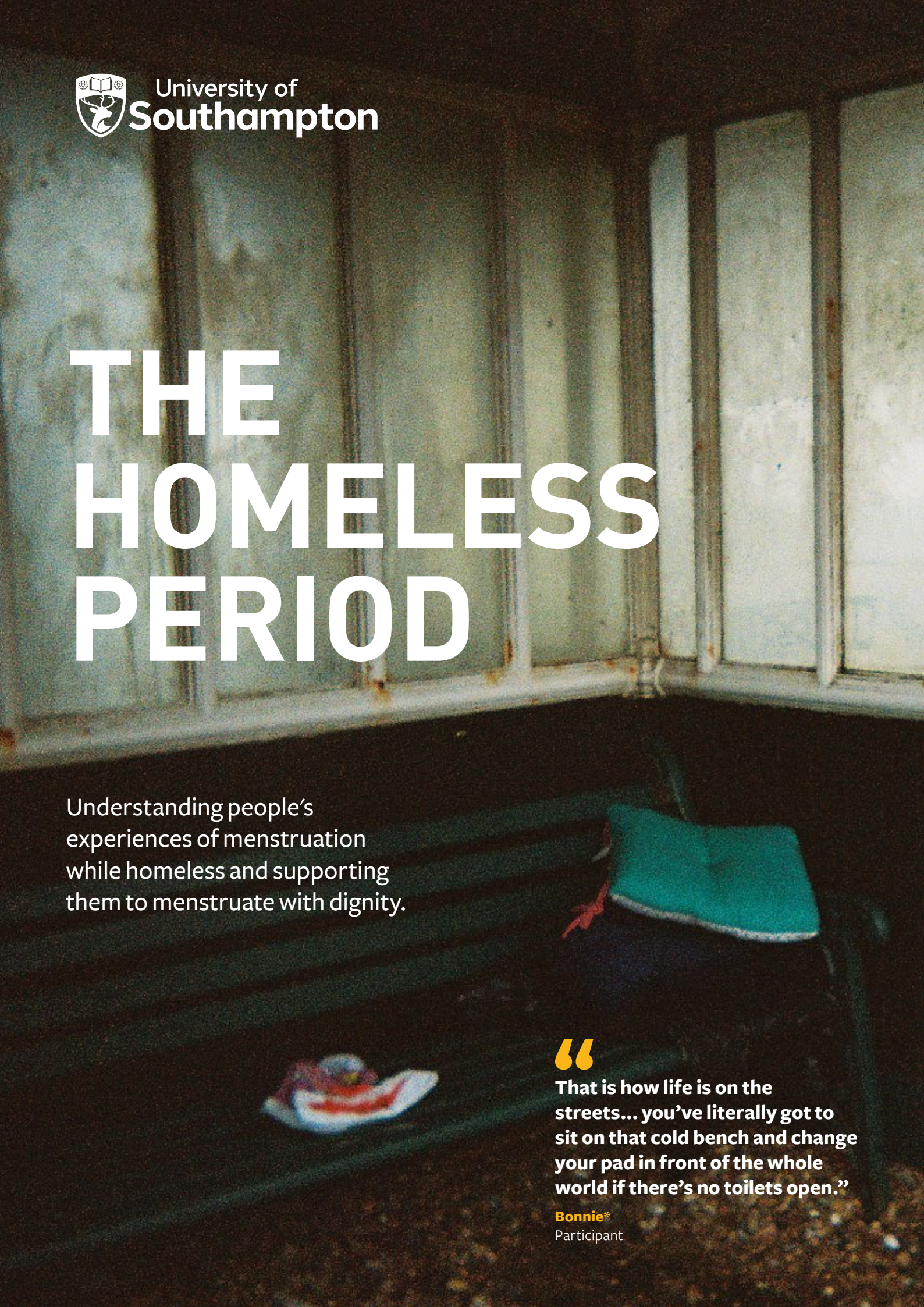
University of Southampton

THE HOMELESS PERIOD

Understanding people's experiences of menstruation while homeless and supporting them to menstruate with dignity.



"That is how life is on the streets... you've literally got to sit on that cold bench and change your pad in front of the whole world if there's no toilets open."

Bonnie*
Participant

CONTEXT

Gender-based health inequalities disproportionately impact women experiencing homelessness who are neglected in both research and healthcare. Many women experiencing homelessness reported that they had given up on health services and had lower expectations from health care providers . Women experiencing social exclusion (including homelessness) are more likely to suffer worse consequences, such as poor health outcomes and death. For those sleeping on the streets, the average age of death for men is 46, and just 42 for women.

Period poverty, described as the lack of access to sanitary products due to financial constraints, is a global concern. Menstrual health management presents significant challenges to low-income women. Research on menstrual health management has indicated that many low-income women are regularly unable to afford needed menstrual products. As a result, many women make do with cloth, rags, or toilet paper. Challenges of affording menstrual products are exacerbated by high taxes and product inaccessibility.

To date, research exploring period poverty is largely medicalised. Crucially, the research misses menstruating people in the Global North who are socio-economically marginalised, including those experiencing homelessness. Those who menstruate while homeless are forced to navigate an additional layer of complexity that increases their vulnerability.

The current study follows our published paper on women's experiences of homelessness and menstruation, finding a fundamental gap in literature surrounding the menstruation management needs of people experiencing homelessness. Barriers to managing menstruation are limited privacy, bathroom facilities, and access to appropriate hygiene products. These barriers led to people abandoning other basic needs in favour of managing menstruation, including their own health and safety. Services often rely on donations of hygiene products, limiting the amount available and requires services to maintain control of the supply, which resulted in women having to disclose their need and some being questioned about their gender identity if they were not female presenting. Research recommendations from this paper are to understand how we can better serve people who may experience both homelessness and menstruation differently e.g., transmasculine and non-binary people.

ABOUT THE PROJECT

Research question

How do people living with homelessness experience menstruation and how can key stakeholders enable excluded populations to access resources with dignity?

Research aim

To amplify the voices of marginalised groups (including trans, nonbinary and gender nonconforming people) via photovoice and in-depth interviews with participants experiencing homelessness, to listen to and understand their perspectives and barriers to accessing basic menstrual healthcare.

Research methods

The project used three methods:

- Photovoice – menstrual experiences were captured using disposable cameras, followed by in depth interviews to explore themes.
- Interviews with stakeholders explored decision making and their perspectives on how menstruation provision can be improved.
- Reflexive thematic analysis explored recurrent themes drawn from stakeholder and photo-voice participant interviews.

RESEARCH FINDINGS

Photographs captured by the participants tell their stories of menstruating whilst homeless. Their words and images are paired for a powerful display, demonstrating an urgent need for change around menstruation stigma and policy.

Themes

Systemic change is needed "*raise awareness and make sure there's universal understanding*" (Amara, stakeholder)

Stigma around periods "*I feel ashamed when I am on my period*" (Gwen*, participant)

Practical support needed in homelessness services "*shame free and universal access to products*" (Amara, stakeholder)

Staff training and responsibility "*how they could practically support and how they can emotionally support*" (Caroline, Stakeholder)

Dignity in menstruation: "*There's some sort of embarrassment attached to being 'on' when you're on the streets*" (Bonnie*, participant)

Recruitment Reflection

Recruitment was difficult, some participants reported that engaging with this topic and taking pictures was triggering. One person had to stop the interview as they were reminded of past trauma. Future research should take care to ensure support is in place for participants, such as a trusted key worker.



"We've not got enough money for the sanitary products."
Trista, participant



"You're fucked if you don't have enough pads."
Gwen, participant

RECOMMENDATIONS

A recommendation for everyone - **Reflect** on your own beliefs about periods – if the topic makes you uncomfortable, question why that is and how your own life experiences have influenced your beliefs

Frontline Staff

1. Should be encouraged to speak about periods to reduce stigma e.g., ask questions like "how are your periods?" and "How can we support you with your menstrual cycle?"
2. Should assess menstrual health needs of all clients regardless of presenting gender.

Service Managers

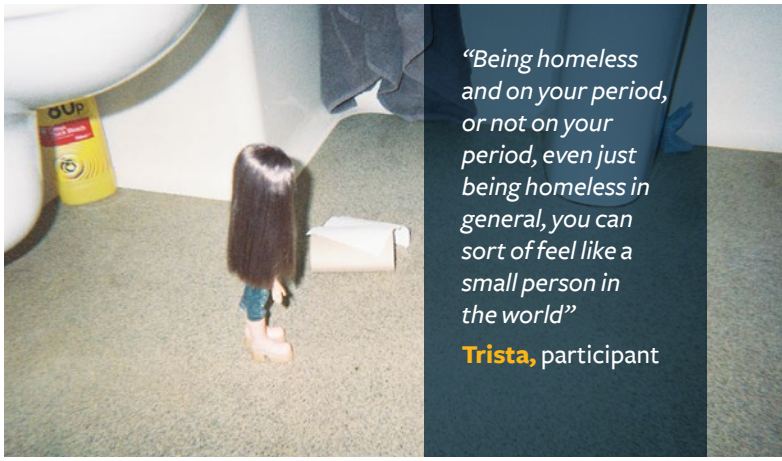
1. You should ensure that all staff should receive training on menstrual health issues including different conditions, using inclusive language, holding conversations about periods, signposting to healthcare services.
2. Co-develop policy around menstrual health (consulting those who menstruate!), including nonjudgmental exploration of views/beliefs on periods, accurate information on menstrual health, strategies for staff to support clients who menstruate, supporting staff who menstruate, and distributing products to make every contact count.

Commissioners

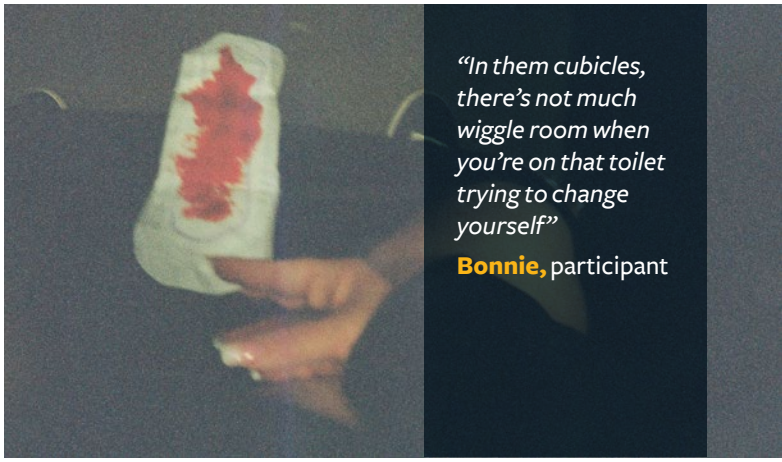
1. Period products should be freely available in services – with variety, choice, and culturally appropriate products (tampons, pads, reusable products).
2. Commission womxn** only spaces, configured in consultation with those who menstruate, where people can feel safe while showering, supported by therapeutically trained staff.
3. Public toilets – ensure they are free, open, clean, and accessible (without reliance on technology or purchase) with appropriate menstrual product disposal.
4. Budgets for day centers, hostels and temporary accommodation must include dedicated funding for period products to ensure equitable access to basic healthcare. Services should not solely rely on donation/charity-based provision as this creates inconsistent and inadequate support for marginalised populations.



"You go behind the bin, because the toilets don't let you in, because they feel like you're doing drugs. So you have to toilet at the side of the bin."
Ash, participant



"Being homeless and on your period, or not on your period, even just being homeless in general, you can sort of feel like a small person in the world"
Trista, participant



"In them cubicles, there's not much wiggle room when you're on that toilet trying to change yourself"
Bonnie, participant

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* Participants and stakeholders have been given pseudonyms.

** The "x" in "womxn" is used to create space for people who are not cisgender women

THANK YOU

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We would like to extend thanks to the Advisory Board of this project – Dr Polly Hardy-Johnson, Dr Laura Brown, Rachael Roberts, Kate Burrows, Dr Chloe Langford, and Loretta Shaw.

Find out more:

Visit **www.chrphomeless.co.uk**

We would welcome the opportunity to provide you with more information about this project, its findings and its outputs through a tailored briefing session. The full research findings will be published in due course.

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