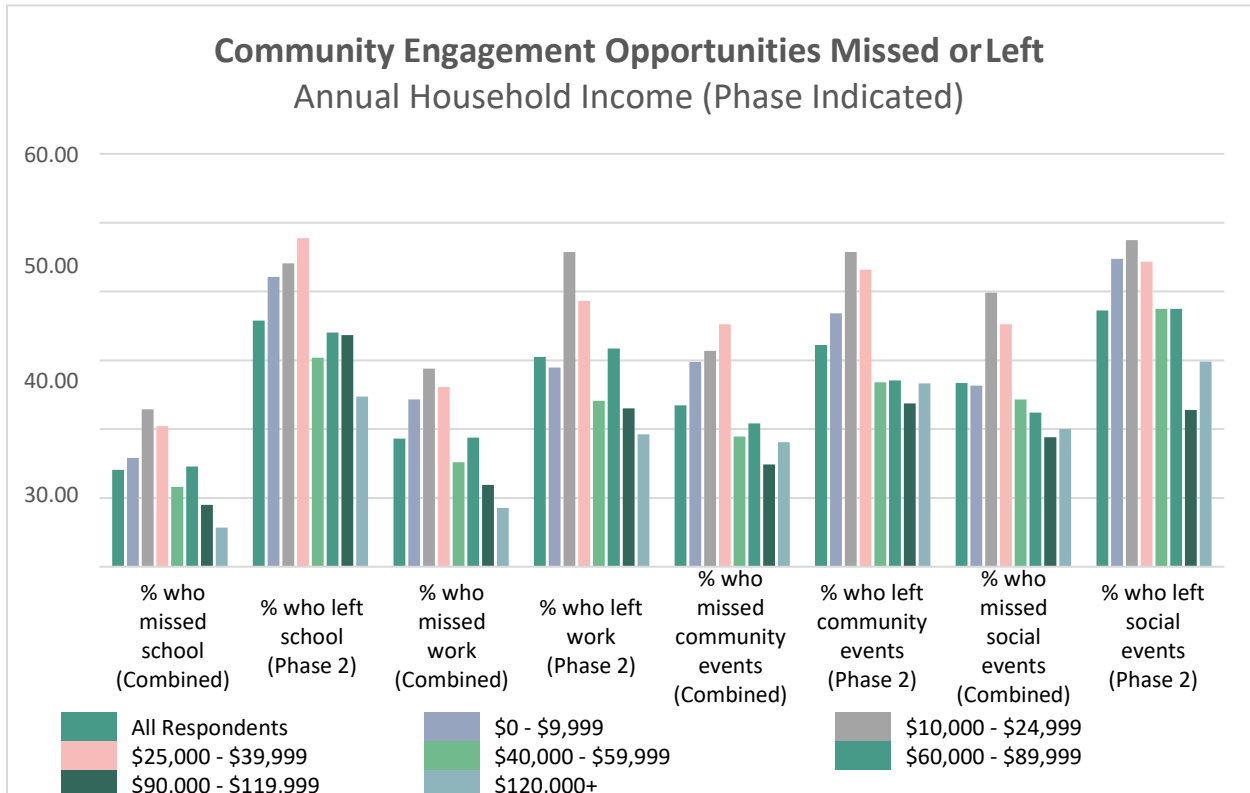


Table 17

When I don't have access to menstrual products I am more likely to stay at home than go out: Annual Household Income (Combined)		
<i>1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"</i>		
	Average Likert Rating	Most Common Response
All Respondents	4.34	5
\$0 - \$9,999	4.42	5
\$10,000 - \$24,999	4.68	5
\$25,000 - \$39,999	4.32	5
\$40,000 - \$59,999	4.60	5
\$60,000 - \$89,999	4.49	5
\$90,000 - \$119,999	4.39	5
\$120,000+	4.35	5

In general, limitations on community engagement opportunities due to limited access to menstrual products has a downward trend across all categories as one's level of completed education increases. In some categories the trend is disrupted by people who have completed a Master's degree or a Ph.D., but this is likely a result of their small sample sizes (22 and 2, respectively), which makes their reliability suspect. People with some elementary or some high school completed, completed high school, or some other form of education other than a university degree consistently reported a higher rate of limited community engagement due to their experiences with period poverty.

Chart 30

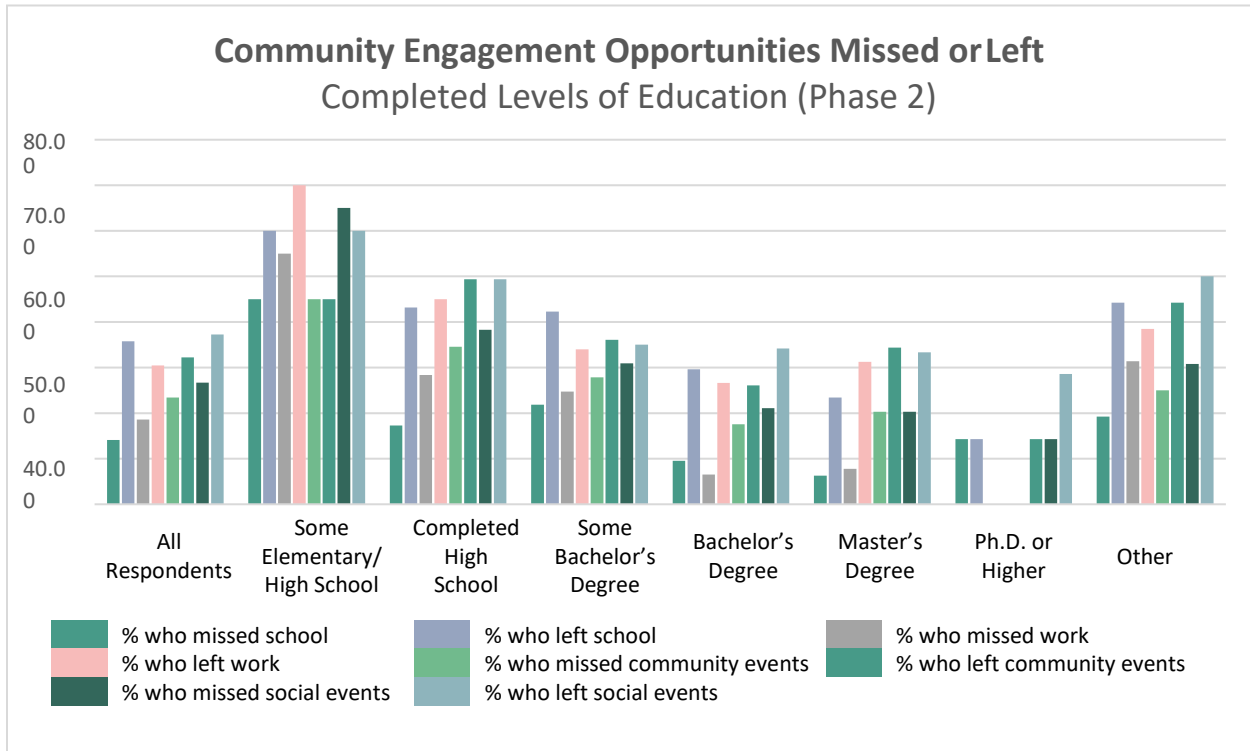


Table 18

When I don't have access to menstrual products I am more likely to stay at home than go out: Completed Levels of Education (Phase 2)		
<i>1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"</i>		
	Average Likert Rating	Most Common Response
All Respondents (Combined)	4.34	5
Some elementary or high school	3.95	5
Completed high school	4.54	5
Some Bachelor's degree	4.59	5
Bachelor's Degree	4.36	5
Master's Degree	4.40	5
Ph.D. or higher	4.86	5
Other	4.50	5

Benefits of Having Access to Menstrual Products

If the previous section on challenges in being able to purchase and access menstrual products highlighted some differences between demographic groups, and the section outlining the impact that limited access to menstrual products indicated a general uniformity in.

We have assessed the general benefits of having access to menstrual products through four questions measured on a 5-point likert scale indicating how much they agreed with a given statement. Two of the four likert scale questions were asked in both phases of the research. One asked whether having access to menstrual products has a positive impact on a person's quality of life. While the question does not specifically mention free product, or product accessible in public spaces, its placement in the survey has it follow questions that speak to limited access for affordable or free product in public spaces. The second question asks whether people can be more engaged in community when they are confident that they will have the product they need when it is needed.

As can be seen in Tables 19 and 21, the average responses to both questions were quite high, with consistently high agreement ratings across all demographic groups. Indeed, unlike in the preceding sections, where challenges in purchasing product or the impact of having limited access to menstrual products occasionally presented mirrored findings, none of the variations in the demographic groupings follow discernable trends. For this reason, we have chosen not to present a breakdown according to demographic groups, but instead wanted to highlight the average rate for all respondents along with the highest and lowest three demographic groups with a sample size of at least 75. Those results are presented in Tables 20 and 22 below.

Corresponding Testimony

"Tampons specifically gave me the freedom as a teenager to access athletic programs with confidence. Tampons removed a barrier for me."

"Working in a male-dominated workplace, having access to product and not having to leave work to run to the store has kept my male co-workers from any further complaining about different treatment they might perceive I would get as a woman."

"Our school recently [started supplying] free pads. Although I haven't used them, knowing that they are there has made it easier to not worry as much about being caught unprotected at school."

"By having a workplace that supports menstrual hygiene and provides access to free menstrual products, I find myself more at ease when it comes to having my period. As someone with a heavy flow and abnormal cycle, I'd always be anxious about whether I remembered to bring enough menstrual products with me. For the unlucky days where I didn't have any/enough on me, I'd have to resort to folding enough toilet paper to create a makeshift pad. I'd spend the rest of the day worrying with thoughts running through my head like, "Am I leaking? Did it seep through? I have a presentation soon, what if it starts seeping through my pants?" Free and accessible menstrual products provide me with the freedom to continue with my day and the confidence in knowing that I have one less thing to worry about."

“When I go to get free menstrual products from The Women’s Centre on the North Shore I tend to feel relieved because it’s an extra \$20 I don’t have to spend. If an epidemic or natural disaster happens I don’t have a lot of money to save up for it.”

Chart 31

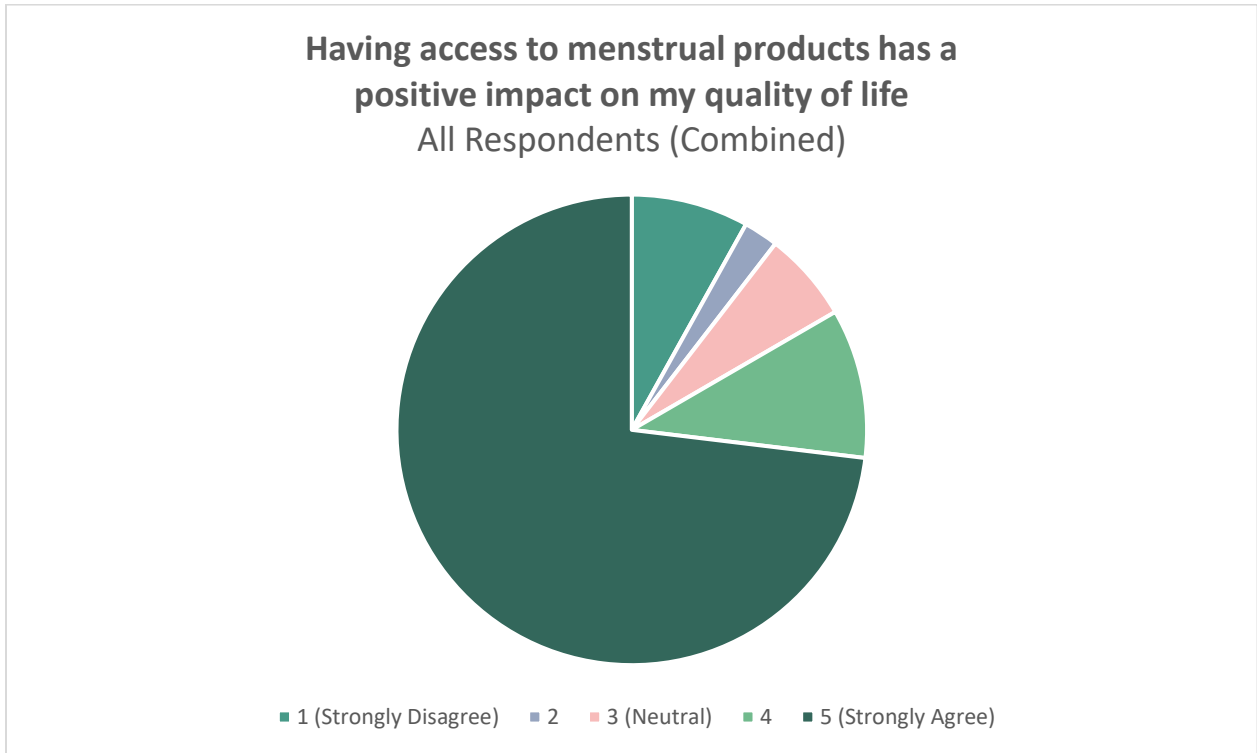


Table 19

Having access to menstrual products has a positive impact on my quality of life: All Respondents (Combined)		
1 = “Strongly Disagree”, 3 = “Neutral”, 5 = “Strongly Agree”		
Number of Respondents	Average Likert Rating	Most Common Response
1,615	4.42	5

Table 20

Having access to menstrual products has a positive impact on my quality of life: Select Demographics (Combined)			
<i>1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"</i>			
Group	# of Respondents	Average Likert Rating	Most Common Response
Bottom 3 Likert Rating Average			
Indigenous (Combined)	158	4.3	5
Ages 0-17 (Combined)	279	4.3	5
Immigrant or Refugee (Combined)	176	4.32	5
Top 3 Likert Rating Average			
Annual Household Incomes of \$60,000 - \$89,999 (Phase 2)	143	4.85	5
Completed Bachelor's Degree (Phase 2)	199	4.81	5
Annual Household Incomes of \$10,000 - \$24,999 (Phase 2)	118	4.8	5

Chart 32

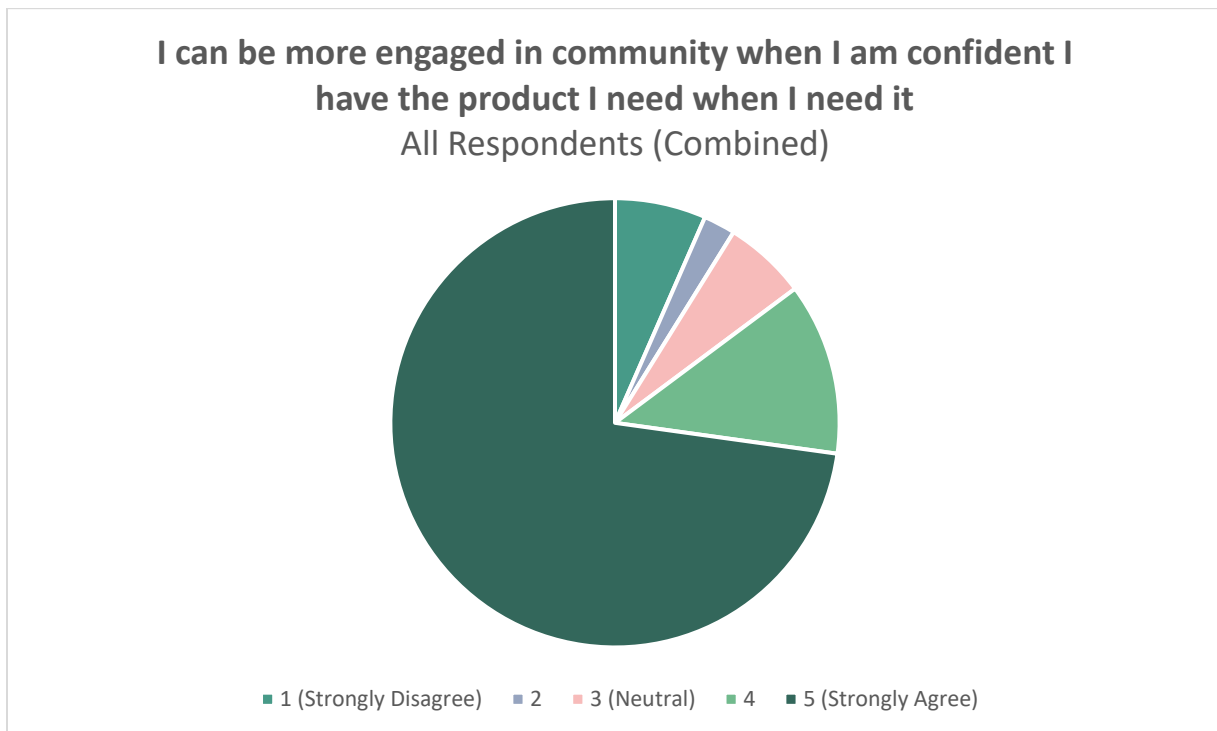


Table 21

I can be more engaged in community when I am confident I have the product I need when I need it: All Respondents (Combined)		
<i>1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"</i>		
Number of Respondents	Average Likert Rating	Most Common Response
1,614	4.43	5

Table 22

I can be more engaged in community when I am confident I have the product I need when I need it: Select Demographics (Combined)			
<i>1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"</i>			
Group	# of Respondents	Average Likert Rating	Most Common Response
Bottom 3 Likert Rating Average			
Immigrants and Refugees (Combined)	176	4.23	5
English as Second Language (Combined)	179	4.3	5
Ages 18-25 (Combined)	279	4.33	5
Top 3 Likert Rating Average			
Mental Disability (Phase 2)	195	4.77	5
Completed Some Bachelor's Degree, Not Currently a Student (Phase 2)	96	4.78	5
Annual Household Income of \$10,000 - \$24,999 (Phase 2)	118	4.81	5

In the second phase of the survey we asked two additional questions that were specific to the benefits of having access to free product at community organizations. The first asks whether having access to free menstrual products at a community organization or agency improves access to that agency, and the second asks whether it increases access to community as a whole. These, again, were answered according to a likert scale, where 1 indicated strong disagreement and 5 indicated strong agreement with the given statement. The average responses to both questions is in Chart 33.

Corresponding Testimony

“I received free menstrual products from the food bank which was really helpful.”

“A youth serving organization saved me from utter embarrassment and helped me with financial hardship by having products available in their washrooms (pads). I cannot use tampons as my body rejects them quite quickly and I become sick very fast.”

“I went to the food bank and surprisingly I got asked if I would like a bag of pads and it made my day!”

“The food bank for the Tri Cities [organization’s name omitted] is kind to provide at least a couple of liners or pads, but it is 1 time a month and a max of [approximately] 6/7 liners or 5

pads. They truly would be an ideal organization to assist with distribution of any possible available product... We need access to 'boxes' of liners and pads.”

Chart 33

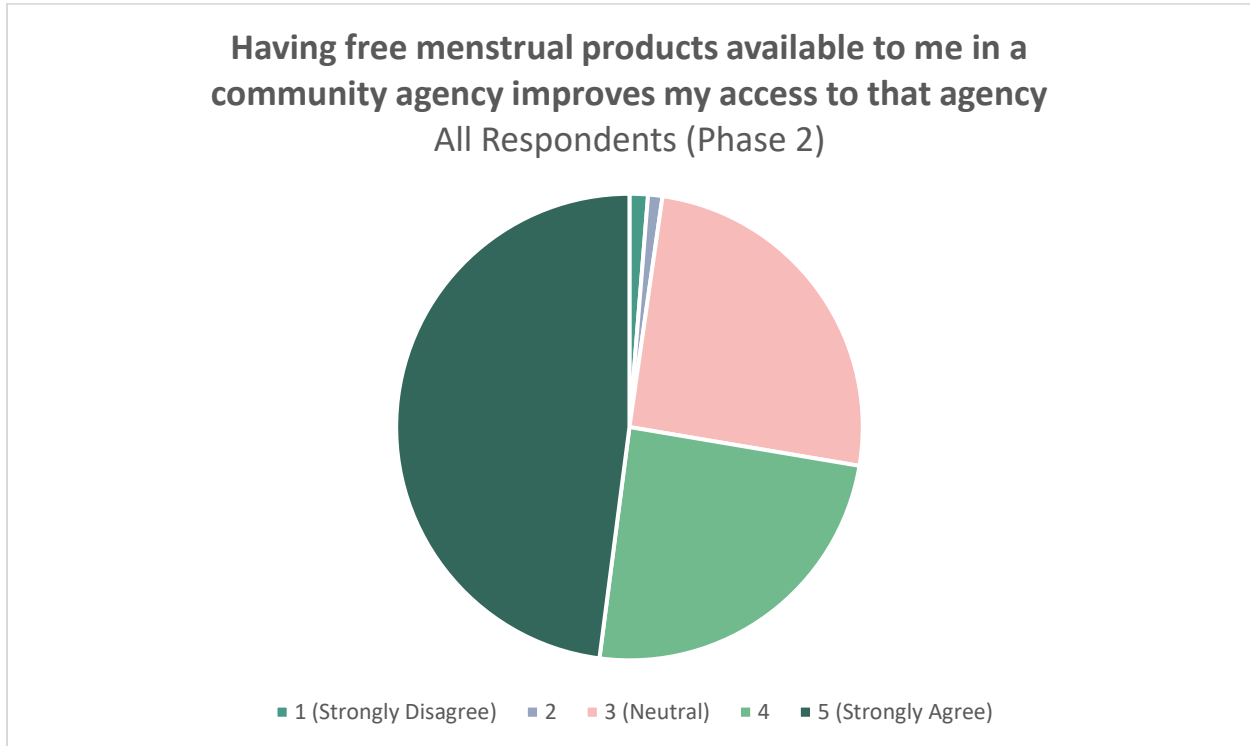


Table 23

Having free menstrual products available to me in a community agency improves my access to that agency: All Respondents (Phase 2)		
<i>1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"</i>		
# of Respondents	Average Likert Rating	Most Common Response
705	4.17	5

Chart 34

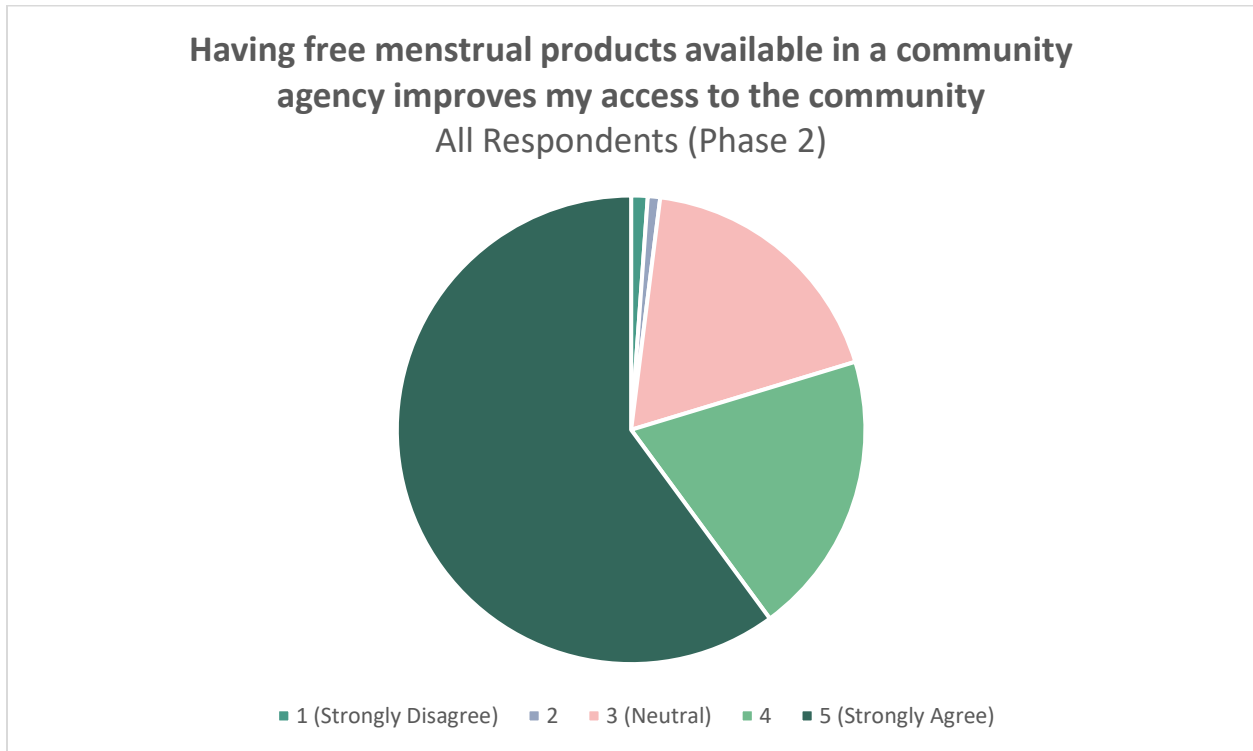


Table 24

Having free menstrual products available in a community agency improves my access to the community: All Respondents (Phase 2)		
<i>1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"</i>		
# of Respondents	Average Likert Rating	Most Common Response
704	4.37	5

Unlike with the previous two questions, there are some recognizable trends and patterns in positive response. Thus, we are providing a demographic breakdown for responses to this question. To begin with, the demographic groups whose responses do not provide a clear discernable pattern other than aligning with previously observed patterns of higher rates and lower rates of challenges in purchasing menstrual products; Indigenous populations and people living with disabilities strongly agree with the provided statements at a higher rate than the general population. These responses are reflected in Chart 35 and Table 25.

We also provide a breakdown based on annual household income and completed levels of education for respondents who are not currently students, as these two demographic groupings do indicate a response trend. As will be shown, in all categories the likert-rating response for both questions is incredibly high despite the trends.

Unlike the likert ratings, the testimonies provided that speak to these questions were a mixed bag. As shown below, many people indicated that having access to free menstrual products was hugely valuable to them, and improved their sense of connection to a particular agency. This was particularly consistent

for post-secondary students who accessed this product at student union offices. However, some of the responses indicated an appreciation for being able to access some product at community organizations, but a frustration with the amount that was received. Most respondents indicated that community organizations, who were rationing the amount they gave out due to limited supply, were not providing a sufficient number of products to allow them to live their lives in comfort and dignity. Both of those response types are highlighted in the selected testimony provided below.

Corresponding Testimony

“Free products at a Friendship Centre made it possible for me to stay and finish class and also stay for the culture night which is super beneficial for my mental health.”

“When I went to Alternate Education (age 15-17) I was provided with free menstrual products (and food) and I went from dropping out to getting straight As and having great attendance. I used to grab extras at first and almost hoard them. Then I realized they would always be there and that was not necessary.”

“There were some in the student union at my old school. It was nice to know they were there if I had an urgent need for them.”

“I have had periods start unexpectedly (and heavily) while at school. Those times I haven't had menstrual products with me, having them available for free (in a bathroom, supplied by the department and at the student union) kept me from needing to miss class and go home.”

“The pad I was wearing was getting oversoiled and I realized I didn't bring enough extras. I was glad that the student union at my school has student services that offer free pads. I think all student services should have free pads available.”

“When both my daughter and I needed pads, I went to a local food bank, they gave us 3 pads!!! I ended up having to steal some for us.”

“My 13-year-old daughter felt she had to shoplift a package of pads because the food bank only gave us 7 in total, not the 4 a day she needed.”

“Many times I've had to go to the food bank and hope they had some to give to me. We have often needed to use folded toilet paper or cut clothes.”

“I have needed in the past to go to foodbanks when my 3 daughters were teenagers and we desperately needed menstrual pads and tampons for them. They would only give us 3 pads. That's all for three menstruating women!! If they even had any, as they told us they were rarely donated. It was no wonder they are shoplifted so often.”

Chart 35

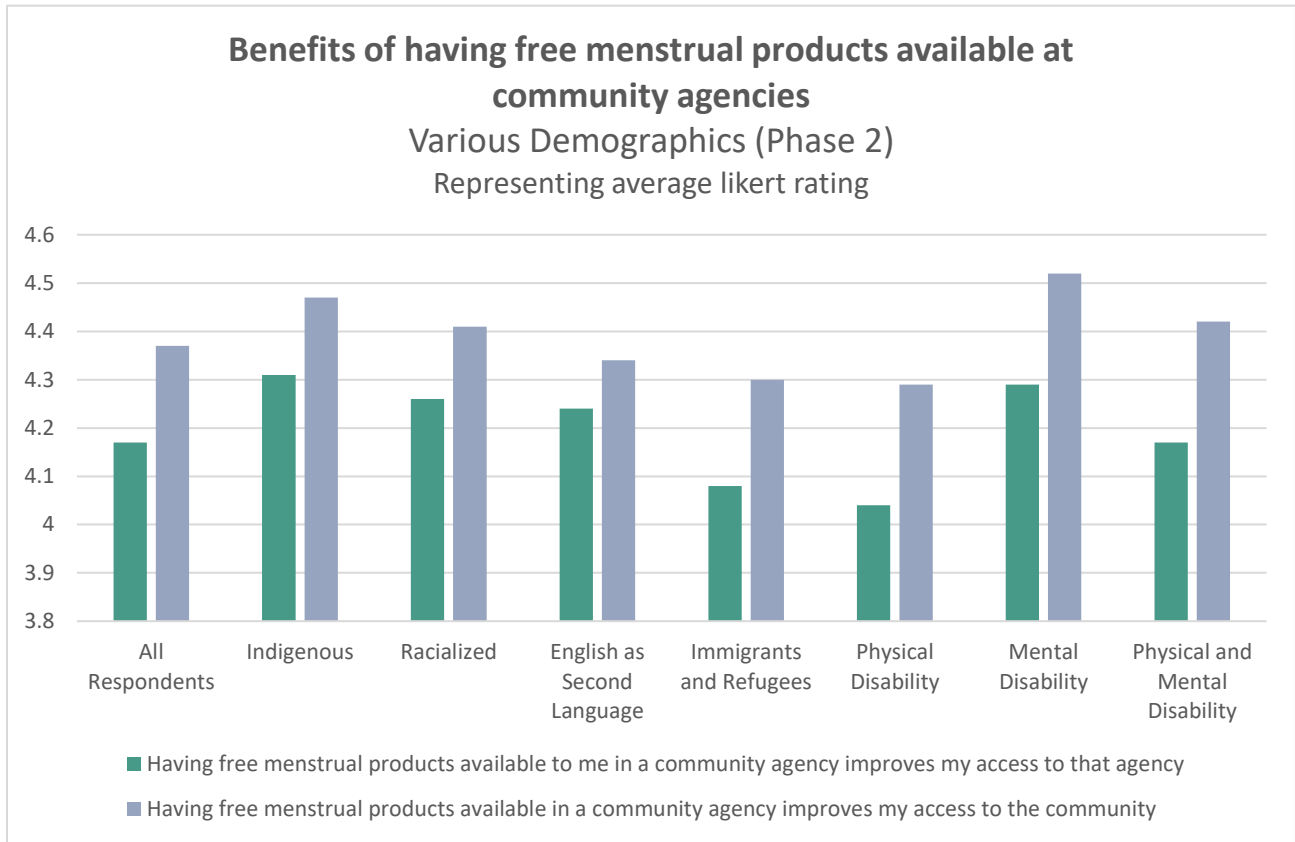


Table 25

Group (Phase 2)	Having free menstrual products available to me in a community agency improves my access to that agency			Having free menstrual products available in a community agency improves my access to the community		
	<i>1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"</i>			<i>1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"</i>		
	# of Respondents	Average Likert Rating	Most Common Response	# of Respondents	Average Likert Rating	Most Common Response
All Respondents	705	4.17	5	704	4.37	5
Indigenous	70	4.31	5	70	4.47	5
Racialized	112	4.26	5	112	4.41	5
English as Second Language	92	4.24	5	92	4.34	5
Immigrants and Refugees	88	4.08	5	88	4.30	5
Physical Disability	82	4.04	5	82	4.29	5
Mental Disability	194	4.29	5	194	4.52	5

Physical and Mental Disability	52	4.17	5	52	4.42	5
---------------------------------------	----	------	---	----	------	---

As in previous sections, income proves to be an important indicator of the perceived benefit that having free menstrual products available at community organizations, like those that participated in this research project, would have on people’s access to that agency and to the community as a whole. In the first case, it is clear that annual household income has a coincidental relationship with the potential beneficial impact that free menstrual products would have on one’s access to a community organization, with the perceived benefit peaking with the lowest income categories and leveling off, below the overall average, in the four highest income categories. That said, while the difference does reveal a trend, it does not reveal a substantial point of disagreement. Across all income categories, the average response on the five-point likert scale was above four.

The general trend repeats itself when asked if free products at community agencies would improve people’s access to community, though the clear trend visible above is disrupted somewhat. In this case, the difference between the lowest two income categories and the other five is much more pronounced. For people with an annual household income of \$0 to \$24,999, the average likert rating was above 4.6; for those with an average household income above \$25,000 the average likert rating was below the overall average of 4.37. This difference potentially reflects a dependency on accessing free menstrual products in community agencies, which, as noted above, is more pronounced for those living in households with lower annual incomes.

Again, we caution against overstating the difference. All income categories had an average response of 4.25 or higher, and across all seven income categories the most common response was 5, indicating a strong agreement with the statement.

Chart 36

Benefits of having free menstrual products available at community agencies

Annual Household Income (Phase 2)

Representing average likert rating



Table 26

Annual Household Income (Phase 2)	Having free menstrual products available to me in a community agency improves my access to that agency			Having free menstrual products available in a community agency improves my access to the community		
	1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"			1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"		
	# of Respondents	Average Likert Rating	Most Common Response	# of Respondents	Average Likert Rating	Most Common Response
All Respondents	705	4.17	5	704	4.47	5
\$0 - \$9,999	38	4.42	5	38	4.68	5
\$10,000 - \$24,999	117	4.36	5	117	4.63	5
\$25,000 - \$39,999	87	4.21	5	87	4.31	5
\$40,000 - \$59,999	112	4.13	5	112	4.25	5
\$60,000 - \$89,999	143	4.06	5	142	4.32	5
\$90,000 - \$119,999	100	4.07	5	100	4.25	5
\$120,000+	103	4.12	5	103	4.30	5

In previous sections, deviations from the average response according to completed levels of education tended to reflect the results collected based on annual household income. That coincidence between the two families of demographic groups is reduced when it comes to the impact that accessing free menstrual products in community agencies might have for respondents, particularly when it comes to improving access to an agency. Here we see the general inverse trend where increased completed education sees a reduction in the perceived benefit repeated, but the differences are substantially reduced. The outlier is in the small sample group (7 respondents) of people who have completed a Ph.D. or higher level of education. All other categories have an average likert rating at or above 4.10; those with a Ph.D. or higher had an average likert rating of 3.71. Given the small sample size, it is not recommended to take this substantially different result as representative of this population subset. Indeed, part of our reservation for doing so is reflected in the results for the next question.

Overall, all categories of completed education indicated that access to the community increases when people can access free menstrual products at community agencies. The inverse relationship between the benefit in access to community and one's level of completed education is also visible here. The only two sizeable, well-defined categories that rated above the average are those with some elementary or high school education (not current students) and those who have completed high school. As above this likely reflects an existing dependency on community organizations, or the increased likelihood that there could be a dependency on community organizations as a source for free menstrual products. All categories had an average likert rating above 4.25.

Again, those with a completed Ph.D. or higher level of education are a notable exception to the trend, with an average likert rating of 4.57, the second highest of all categories. This is particularly curious given the unusually low rating to the previous question, but the small sample size again limits our trust in this response rate as truly representative.

Chart 37

Benefits of having free menstrual products available at community agencies

Completed Education Level (Phase 2)

Representing average likert rating

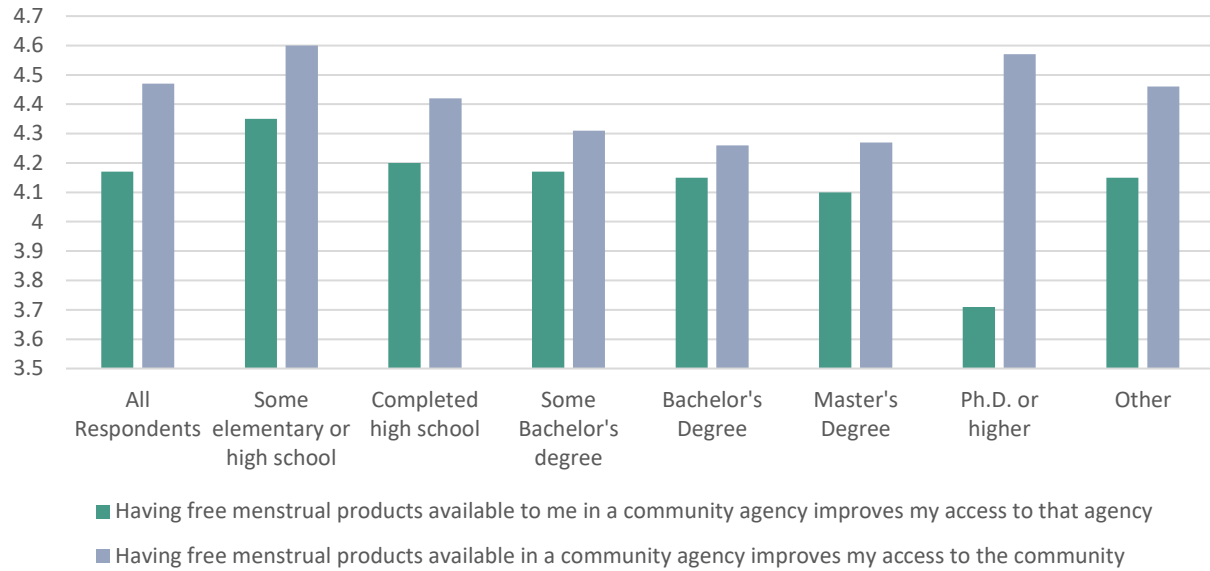


Table 27

Completed Education Level (Phase 2)	Having free menstrual products available to me in a community agency improves my access to that agency			Having free menstrual products available in a community agency improves my access to the community		
	1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"			1 = "Strongly Disagree", 3 = "Neutral", 5 = "Strongly Agree"		
	# of Respondents	Average Likert Rating	Most Common Response	# of Respondents	Average Likert Rating	Most Common Response
All Respondents	705	4.17	5	704	4.47	5
Some elementary or high school	20	4.35	5	20	4.6	5
Completed high school	81	4.2	5	81	4.42	5
Some Bachelor's degree	96	4.17	5	96	4.31	5
Bachelor's Degree	198	4.15	5	197	4.26	5

Master's Degree	62	4.1	5	62	4.27	5
Ph.D. or higher	7	3.71	5	7	4.57	5
Other	52	4.15	5	52	4.46	5

Conclusion

“The impact on our vulnerable population was nothing but positive from day one. I hope that this project continues as it supports a vital human need... Thank you for meeting the needs of our women.”

Key Findings

Despite the challenges in collecting data that would have allowed us to model the full impact of this project, including how many people it supported and what that cost was to produce that benefit, the project was an incredible success for United Way’s Period Promise campaign. The data that was collected in both the public survey and from the agencies produces what is the most comprehensive image of period poverty in B.C., or in any jurisdiction in the country.

As we look back on the results of more than 18 months of outreach, research, and review, a few key findings float to the top:

1. Menstrual products are broadly difficult for people in B.C. to access, but particularly difficult for people who rely on access to free product.

More than 50% of the respondents to the public survey indicated that they had struggled to purchase menstrual products for themselves at some point. More than 25% of survey respondents in the second phase of the survey indicated that they had gone through a menstrual cycle without having access to any menstrual products. All partnering community organizations indicated that period poverty is common or extremely common in the communities that they serve. Even prior to the beginning of this project, most of the organizations were giving free product to dozens of community members every single month. For the duration of the project, they averaged giving it out several times a week, with several organizations indicating that they were providing free tampons and pads to their clients daily. Four of the organizations indicated that providing free products helped bring new clients to their programs and services over the four-month duration.

2. Lack of access to menstrual products has a substantive impact on people’s access to public life.

Not having menstrual products when needed has a substantial impact on people’s access to school, work, community events, and social events. The vast majority of respondents indicated that when they don’t have menstrual products, they are likely, or choose, to stay home. Rates for leaving school, work, community events, or social events are substantially higher than rates of missing the same opportunity due to lack of access to product. This translates to missed opportunities to learn, earn an income, contribute to or benefit from their community, or enjoy a healthy social life for no reason other than an uncontrollable function of their body. These impacts highlight the fact that lack of access to menstrual products is a huge issue that must be confronted as part of any gender equity strategy.

3. Indigenous people and people living with disabilities experience these impacts more than other groups.

Across all indicators of period poverty, including the negative impacts that are felt due to lack of access to products, Indigenous respondents and respondents living with physical and/or mental disabilities reported much higher rates of the negative impacts. These groups are much more likely than the average of all respondents to struggle in purchasing menstrual products for themselves or their dependants, more likely to have had a period without access to menstrual products, and more likely to have been raised in homes where they were not given products by their parents or guardians. They are also more likely to miss or leave all categories of public life, and indicate that access to free menstrual products improves their access to community. The difference grows even more when you separate Indigenous from non-Indigenous respondents, and those living with disabilities with those living without disabilities, highlighting the difference in lived experience between these groups and those who are not members of these communities.

4. Broader access to free menstrual products in our community will benefit everybody, but it will make it much easier for people with lower incomes and lower levels of education to access both community organizations and public life.

The other demographic groups which consistently indicated higher than average rates of negative experiences related to period poverty were those with lower levels of completed education (some completed elementary or high school or completed high school) and those in the bottom two annual household income categories (covering those making up to \$24,999 annually). People in these categories missed work, school, community events, and social events at a shockingly high rate, and reported struggles in purchasing products for themselves or their dependants at rates much higher than other groupings. Moreover, they also reported not knowing where to purchase product that they could afford at very high rates as well. While this demographic data was only collected during the second phase, the difference in experience was stark. Period poverty is a symptom of poverty, and the negative impacts of not having menstrual products unsurprisingly affect those who cannot afford to buy them when they are needed. Both groups indicated the highest rates of benefit when being able to access free menstrual products at community organizations when compared with other demographic groups in their categories, reporting that free tampons and pads increases their access to both the agency and the community.

5. Community service organizations are an important part of how we can increase access to menstrual products to vulnerable populations in B.C.

Through their relationships with clients, expertise on particular issues in their community, and due to the services, programs, outreach, and visibility in community, community organizations like those that we partnered with on this project are already acting as a necessary access point to menstrual products for many of their clients. Moreover, results indicated that community organizations were one of the most desired and immediate points of access that members of the public would go to for products. This project revealed the important role that community organizations can play in any plan moving forward, their quick adaptability to substantial changes in their operational contexts, and how their existing contributions to the social infrastructure of our province can be easily leveraged by a program that allows them to be more open and reliable in their provision of products. Importantly, the success of this program in attracting additional clients to their services

indicates the importance of providing menstrual products to the general public through community agencies. Through the program, people also became aware of a community agency's other programs and services that could assist them, about which they would not otherwise have been aware.

Recommendations

As a result of this research, United Way would like to make the following recommendations that we think will continue to help reduce the impact of period poverty in our province, with the ultimate goal of eradicating it entirely.

1. Provision of menstrual products to community organizations should be more widespread so that the program can have greater impact.

The value of community organizations as a supply point for menstrual products to vulnerable populations has been confirmed by this research in different ways, including in the reporting from the agencies themselves and from the general public. Community organizations are viewed as a potential resource. But their ability to give product to the public is hampered by a widespread dependency on donations and the stretched capacity of community organizations in promoting the provision of menstrual products to people beyond existing clientele. As many of them suggested in the final project review survey, this project should "shift from pilot to ongoing support [because] trusted community organizations like ours are the best access and distribution points." Moreover, many suggested that the program "would have been more effective to be distributed to a variety of agencies that serve populations in need as people frequent different agencies depending on location, ease of access, comfort, etc." There is real potential in putting a significant dent in the scale of period poverty in B.C. by saturating the non-profit sector with enough menstrual products to easily and readily provide them for free to their clientele.

2. Free menstrual products should be more accessible in communities across a broad variety of access points.

Providing menstrual products to the public through community organizations should be one nested strategy in a bundle of strategies that would dramatically increase access to free menstrual products for everybody who menstruates. This is in part because only a portion of people who may need support in accessing free menstrual products have relationships with or access to community organizations. A couple organizations suggested that a rights-based approach to resolving the issue, rather than a simple adoption of a charitable model, would dramatically reduce the stigma of asking for help, and convert the conversation about access to menstrual products from an individual responsibility to a communal responsibility. In a one-on-one conversation, staff from one organization linked this to advancing conversations about dignified menstruation. Other points of access for free products that were recommended by respondents to the public survey included schools, and post-secondary institutions, workplaces, government-operated washrooms, pharmacies, and other regularly accessed public spaces.

3. Combatting menstrual stigma must be a part of any program moving forward.

Menstrual stigma makes asking for help more difficult than it should be. Menstruation continues to be regarded as unpleasant and unclean, and many people – including many people who menstruate – avoid talking about it openly. We socialize it as a private, personal matter that each person should handle independently. There are many impacts that this has on people who menstruate, but it particularly means that some of those who have limited access to product are choosing not to ask for help or don't know where help can be found. Widescale promotion of efforts to increase access to menstrual products and normalizing public conversation about menstruation as a natural and healthy function of human bodies, will help reduce the stigma that many feel. This programming will be more successful if it is embedded in community and provides culturally relevant materials that reflect the wide variety of cultural understandings of menstruation and what it means for people who menstruate.

4. Create a round-table for identifying gaps in services and programs addressing period poverty in B.C.

In its five years of research, advocacy, community mobilizing, and direct action around access to menstrual products, United Way has learned that period poverty will not be solved through a one-size-fits-all solution. Our province is far too big and diverse, and the unique challenges in accessing services and programs results in a variety of experiences and potential access points for vulnerable people. A round-table, containing activists, people with lived experience, community organizations, and other key stakeholders will help identify gaps, assess the success of programs, and build better structures that can ensure that more and more people in this province will have the products they need when they need them, where they need them, in a manner that doesn't increase stigma or make them inaccessible.

Spaces for Additional Research

For all the findings that are presented here there are surely more that will be discovered in the data that we collected through this project. It is no understatement to say that we collected tens of thousands of data points to be examined and cross-referenced or compared. We have done what we can to report on the major findings most relevant to the central questions of this research project, but we anticipate finding more nuggets of knowledge in the months to come as we continue to review the data and move into an even-more refined public facing survey this summer. That said, there are certain themes that we think should be explored as part of an expanding effort to provide greater access to menstrual products in our community. We list some of the most prominent ones below:

1. Track the impact of new and developing initiatives.

Over the past 18 months a variety of policy initiatives have been developed by governments and organizations to increase access to free menstrual products in public spaces. This includes the Ministerial Order from the Minister of Education that requires all public schools in the province to provide free menstrual products to students in a manner that doesn't increase stigma, and the various efforts that are now being explored and implemented by municipalities around the province, and for businesses, unions, and universities who have developed their own commitments. What is the impact? How much is the program costing them? What has the benefit been? How is the program being perceived by their students/residents/employees/clients? How are people with lived experience responding or making use of the initiatives, and are there ways of enhancing equitable access to product through these initiatives? These are valuable questions that can help us better understand the impact and potential in having more widespread access to free disposable menstrual products across our community.

2. The role of environmentally sustainable product in providing support for people living in vulnerable situations

In many parts of the Asia and Africa, reusable products are used to support vulnerable populations who experience chronic period poverty. This research project focused on the value and impact of disposable product, but there were indications from both the partnering organizations and respondents to the public survey that reusable alternatives would be appreciated from people in British Columbia who rely on free disposable products. For those who have experienced period poverty but now have access to reusable product, they tended to indicate that switching to reusable alternatives gave them a better sense of preparedness and control over their period, substantially reducing some of the negative impacts that periods can have on people living in poverty. It would be good to test out the potential for using menstrual cups, menstrual underwear, and reusable menstrual pads in our province as a more sustainable solution to the issue, and to identify the situations where providing them is more effective than providing disposable tampons and pads.

3. Test varying models for distribution for free product

As indicated in this report, not everybody who relies on access to free products to manage their menstrual cycle has a relationship with a community organization, and community organizations don't have the capacity or promotional potential to act as the singular point of access for all people living in the province. Their focus is relatively limited to their existing clientele, or new clientele that

might need access to their core programming and services. But other points of access can be tested and explored in small pilots that will help us determine the best approaches for communities with a wide variety of unique characteristics. And, while the model of working directly with community organizations has proven to be effective, there is great opportunity in finding innovative approaches to providing menstrual products to a broader population. Examples could include direct delivery or subsidized/fully funded subscription models for people in extremely isolated communities might provide invaluable security to some people who menstruate, distribution or free pickup through pharmacies or medical centers, or placing regularly stocked free vending machines in regions of the province with high rates of street dependent residents. As certain initiatives are being advanced by municipalities, businesses, and post-secondary institutions, and with the recommendation that this pilot be expanded to include more community organizations around the province, variety of nested models should also be tested and tracked for impact moving forward.

Bibliography

Jackson, Theresa E. "Policing a menstrual monster: how working class girls discuss their menstrual reactions and experiences." *Journal of Youth Studies*, Vol 22:2, 153-170.

Kuhlmann, Anne Sebert, Eleanor P. Bergquist, Djenie Danjoint, and L. Lewis Wall. "Unmet Menstrual Hygiene Needs Among Low-Income Women." *Obstetrics and Gynecology*, Vol. 133:2 (February), 238-244.

Schoep, Mark E, Eddy MM Adang, Jacques W M Maas, Bianca De Bie, Johanna W M Aarts, Theodoor E Nieboer. "Productivity loss due to menstruation-related symptoms: a nationwide cross-sectional survey among 32 748 women." *BMJ Open* 2019, no. 9. <https://bmjopen.bmj.com/content/9/6/e026186>

Scott, Katherine. "Women bearing the brunt of economic losses: One In five has been laid off or had hours cut." *Behind the Numbers*, April 10, 2020. <http://behindthenumbers.ca/2020/04/10/women-bearing-the-brunt-of-economic-losses-one-in-five-has-been-laid-off-or-had-hours-cut/>

Plan International. "A Canadian Gender Study," Accessed October 12, 2020. <https://plancanada.ca/file/Plan-International-Canada--period-stigma-2018-report.pdf>

The Scottish Parliament. "Ending Period Poverty: A proposal for a Bill to ensure free access to sanitary products, including in schools, colleges and universities." Accessed December 9, 2020. https://www.parliament.scot/S5MembersBills/FINAL_Ending_Period_Poverty_consultation_document.pdf

Government of British Columbia. "Labour Force Statistics Highlights." Accessed April 21, 2020. https://www2.gov.bc.ca/assets/gov/data/statistics/employment-labour-market/lfs_highlights.pdf

Vantage Point. "No Immunity: BC Nonprofits and the Impacts of COVID-19." Accessed May 14, 2020. <https://www.thevantagepoint.ca/sites/default/files/no-immunity-report-hi-res.pdf>

Appendix Items

Questions and Data Sets

Due to their format and size the appendix items are included in the digital file that the report was submitted in rather than provided here as attachments. They are provided as PDFs or Excel Spreadsheets. Their nomenclature is provided below.

Survey Questions

- 1.1 Participating Agencies – Control Survey
- 1.2 Participating Agencies – Quarter 1 Survey
- 1.3 Participating Agencies – Quarter 2 Survey
- 1.4 Participating Agencies – Quarter 3 Survey
- 1.5 Participating Agencies – Quarter 4 Survey
- 1.6 Participating Agencies – Final Project Review Survey
- 1.7 Public Survey – Phase 1 Questions
- 1.8 Public Survey – Phase 2 Questions

Raw Data Sets

- 2.1 Participating Agencies - Control Survey
- 2.2 Participating Agencies - Quarter 1 Survey
- 2.3 Participating Agencies – Quarter 2 Survey
- 2.4 Participating Agencies – Quarter 3 Survey
- 2.5 Participating Agencies – Quarter 4 Survey
- 2.6 Participating Agencies - Final Project Review Survey
- 2.7 Participating Agencies - Product Distribution Chart
- 2.8 Public Survey – Phase 1 Results
- 2.9 Public Survey – Phase 2 Results (to October 31, 2020)

Cleaned Data Sets

- 3.1 Participating Agencies - Merged Data
Note: This cleaned data does not include the responses to the Final Project Survey
- 3.2 Public Survey - Phase 1 Results
- 3.3 Public Survey - Phase 2 Results
- 3.4 Public Surveys – Merged Data

Interim Report

In early April 2020, an interim report providing insights on the findings of the data received to the end of February 2020 was provided to the Ministry of Social Development and Poverty Reduction. A PDF version of it is provided as an attachment in the Appendix Items folder.

Acknowledgements:

United Way of the Lower Mainland's efforts to better understand period poverty in British Columbia with this research would not have been possible without the generous support of the Government of B.C. Their commitment to acting on local research is an indication that their devotion to ending period poverty is much more broad-based than a simple blanket policy that is unaware of the implementation challenges that can emerge in a region as diverse and expansive as British Columbia.

Additional support for the project was provided by Pacific Blue Cross, Vancity, and Always and Tampax. With their support we were able to expand the project impact from an original goal of eight community organizations around the province to 12. This expanded the profile, impact, and data quality of the project. We are grateful for the ongoing support of these organizations in addressing the issue of period poverty with United Way of the Lower Mainland and in the work, they are all doing to be a part of this movement.

The organizations that helped us conduct this research all asked their staff to take on new work so that they could collect data on our behalf, and they continued to do so in a year that came with countless bumps in the road and programmatic pivots that none of us could have anticipated. Thank you to the staff and leadership of Community Connection Society of Southeastern BC (Cranbrook), Fraser Region Aboriginal Friendship Centre (Surrey), Hope and Area Transition Society (Hope), Kiwassa Neighbourhood House (Vancouver), Ksan Society (Terrace), Living Positive Resource Centre (Kelowna), Society for Equity, Inclusion, and Advocacy (Nanaimo), Powell River Action Centre Society (Powell River), Prince George Sexual Assault Centre Society (Prince George), RayCam Community Centre (Vancouver), Society of Saint Vincent de Paul (Victoria) and Victoria Youth Empowerment Society (Victoria).

We appreciate the support of Rim Gacimi (Douglas College), Sebastian Borja (Douglas College), Caitlin McGill (Douglas College), Paige Rumelt (University of British Columbia), and Courtney Majewski (University of Victoria). These five students helped us clean up, review, and analyze the data received from the partnering community organizations and the general public. Their contributions greatly expedited the writing of both the interim and final reports, and their insights into what they saw in the data is reflected throughout.

Of course, we extend our sincere gratitude to United Way staff who worked diligently to inform the public about this research and collect their feedback (Petra Talvio, Natalie Hill, Tracy Green, and Uwe Eggers), produce the research tools (Maggie Karpilovsky), support the partnering organizations (Debra Elless), aid the students who supported our review of the data and conducted the analysis of the data (Qiwán [Cindy] Shi), and wrote the ensuing reports (Neal Adolph). In addition to that, there is a lot of invisible labour that goes into producing research and writing reports of this nature. We thank all of them for the contributions they have made.

Finally, we thank the volunteer co-chairs for the United Way Period Promise campaign, Nikki Hill and Sussanne Skidmore, for their steadfast leadership and guidance on the issue of period poverty, and for their commitment to helping us advance the issue.

Errata

May 28, 2021

A previously published version of this report contained an error that has been fixed in this version. Chart 27 on page 72 has been updated and now accurately reflects the intended results.

Chart 27

