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PERIODS IN A PANDEMIC

**HOW UK PERIOD POVERTY INITIATIVES
HAVE MITIGATED COVID-19 CHALLENGES**



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SUMMARY OF KEY FINDINGS

The pandemic has led to:

- The emergence of new groups of women, girls, and people who menstruate, experiencing period poverty (including students and NHS staff).
- More women, girls, and people who menstruate, being unable to access products from their usual places due to supply shortages and hoarding.
- The neglect of menstrual products as 'essential items' in care packages for those who were vulnerable and shielding.
- The de-prioritisation of menstrual health education within primary and secondary schools.
- Increased barriers to accessing menstrual health support and health care, linked to 'digital poverty' and changes to GP provision.

Key opportunities that emerged as a result of the pandemic included:

- An increase in the promotion and use of reusable menstrual products, particularly within school settings.
- The provision of online menstrual health education training for school staff, increasing accessibility for those attending and delivering such training.
- The ability to work from home (where possible), providing a more comfortable environment for some during their period.



INTRODUCTION

The Covid-19 pandemic has exacerbated existing gender inequalities globally (1). Organisations dedicated to gender equality continue to campaign for women and girls to be more visible within the pandemic, highlighting the plethora of ways that their needs remain vastly ignored in relevant policy and strategy (2-4). The impact the pandemic has upon menstrual health continues to receive limited attention within such contexts, particularly in the global north.

Pre-pandemic within the UK, menstrual health was gaining the attention it deserved, with changes being driven by grass-roots organisations and activists. In response to grass-roots campaigns, local and national governments across Scotland, England and Wales began introducing efforts to address the rise in 'period poverty'¹ and to improve wider menstrual health. In 2019, the government pledged to 'end period poverty by 2030' (5), setting up a dedicated taskforce to address period poverty within the UK and providing £250,000 seed funding to support its work. However, during the course of the pandemic the work of the taskforce ceased, and to present date, it is not known whether it will resume.

In March 2020, the UK was put into 'lockdown' in response to the global Covid-19 pandemic, meaning that all non-essential workplaces closed and social distancing/travel restrictions were enforced. Many places that had been providing menstrual health support and support for those experiencing period poverty via product distribution, menstrual health education, and menstrual health services, therefore had to close. During this time, Plan International UK surveyed girls aged 14-21 across the UK (6) to find out how the pandemic affected them, with results showing that:

- 11% of those surveyed could not afford menstrual products
- Of those that could not afford menstrual products, they instead used makeshift products from household items: 54% used toilet roll, 11% used socks, 8% used other fabric and 6% used newspaper
- 22% of those surveyed could afford products, but could not access them in their normal places (e.g. supermarkets, schools, food banks, health centres)

At the same time, the UK media, first focusing on menstrual product access, reported that period poverty had increased during lockdown, highlighting anecdotes of how stockpiling and hoarding of menstrual products were further exacerbating the access issues (7-9). As the pandemic continued, media attention shifted to the impact that the Covid-19 virus and vaccinations was had upon the menstrual cycle (10-12). Despite this, menstrual health and period poverty remain low priorities in terms of government policy in some parts of the UK, raising questions about how grass-roots and non-profit organisations have managed to continue to address period poverty in a climate where issues and demand have drastically increased.

This 18-month research project, therefore, aimed to:

- 1) Examine how UK period poverty initiatives were mitigating challenges related to Covid-19.
- 2) Explore the needs of women, girls and people who menstruate, during the pandemic, in relation to their menstrual health and experiences of period poverty.
- 3) Identify best practice and barriers to service provision.

¹ 'Period Poverty' definition: A lack of access to menstrual products, usually due to financial constraints, and a poverty of menstrual health education and menstrual health support for all who menstruate <https://www.economicsobservatory.com/how-has-coronavirus-affected-period-poverty-in-the-uk>

METHODOLOGY

Applied social science research methodologies (13) were utilised to collect and analyse data as this project, about the Covid-19 pandemic, was undertaken during an ongoing 'real world' pandemic. Data was thematically analysed (14) and the key challenges and innovative solutions identified were disseminated throughout the project's lifespan and shared with those on the 'frontline' providing support to those experiencing period poverty. This was done to share 'real time' best practice and amplify the voices of those who have been affected by period poverty during Covid-19. A Project Advisory Group was set up to further ensure timely and impactful dissemination of findings, helping to share information with relevant policy/strategy makers across the UK. The group comprised key UK-based strategic NGOs committed to gender equality, which have pledged to make women and girls more visible within the pandemic: Fawcett Society (West Midlands), Irise International and Plan International UK.

Findings were disseminated via a number of platforms including publically accessible online events, academic conferences and activist meetings. Recordings of presentations were also shared via the project's Twitter account (@PandemicPeriod) and YouTube channel.

Data collection was divided into two phases. Phase 1 (October 2020 – February 2021) collected data from period poverty organisations in the UK using semi-structured interviews and an online survey to develop an in-depth understanding of how period poverty organisations were responding to and navigating the Covid-19 Pandemic. Having collected and analysed this data, phase 2 (June – September 2021) used an online survey to collect data from people experiencing period poverty in order to better understand their lived experiences during the pandemic. Further details for each phase are provided below.



Phase 1 - period poverty initiatives/organisations

Phase 1 focused on how UK period poverty initiatives were managing Covid-specific challenges and continuing to meet the needs of those they support, particularly during lockdowns and social distancing restrictions. Participants were recruited using social media adverts and snowballing (15) techniques utilising the project team's networks and the Project Advisory Group's menstrual health and equity sector networks.

A semi-structured interview guide (Appendix A) was produced, including questions on how Covid-19 impacted service provision, what measures were introduced to manage any changes and how service user needs have changed during lockdown. The interview guide was shared with the Project Advisory Group for feedback prior to data collection, to ensure that all relevant areas were included.

To further facilitate data collection, and to reach organisations that may not have had the capacity to be interviewed, an online survey was also distributed. Survey questions followed the semi-structured interview guide and included open and closed ended questions (Appendix B).

Representatives from 17 UK based organisations were interviewed, and a further 17 UK based organisations completed the online survey, equalling representation from 34 organisations across England, Scotland and Wales (Table 1). Organisations provided specific menstruation/period poverty support, or provided access to products and/or support as part of their wider remit (e.g. food banks, community drop-in centres).

	Provision of specific menstruation/period poverty support	Provision of products and/or menstrual health support as part of wider remit
England	15	7
Northern Ireland	0	0
Scotland	2	0
Wales	1	6
Total*	18	13

*3 survey responses were blank for relevant questions

Table 1: Phase 1 demographic details

Phase 2 - service users and people that have experienced period poverty during the pandemic

Phase 2 focused on the needs of those that had experienced any elements of period poverty, including any menstrual health/menstrual cycle changes, during the pandemic. Participants were recruited using social media adverts and snowballing (14) techniques. Organisations that had participated in phase 1 were also approached for assistance with recruitment to this phase, if they were able to assist. Participants were offered a £10 voucher upon completion of the online survey, until allocated funding had been reached.

The online survey was developed using the key themes identified in phase 1 data analysis, including questions about menstrual product access, menstrual health support and advice, menstrual health care provision and menstrual cycle changes (Appendix C).

240 survey responses were received from across the UK. The majority of responses were from people residing in England, aged 21-30 years, who identified as 'white' female. Table 2 provides further details.

Age	Gender	Ethnicity	UK residence
16-20 yrs. = 19	Female = 216	White = 176	England = 177
21-30 yrs. = 115	Male = 8	Black = 5	Northern Ireland = 19
31-40 yrs. = 94	Non-binary = 1	Indian = 2	Scotland = 39
41-50 = 10	Unknown = 15	Mixed (Scottish/Indian) = 1	Wales = 5
Unknown = 2		Unknown = 54	Unknown = 0

Table 2: Phase 2 demographic details

The project received full ethical approval from Birmingham City University's Health, Education and Life Sciences Faculty Academic Ethics Committee. Organisations were asked to confirm consent for their name to be included in any research outputs, and only those who confirmed 'yes' for inclusion have been referenced in this report.

FINDINGS

Access to menstrual products

Increase in demand

"Organisations set up to support people affected by the pandemic are focusing on providing food to keep people alive, but have not understood that menstrual products are also a basic necessity so aren't providing this as standard" (Redditch Baby Bank, England)

All 34 organisations that took part in phase 1 reported an increase in requests for menstrual products attributed to:

- The emergence of 'new' groups seemingly specific to the pandemic situation. For example, university students who were unable to work and/or were unable to travel home, frontline essential workers that did not have access to products in their workplace, and people that had been furloughed who experienced a reduction in their income.

"At the beginning of the lockdown we got quite a lot of messages from NHS workers who found they were not able to find products in the supermarket and then obviously if you go to just the corner shop that's way more expensive" (Bloody Good Period, England)

"Many of our families have had to isolate due to having children with complex health needs so we're unable to go shopping for the essentials" (Little Miracles, England)

- The closure of organisations and places that normally provide access to free menstrual products, such as primary and secondary schools, food banks, community centres, public buildings (e.g. libraries) and places of worship.

"...the demand just went crazy. All the girls that we were worried about and we expected to come out of the woodwork did. Their mums were asking us for packs...usually they'd go and find a food bank but they couldn't get there because of COVID" (Milford Haven School, Wales)

- The lack of recognition that menstrual products are essential items and need to be included in food bank provision, care packages for vulnerable people, and requests for donations from the public.
- Stockpiling/hoarding of menstrual products from shops and supermarkets meaning that products were unavailable or that only expensive brands were left (which people could not afford), and restrictions being placed on 'bulk buying' of items as a result of such behaviours. This was particularly acute for those with menstrual health conditions or who experience heavy bleeding, who require more products than 'average'.

"We did have a lot of people arguing, using the group to sort of vent, because they'd been buying a lot of period products and then other people are saying to them that they're stockpiling. But actually when you have a chronic illness that affects reproductive and menstrual wellbeing, you're not stockpiling, that's normal" (Cysters, England)

Responding to demand

"We had an increase in demand from food banks and different organisations, but then we also had to change our way in which we could deliver those products to them because obviously different offices were shut, our offices were shut" (Homeless Period Wolverhampton, England)

For projects that provide menstrual products to other organisations/establishments for distribution, several factors impacted upon their ability to obtain and distribute products. These included: social distancing, building closures, travel restrictions, shielding, isolating due to Covid, and changes in work and/or care responsibilities. Access to volunteer support was greatly reduced, with the aforementioned issues also applying to the availability of such support.

"Many of our volunteers are in 'vulnerable' categories and so have had to shield and not come for their volunteering times. The number of people allowed in the building due to social distancing has dramatically reduced so there are less hands to sort, bag, store and distribute resources" (Brushstrokes Community Project, England)

In response, organisations developed and implemented new and different ways of collecting and distributing products whilst at reduced capacity:

- Requesting monetary donations instead of product donations to directly purchase products for distribution
- Implementation of 'referral systems' where partner organisations or relevant staff could refer people to organisations that provide products
- 'Take what you need' boxes being set up in areas where social distancing could be adhered to
- Doorstep delivery or postage of products directly to people's home addresses
- Using social media groups or community groups to let people know when products were available, and where they were located

"When it was announced that the schools were going to close we actually arranged like a pick and mix: we had a big set of plastic drawers full of every colour of tampon you can think of and all these pads, and put it in an area of the building that people could come in and out without coming into contact with anyone" (PKAVS Tampon Taxi, Scotland)

"Through our Facebook page, Free Period Angus, we've been able to engage with a lot of people and if we have experienced an issue people have just contacted us through that and we've just got in touch with them instantly" (Free Periods Angus, Scotland)

Increasing the use of reusable products

“Towards the beginning of the first lockdown, we ran like a mini campaign called Quarantine Period which was trying to harness the fact that people were at home and potentially examining some of the things that were previously just normal behaviours to them, to raise awareness of the fact that there are other period options” (City to Sea, England)

For areas that have free menstrual product provision within primary and secondary schools, an increase in the promotion of reusable products during lockdown and a subsequent increase in requests for such products was seen as a positive aspect of the pandemic. The production of online resources to support the use of products and online pad-making workshops were implemented to compliment the provision of reusable products, and to raise awareness of reusable options.

“We sent out make your own pad kits and that was really funky. We had online videos showing you how to make them and we sent everything that you needed to make your own pad out because we had been running workshops before but of course because people couldn't go to locations... we really did give them everything they needed from, you know, the pins to secure all the fabrics in place, the needle and thread, the poppers” (Angus Council, Scotland)

Access to menstrual products

(Survey responses from people who have experienced 'period poverty' or needed help with their periods during the pandemic, residing in UK [n=240])

85% experienced difficulties accessing products during lockdown:

- 45% were not able to visit supermarkets/shops to purchase products
- 41% did not have access to products in their workplace
- 35% could not find products in supermarkets/shops
- 30% could not afford products
- 10% were not able to get products from the support organisation they usually access

Of those that had experienced difficulties accessing products during lockdown:

- 40% got products from their family
- 37% made their own products with household items, like toilet roll or old clothing
- 34% got products from their friends
- 30% made their own reusable pads
- 23% got products from a charity/organisation that supports people with their periods
- 20% got products from a food bank
- 7% got products from their workplace

Menstrual health education

Menstrual health education (MHE) within schools

"Relationships, sex, education and health education is now mandatory in schools [in England]. But the government have pushed that back..." (Brook, England)

Organisations that work with schools to provide Menstrual Health Education (MHE) to pupils expressed concerns that MHE continued to be deprioritised during the pandemic, with the shift to remote learning and the pressures on teaching staff to 'catch up' with lost learning time whilst continuing to support pupils.

MHE provision was made mandatory in secondary schools in England from September 2020, but organisations that would have supported the delivery of this did not know if mandatory MHE sessions had started, despite providing training for teachers and support staff that would be responsible for teaching it.

Those that had continued to support schools during the pandemic, through provision of MHE training for teachers and support staff, stated how the shift to delivering training online had worked well. Online training provided the opportunity to run sessions at more flexible times, so more people could attend, and for more people to join sessions instead of having to run them by geographical area. Less travel time for those delivering training, and for those attending sessions, was also seen as a positive of online provision.

"It ended up actually working better online because it meant people could tune into the trainings from anywhere, they didn't only have one local training that they could join, they had an option of like five upcoming trainings online. So it was much easier for people to join, much more flexible with being able to join from home and having more sessions to choose from." (City to Sea, England)



Menstrual health education within community settings

"...there are people that are getting missed because they don't have the same access to online, you know, aids" (Cysters, England)

For organisations that provide MHE within community settings, a shift to online provision provided similar benefits for those providing the education, in terms of improved accessibility and flexibility. However, many organisations highlighted 'digital poverty'² barriers that those they support experience in terms of accessing online education workshops or discussion groups:

- Not being able to access the technology needed to be able to attend online sessions (e.g. Smartphone access, laptops, Wi-Fi), often due to financial constraints
- Not having access to the private, safe spaces in homes to be able to talk about a subject that is viewed as 'taboo', or to share personal information about health concerns or their bodies
- The lack of peer support that often accompanies in-person education sessions, or discussion groups – particularly if online sessions had included discussions around mental health. People who would usually continue to talk after in-person sessions, and get additional support from peer interactions, would be alone after discussing their concerns in the online sessions. Several organisations referred to the additional pastoral support they were carrying out as people struggled to connect in an online environment.

"It's also easier to explain something taboo if you're physically there to be a reassuring and open presence. If you're just doing it over Zoom there's another barrier there, there's like an othering that doesn't need to take place" (Period Positive, England)

"...when you've talked about something that's so traumatic to you and relative to you, then suddenly to be on your own is quite difficult, whereas when we were doing it in person when we would finish a session people would sort of either mingle around afterwards and have a chat with each other" (Cysters, England)



² 'Digital poverty' definition: "the inability, for a wide variety of reasons, to interact fully with the digital world"
<https://www.bcs.org/articles-opinion-and-research/digital-poverty-and-digital-capital/>

Menstrual health support and advice

[Survey responses from people who have experienced 'period poverty' or needed help with their periods during the pandemic, residing in UK [n=240]]

If people needed support with their periods, or menstrual health advice, during lockdown:

- 48% asked their friends
- 40% asked their family
- 37% looked online
- 24% asked a community group
- 20% asked a doctor/medical professional
- 19% asked a charity/organisation that supports people with their periods
- 9% asked their school/university
- 4% did not seek support or talk to anyone

The main reasons people needed support/advice during this time included: changes to menstrual cycle regularity, changes to blood loss during menstruation, mood changes, and pain management.



Menstrual health

Access to menstrual health care

"I was hoping to start using the pill so that my periods would not be as painful, hope it wouldn't have as negative effect on my mental health. However, was unable to get through to my doctor despite phoning several times and changing GP practices." (Online survey response)

The impact of the pandemic on menstrual health and menstrual health care, were key themes identified in phase 2 of the project. Not only did women and people who menstruate report that they had experienced (negative) changes to their menstrual cycle during the pandemic in their online survey responses, some reported struggling to access appointments with GPs and/or hospital departments for support with their menstrual health concerns.

"I'm worried that I may be premenopausal but haven't felt I can contact the GP. I tried but it was a phone call and I didn't have the privacy to discuss the issue." (Online survey response)

Reasons for not accessing medical support varied, with some reporting/stating that they did not feel like they should be 'bothering' their GP with health issues deemed not as important as Covid-19. As with community online MHE provision, some reported not having access to the safe, private spaces they needed to be able to attend telephone or online appointments. The most commonly reported barrier to accessing medical support was not being able get through to their GP surgery to book an appointment, due to phone queues or a lack of available appointments.

"I was unable to get through due to the change in way the doctors worked with Covid" (Online survey response)

"Telephone queue was too long or phone line was down, There were no appointments for a month and my GP left to venture another medical path so we were left without a doctor who has experience with my needs" (Online survey response)

Organisations that participated in phase 1 of data collection, that provide menstrual health support within their communities, reported that they had seen an increase in the number of requests they had received from the people they work with, with regards to their menstrual health and wellbeing, linked to problems in accessing GP support.

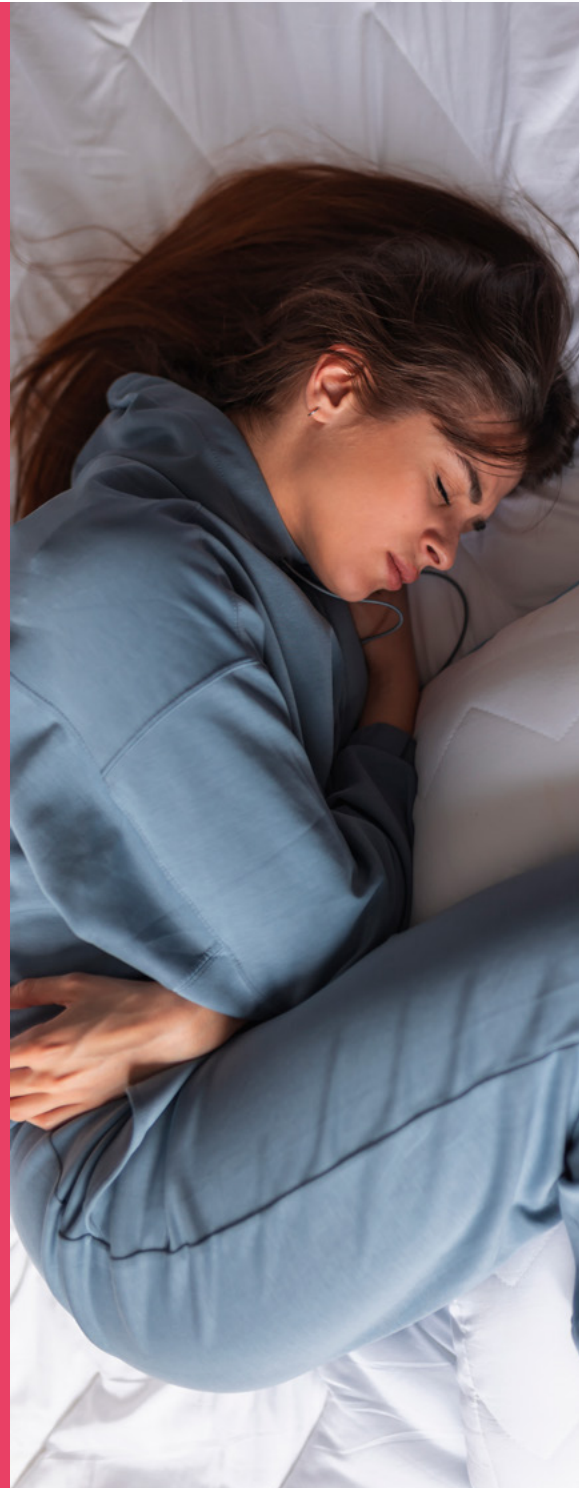
"So a lot of people are contacting us because their menstrual health is a concern and they don't know what to do because their doctors is closed. Some people have asked about whether COVID is affected by periods and vice versa. And there's a lot more talk about whether there's menstrual inflammation around the time of the second stage of your cycle and if that impacts COVID test results" (Period Positive, England)



Menstrual health and the menstrual cycle

(Survey responses from people who have experienced 'period poverty' or needed help with their periods during the pandemic, residing in UK [n=240])

- 80% had experienced changes to their menstrual cycle during lockdown:
 - 58% attributed the changes to stress
 - 26% attributed the changes to having had Covid-19
 - 23% attributed the changes to having had a Covid-19 vaccination
 - 11% did not know what had caused the changes
 - 5% attributed the changes to other reasons, such as starting medication or hormonal contraception
- The most commonly reported changes were changes to menstrual cycle regularity and changes to menstrual blood loss, with cycles becoming more irregular and heavier menstrual bleeding
- 61% changed how they managed their periods during lockdown as a result of changes to their menstrual cycle
- 75% needed support/advice about their menstrual cycle during lockdown, with changes to cycle regularity and/or bleeding being the main reasons
- Of those that needed support/advice, only 20% sought assistance from a doctor or medical professional, with 63% then receiving the support they needed



Impact upon menstrual cycle and menstrual health

"My periods have been so bad since the pandemic, I've had to be referred to the hospital."
(Online survey response)

"My period was delayed 64 days after I got diagnosed Covid positive. I thought my period would never come back..." (Online survey response)

People who reported changes to their menstrual cycle/menstrual health during the pandemic, within the phase 2 online survey, mentioned the different ways they were now having to manage their periods as a result of these changes. Some reported being 'caught out' by their now irregular menstrual cycles, which was something they had not experienced for a number of years and were subsequently unprepared for. Having to plan or be 'prepared' by having more products available and carrying them at all times, increasing the amount of pain medication taken to manage period pain and changing the types of menstrual products used (e.g. higher absorbency, using reusable products) were frequently stated as new issues that arose,.

"[I was] unprepared at work due to change in cycle and had to borrow tampon from friends. Nothing available in workplace- on shift in NHS. [I] haven't been caught out for years." (Online survey response)

"I started wearing a pad almost every day just in case I got my period as it became so irregular I was never sure when to expect it" (Online survey response)

"Bought period underwear so I could wear more protection in case of leakage or spotting" (Online survey response)

Being able to work from home (if possible) was seen as a positive of the pandemic, providing a more comfortable work environment for some during their period. Having easier access to toilets, not worrying about visible menstrual blood leaks, and feeling more able to manage period pain were benefits of this change in working.

"The pandemic has made me realise how awful it was sharing dirty work toilets with loads of other[s], having to dash out of physical meetings to change my cup and how nice it is to be able to lie down when I have cramps and manage my work around my body, rather than trying to force it the other way around" (Online survey response)

Policy and strategy

Future uncertainty

"I think just longer-term sustainable funding would be better and that's just in terms of COVID. I think when we look at period poverty more widely, there's a lot more to be done there" (Homeless Period Wolverhampton, England)

Worries that the progress that had been made to support women, girls, and people who menstruate pre-pandemic was going to stop, or even go backwards, were mentioned several times by organisations within England. The free menstrual products within schools scheme (16) was launched during November 2019 in England, with low take up of the scheme being reported (17) even before schools were closed in March 2020 (due to lockdown). Mandatory MHE within schools (18) was to start in England in September 2020, but as mentioned in our 'menstrual health education' findings, organisations raised concerns that schools were not able to implement this due to a change in learning priorities.

"I don't want the government in a year's time to blame COVID on the [free products in schools] scheme not working" (Period Positive, England)

Organisations in Scotland and Wales were seemingly better placed to manage some of the challenges associated with the pandemic, particularly in supporting school aged girls and people who menstruate, as they receive specific government funding to address period poverty in each local authority. However, uncertainties over how much funding would remain available given the additional spend attributed to Covid-19 measures and the shift in government priorities, were mentioned several times.

“It [the pandemic] has pushed more people into period poverty and so there is just more of a burden on services than ever before but funding has not reflected this increase” (All Yours Period Box, England)

[Menstrual products] “It’s an additional cost not many people will have considered and the impact of furlough/ job losses will mean that many more people are struggling to access period products” (Online survey response)

Progress during the pandemic

“We have some big conversations to have, but in terms of the period products free provision bill that’s now been passed in Scotland, we have some conversations coming up with our local authority about what that’s going to look like in our own local area” (PKAVS Tampon Taxi, Scotland)

It is important to highlight that several significant policy developments occurred during the pandemic, aimed at reducing period poverty and supporting women, girls, and people who menstruate. In November 2020, Scotland passed the Period Products (Free Provision) Bill (19) making it legal duty for local authorities to ensure that free menstrual products are available to anyone who needs them, while in December 2020, Northern Ireland agreed to make free menstrual products accessible within schools (20). In April 2021, Lidl Ireland (21) became the first major retailer in the world to introduce free menstrual product request scheme for its customers, with Morrisons (22) following suit. Surrey County Council (23) became the first council in England to introduce the provision of free menstrual products in their public buildings, launching the scheme in May 2021.

Such changes are received positively and organisations referred to them as opportunities to further advance awareness of period poverty and influence policy makers across the UK. The increase in awareness of period poverty during the pandemic and how it impacts upon women, girls, and people who menstruate was seen as a positive of the pandemic, reflected in the increase in requests for products and support as people became more aware of organisations that were available to support them.

“Our service has remained open throughout the pandemic when all around us closed their doors” (Brushstrokes Community Project, England)

“Our beneficiary numbers have grown as more refugees and asylum seekers hear about our services. Due to the range of products provided, we are more able to cater to individual needs” (Meeting Point (CCACP Ltd), England)

‘Period poverty’ in the wider context

“...we’ve had to fight so hard to get that [period poverty] even vaguely recognised in good times” (The Real Period Project, England)

Despite progress outlined above, several organisations expressed concerns over the pandemic's impact on UK government policy and strategy regarding period poverty. Set-backs in previous progress, funding insecurity, and changes in local and national priorities were mentioned, affecting all aspects of period poverty provision. The need to consider the pandemic's impact in the wider contexts of gender inequality, poverty, and austerity were highlighted, acknowledging that period poverty is just one element of inequalities that has been amplified.

" [But] it's actually more about poverty, isn't it, just more generally than just period poverty or food poverty... it just makes me feel slightly uncomfortable when they [UK government] claim that they're doing these amazing things and actually there's other areas of poverty that are not being addressed at all" (Brook, England)

"...if someone has worked up the courage to go to a foodbank, it should just then be really easy to get her period products. Like that's where they should be. It shouldn't be an ask for someone to have to do that double effort. They should just be with all the other essentials" (Bloody Good Period, England)

Implications

Gender, Inequality & Austerity

It is crucial to consider period poverty within wider political and economic contexts when discussing the impact of the pandemic (24, 25). This project adds weight to the growing body of evidence of the pandemic's ongoing negative impact on both gender equality and economic justice. It illustrated the intersections of gender and poverty through its focus on period poverty, gender, and poverty.

The findings provide insight into how the pandemic has not only increased financial difficulties related to period poverty, but also how the pandemic affected overall access to menstrual products, the provision of menstrual health education, and access to adequate menstrual health care. These are all aspects of period poverty that existed pre-pandemic, and are intrinsically linked to both gender inequality and austerity within the UK, worsened by Covid-19 related factors (26). The pandemic has not only affected the menstrual health needs of women, girls and people who menstruate, but it continues to impact the education, health and public services to support them. It has led to more limited access to facilities, funding and structural supports that policies provide. Thus leading to additional burdens and demands upon already overstretched services.

Many of the UK-based organisations providing support for those experiencing period poverty are voluntary, non-profit organisations. These organisations are led by women and/or have a predominantly female volunteer base. There is a risk of entrenching what has been referred to as the 'triple jeopardy' (27) faced by women. This is where women disproportionately lose public services, their jobs providing these services, and are left to pick up the service gap, unpaid. This reinforces the traditional gendered care burden, with the responsibility to care being placed on women's shoulders.

Moreover, we need to be careful not to unintentionally add to racist narratives around the white woman's burden of care for racially and ethnically minoritised women in relation to period poverty in the UK context (28). This is an historical but influential narrative with roots in colonialism and the British Empire project. Its legacy is evident in approaches to period poverty that divide the global north and global south, perceiving period poverty to mainly be a problem of so-called "undeveloped" countries, which positions the global north as being better than and more developed than the global south.

The findings from this project highlight the importance of challenging such narratives; there is a need to consider period poverty within the context of the global north and to be sensitive to problematic narratives of care that position white women as taking on the burden of care for racially and ethnically minoritised women. It is important to be sensitive to race as well as gender and socioeconomic status within the context of period poverty, and especially how these dimensions interact with one another to produce specific experiences of disadvantage (28). A key limitation of the research was the lack of such marginalised voices around experiences of period poverty and providing period poverty initiatives, as participants were self-selected online. There is a need for further research that seeks to address this absence.

Ongoing and future pandemic/s

By sharing best practice throughout the duration of this project, we have been able to keep organisations up-to-date with how their colleagues across the UK have been mitigating Covid-19 challenges. Some organisations have since been in touch to further discuss new ways to improve their service provision, or to introduce support for those experiencing period poverty which was previously unavailable. Regular dissemination and working closely with the organisations that participated in this project has been crucial in ensuring that women, girls, and people who menstruate are supported during the pandemic.

This report highlights not only barriers that have been encountered, but best practice that has been developed to continue to support those experiencing period poverty within the UK. It demonstrates how the needs of women, girls and people who menstruate must be included in policies that aim to tackle existing gender inequalities and poverty, and to reduce set-backs linked to the Covid-19 pandemic. We hope this report will be useful for those not only delivering menstrual health support, but for those involved in policy and strategy decisions, as the UK begins to tackle Covid-19 challenges and re-build.



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APPENDIX A: PHASE 1: SEMI-STRUCTURED INTERVIEW GUIDE

Background Information

Organisation name:

Location:

Please can you tell me more about the work that you do/services you provide?

Pre-Covid

- 1. What did 'normal' provision/services look like before Covid-19 lockdown? [Allow participant to respond fully before asking further probe questions]**
 - a. Who do you usually support? (which groups of people)
 - b. What do you provide? (period products, education, other services – what?)
 - c. How do you provide services? Directly to people or via a drop-in centre/school/foodbank etc.
 - d. Do you rely on donations or charitable contributions? How do you get them?
 - e. Do you rely on volunteer support to deliver services/support?

Beginning of lockdown to September 2020

- 2. Can you tell me how Covid-19 lockdown, from March until September, affected your service provision? [Allow participant to respond fully before asking further probe questions]**
 - a. What had to change?
 - b. What sorts of things did you put in place to manage those changes?
 - c. Did they work well? Why/why not?

Issues to explore:

 - Stockpiling impact and product availability
 - Closure of services/schools/churches/food banks etc.
 - Access to funding/donations/volunteer time
 - Changes to communicating with service users or accessing resources
- 3. What sorts of things did service users tell you about how Covid lockdown was affecting them?**
- 4. How did the needs of those who access your services change?**
 - a. Changes in demand and requests for support
 - b. Emergence of any new groups needing support
- 5. Were you able to support these changes in need? How?**
 - a. What worked well
 - b. What barriers were there
 - c. Did you get any feedback from anyone accessing services? What was it?

Current situation

6. What does service provision typically look like now?

[Allow participant to respond fully before asking further probe questions]

- a. Are you in a 'tier'? Which one?
- b. Who do you support? (which groups of people)
- c. What do you provide? (period products, education, other services – what?)
- d. How do you provide services? Directly to people or via a drop-in centre/school/foodbank etc.
- e. Are you relying on donations or charitable contributions? How are you getting them?
- f. Are you relying on volunteer support to deliver services/support? Is it working well?

7. What are the needs of service users at the moment (post lockdown)?

Future pandemic considerations

8. Have you received support for period poverty projects, like (organisation), to be able to continue with service provision during the pandemic?

- a. Support from government
- b. Support from elsewhere – who?
- c. Has this support been sufficient?
- d. What type of support is needed?

9. Do you feel that (organisation) is prepared for any further Covid-related issues, like a second wave or further lockdown measures?

10. What would help you to be able to continue to support those experiencing period poverty, within the pandemic?

Any other thoughts/comments/things that you think are important to highlight about period poverty during the pandemic?

APPENDIX B: PHASE 1: ONLINE SURVEY

- Organisation name
- Organisation location
- Do you focus upon supporting those experiencing period poverty within your organisation? Y/N
- Our organisation provides the following support for people experiencing period poverty Listed options provided
- If you provide period products, how do you distribute them (tick all that apply)? Listed options provided
- Who do you provide products to (tick all that apply): Listed options provided
- Do you receive donations? Y/N
- Where do you receive donations from?
- Do you use volunteers to help deliver services? Y/N
- Please describe how your services usually run (pre-Covid-19 lockdown and social distancing restrictions)
- Did you have to change or adapt any element of service provision, as a result of Covid-19 lockdown and social distancing restrictions? Y/N
- Please describe how your services had to change and adapt as a result of Covid-19 lockdown and social distancing restrictions
- Were your services affected by any of the following (tick all that apply): Listed options provided
- If you were affected by any of the above, or answered other, please explain how this impacted upon service delivery
- Have the needs of service users changed during lockdown? Y/N Please explain how
- Do you feel that your organisation has been able to continue to support those experiencing period poverty during lockdown? Y/N Please explain why
- Please describe any successes and/or barriers that you have experienced
- What would help you to be able to continue to support those experiencing period poverty, within the current pandemic? Y/N
- Do you feel that your organisation is prepared for any further Covid-related issues, or further lockdown measures? Y/N
- Please provide details of any other issues that you think are important to highlight about period poverty during the pandemic

APPENDIX C: PHASE 2: ONLINE SURVEY

1. I am over 16 years old
2. I would like to receive a £10 Amazon voucher, if funds become available to provide more vouchers
3. Please provide your email address if you would like to receive a £10 voucher (to protect your anonymity, this information will be kept separate to your survey answers)
4. Since Covid and lockdown, have you had any difficulties getting period products (like pads and tampons), or anything else you need for your period? Y/N
5. If you experienced difficulties, what were they? (Tick all that apply)
 - Shops/supermarkets not having period products
 - Not being able to afford period products
 - Not having access to period products in my workplace
 - Not being able to visit shops/supermarkets to buy period products
 - Not being able to get period products from a support service I use
6. If you had difficulties getting the products you needed, what did you do? (Tick all that apply)
 - I made my own using household items (like toilet roll, old clothes etc.)
 - I made my own reusable pads
 - I contacted a charity that helps people with their periods
 - I got some from a food bank
 - I got some from my family
 - I got some from my friends
 - I got some from my workplace
 - I didn't do anything
 - Other
7. Before Covid/lockdown, did you ever have difficulties getting period products (like pads and tampons) or anything that you needed for your period? Y/N
8. If you had difficulties getting the products you needed, before Covid/lockdown, what did you do? (Tick all that apply)
 - I made my own using household items (like toilet roll, old clothes etc.)
 - I made my own reusable pads
 - I contacted a charity that helps people with their periods
 - I got some from a food bank
 - I got some from my family
 - I got some from my friends
 - I got some from my workplace
 - I didn't do anything
 - Other

9. If you didn't need help getting period products before Covid/lockdown, please tell us why you have needed help during this time (e.g. did you lose your job/become furloughed? Did you have to shield or self-isolate?)

10. Where do you usually go to for support with your menstrual health, or if you have questions about your periods? (Tick all that apply)

- Family
- Friends
- Doctor/medical person
- Online support
- Community group
- School/University
- I don't talk to anyone
- Other

11. What sorts of things have you needed support/advice on (about your menstrual health or periods)?

12. Have you needed support/advice about your periods during Covid/lockdown? Y/N

13. What sorts of things have you needed support/advice on during this time (about your menstrual health or periods)?

14. If you needed support/advice, did you get the help you needed? Y/N

15. If you did not get the support/help that you needed, why was this?

16. Where did you get the support/advice that you needed from?

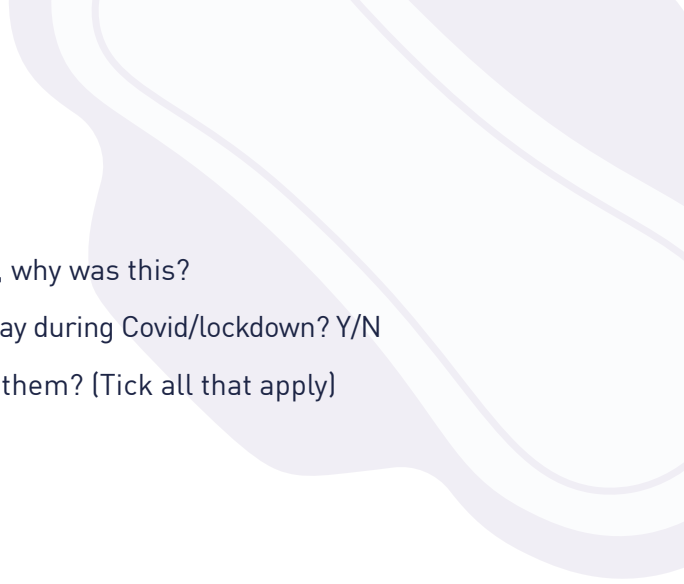
- Family
- Friends
- Online support
- Community group
- Charity/organisation that helps with periods
- School/University
- Doctor/medical professional
- I haven't talked to anyone
- Other

17. If you have needed to talk to a doctor/medical professional about your menstrual health or periods, during Covid/lockdown, did you manage to get an appointment?


- Yes - in person appointment
- Yes - telephone appointment
- Yes - online appointment
- No
- Other

18. Did the doctor/medical professional give you the support/help you needed? Y/N

19. If they were able to help you, what sort of help did you get?

- 
20. If you did not get the support/help that you needed, why was this?
21. Has your period or menstrual cycle changed in any way during Covid/lockdown? Y/N
22. If you have experienced changes, what has caused them? (Tick all that apply)
- Stress
 - Having Covid-19
 - Having the Covid jab/s
 - I don't know
 - Other
23. If you've experienced changes to your period or menstrual cycle during Covid/lockdown, please describe them
24. If you have experienced changes to your period/menstrual cycle, have you had to change how you normally manage your periods? Y/N
25. What sorts of things have you had to change?
26. If you needed help with your periods again during the pandemic or if we go back into lockdown, what would you do/who would you go to?
27. Please describe any improvements that you think could be made to support services (e.g. access to period products, access to support/help for your periods)
28. What would you like people to understand more of, about periods during the pandemic?

Please provide as much information about yourself as you feel like. These questions are Optional

1. Which age group describes you?
 - 16-20
 - 21-30
 - 31-40
 - 41-50
 - 51-60
 - Over 60
 2. Please describe your gender
 3. Please describe your ethnicity
 4. If you identify as 'disabled', please provide details of your disability/disabilities
 5. What is your preferred language to speak in?
 6. What part of the UK do you currently live in?
 7. Which best describes you at the moment? (Tick all that apply)
 - Employed full time
 - Employed part time
 - On furlough
- 
- 

- Full time student
- Part time student
- Caregiver (e.g. children/elderly)
- Stay at home parent
- Not currently employed
- Volunteer
- Other

8. If you are a full or part time student, are you a student at Birmingham City University? Y/N

9. Do you have any children/dependents? Y/N

10. How would you describe your relationship status at the moment? (e.g. single, married, living with partner, in a relationship)

