

BC
Period Poverty
TASK FORCE
Final Report

Recommendations

For The Government of British Columbia
Ministry of Social Development and
Poverty Reduction

Submitted March 2024
by the British Columbia
Period Poverty Task Force



**British Columbia
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Recommendation**

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TERRITORIAL ACKNOWLEDGMENT

This report was written on the traditional, unceded, and stolen territory of the Wakashan, Salishan, Tsimshianic, Athabaskan, Eyak-Tlingit or Na-Dene, Xaad Kil / Xaayda Kil, Ktunaxa, and Algonquian speaking people. These are the language families, which make up 36 languages¹ with close to 60 dialects² of over 200 First Nations communities³, each with their own unique culture, society, traditions, and history, who have stewarded this land, from time immemorial, which has colonial become known as British Columbia.

The Task Force wishes to recognize the effects colonization has had and continues to have on menstrual health and menstrual practices. They acknowledge the links between colonization / non-consensual land occupation / the ongoing and unsolved cases of Missing and Murdered Indigenous Women and Girls and 2spirit People (MMIWG2S) and the loss of bodily autonomy and menstrual traditions / the impacts to menstrual health, especially racial disparities in menstrual health care / menstrual shame and stigma. This is evidenced by the fact that Indigenous menstruators in B.C. are disproportionately affected by period poverty,⁴ including the interruption of their cycles.⁵

We would like to thank all the Indigenous participants who took the time to share their lived experiences with the Task Force while recognizing that sharing these experiences could be retraumatizing. With a special thanks to Knowledge Keepers, who passed down their unique traditions to their community. We respect their unique traditions, specific to their own community, so we have intentionally focused on only the methodology of how to make space to preserve and pass down those traditions to their future generations. We also acknowledge the work that First Nations have already put into the Truth and Reconciliation Commission, the Inquiry into Missing and Murdered Indigenous Women and Girls, and the United Nations Declaration on the Rights of Indigenous People.

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Letter from the Chair

Dear Minister,

On behalf of the Government of B.C. Period Poverty Task Force: I am pleased to submit our final report and recommendations.

The Government of B.C. aims to tackle the escalating cost of living and the amplified financial difficulties brought on by the pandemic through policy measures. These challenges significantly affect household budgets, making access to menstrual supplies essential for people living in British Columbia. Individuals experiencing financial distress are more inclined to prioritize necessities such as food or rent over menstrual-related expenses. This report endeavors to furnish the Government of B.C. with recommendations for short, medium, and long-term implementation strategies to address this pressing issue.

Appointed in October 2022, the B.C. Period Poverty Task Force (Task Force) was comprised of multi-sector members with expertise in period poverty and menstrual equity, and diverse lived experiences.ⁱ When working with the Government of B.C. to identify and appoint the Task Force members, we prioritized Indigenous community members, trans folks, people with disabilities, and considered geographic representation. The Task Force met regularly over 18 months to research academic literature and global policy, hear from community members and experts, and use that knowledge to write the following recommendations on ending period poverty.

As a Task Force, we wish to acknowledge the work to advance the province's goal to end period poverty through the support of *United Way Period Promise* since 2018 and by funding multiple grant streams to increase access to menstrual supplies in communities around B.C. The Government of B.C. Period Poverty Task Force Fund represents an expansion of this work and was established to better understand the needs of communities experiencing the highest levels of period poverty and remove the stigma associated with menstruation.

B.C. has been recognized globally for its initial work in addressing period poverty. Since B.C. started this work in partnership with community in 2019, other jurisdictions have advanced in their policies through legislation and regulation. These precedents provide additional models for consideration to truly eradicate period poverty.

The work of the Task Force was supported in our deliberations by a variety of related B.C. based projects:

- The Period Promise Research Project⁶ funded by the Government of B.C. in 2019 and released by United Way British Columbia (United Way BC) with the Minister in 2021.
- The Period Poverty Pilot Projects (Pilot Projects) funded by the Government of British Columbia and administered by United Way BC, which ran from November 2022 to September 2023. These pilots tested innovative methods for distributing free menstrual

ⁱ For more information of the individual members see Appendix A, Period Poverty Task Force members.

supplies in communities most effected by period poverty, including Indigenous communities.ⁱⁱ

- Reference groups that met during 2023, formed by the Period Poverty Task Force Chair and supported by the Task Force members. These four different groups provided diverse input from across the province.
 - Businesses Reference Group
 - Community-Based Organizations Reference Group
 - Menstrual Equity Advocates and Activists Reference Group
 - Lived / Living Experience of Period Poverty Reference Group

The grant also provided funding to United Way BC to serve as the Task Force's Secretariat, and we are appreciative of their expertise and operational support in this process.

Menstrual health and access to necessities such as menstrual supplies are grounded in fundamental human rights principles including equality, dignity, and health. We are grateful for the honour of serving as a Task Force and the opportunity to provide recommendations to address an issue that is impacting so many in our communities.

Sincerely,

Nikki Hill
Chair

ⁱⁱ For more information see British Columbia Period Poverty Pilot Project Final Report, submitted by United Way BC

INTRODUCTION

Overview

In 2020, the Government of B.C. committed to “build on the work of so many around the province to make B.C. a global leader in the fight to end period poverty by creating a multi-sectoral Period Poverty Task Force to develop a comprehensive, long-term response to period poverty in B.C.”⁷ This commitment was in response to the requests of advocates in the province, and was based on a key recommendation from the 2021 Period Promise Research Project.

In 2022, the B.C. Period Poverty Task Force (Task Force) was formed and charged with proposing sustainable approaches to period poverty in B.C. The work includes developing a final report for the Minister of Social Development and Poverty Reduction (MSDPR) with short-, medium-, and long-term recommendations to achieve the long-term goal of ending period poverty. Those recommendations are contained in this document.

In carrying out this work, the Task Force

- Sought to understand the drivers of and solutions to period poverty from the perspectives of distinct groups including Indigenous peoples and other communities
- Used evidence and best practice to assess period poverty data and information
- Supported the continued delivery of period supplies to populations in need
- Trialed approaches and methods, as needed, to inform the recommendations for a sustained response to period poverty.

Eliminating period poverty involves, first and foremost, the eradication of poverty; therefore, the Task Force unanimously supports the efforts of the Ministry of Social Development and Poverty Reduction to eliminate poverty in B.C. by developing TogetherBC, British Columbia’s Poverty Reduction Strategy, AccessibleBC, and other related poverty reduction programs.

Developing a lens in which provision of menstrual supplies is considered in all government processes is key to eradicating period poverty. The Government of B.C. is applying similar policy analysis to Environment, Social, and Governance (ESG) ESG goals, and period poverty should be integrated moving forward in relation to Sustainable Development Goals (SDG).

What is Period Poverty

As defined in the article *Menstrual Health: Taking Action Against Period Poverty*⁸ in the American Journal of Public Health, “Period poverty extends far beyond simply accessing products and includes having the privacy to change products, means of disposing materials, and a place to wash one’s body. As such, anyone can be at risk for or experience period poverty.”

The Task Force took a holistic approach in defining period poverty to better address and describe their goals.

Period Poverty refers to not being able to access and use the menstrual supplies an individual needs, when and where they need them, resulting in a lack of dignity during menstruation. This includes having access to clean water and safe and adequate facilities to use these supplies, often referred to as **WASH**, which stands for "water, sanitation, and hygiene." It can reduce the spread of illness and disease and increase socioeconomic conditions. "Menstrual management is not only reliant on physical products, but also on access to safe and private sanitation facilities such as lockable toilets, showers, and laundry services."⁹

Financial accessibility is seen as the defining characteristic of period poverty, but we must also consider a menstruator's physical health, mental health, ability to participate in public life, and how it can contribute to them missing out on opportunities. Geographical location, disability, gender, ethnicity, and culture (especially loss of culture through colonization) are also significant and intersectional contributing factors in who is most affected by period poverty.

Menstrual equity's definition has many overlaps with period poverty; it also encompasses education, research, evidence, and evaluation. The recently coined term, **Menstrual Health**¹⁰ – the state of health for an individual's physical, mental, and social wellbeing in relation to their menstrual cycle – better describes the outcomes and barriers an individual might face. Menstrual health encompasses period poverty, menstrual equity, and uses an intersectional and dignity-centered approach.

Menstruation Supplies are essential items used to manage menstrual flow during a person's period. These supplies enable menstruating individuals to go about their daily routines in a comfortable and safe manner. "Supplies" is used instead of "products"ⁱⁱⁱ because it is a broader term that encompasses various items needed for managing the menstrual cycle. This includes pads, tampons, cups, IUDs, heat pads, pain management supplies, iron supplements, culturally appropriate traditions, rest, and emotional, physical, holistic care. This term is used instead of "hygiene products" or "sanitary products" to avoid stigmatizing menstruation; periods are neither unhygienic nor unsanitary. Furthermore, "products" imply a consumer item, an optional or even luxury item, whereas "supplies" describes these items as essential necessities.

Recommendation Summary

The Period Poverty task force recommendations fall into four key areas.

- Legislation and Ministerial Reviews
- Distribution of Menstrual Supplies

ⁱⁱⁱ Where the terms products or menstrual products have been used in this document, it either a quote or refers to a project that only supplied pads, tampons, or reusables without other menstrual management supports. "Reusable menstrual products" are supplies for catching menstrual blood that can be washed and reused such as menstrual cups, menstrual disc, reusable pads or reusable underwear

- Menstrual Education
- Menstrual Healthcare

While truly eradicating period poverty in the province requires a multi-faceted approach aligned with poverty reduction, there are a number of recommendations which would advance the goals of this report immediately.

- I. Legislative reviews to ensure that all washrooms are required to provide menstrual supplies and appropriate WASH provisions.
- II. Menstrual supply provision in public washrooms and washrooms under Government of B.C. jurisdiction, with a priority for those that are accessible by people experiencing period poverty.
- III. Changing the medical categorization of menstrual supplies to ensure coverage under both government and private benefits and assistance programs.

The Task Force encourages the Government of B.C. to embark on this work prior to the end of the current government mandate.

Data and Research

Since 2019, United Way British Columbia (United Way BC) and the Government of B.C. grants have supported the provision of menstrual supplies to a growing number of community organizations. This has been coupled with research to determine the best practices for expanding the distribution of menstrual supplies around the province. Grants through two funding rounds have ensured that menstrual supplies have been distributed throughout B.C. via community organizations.

They have also provided data for both the 2021 Period Promise Research Project¹¹ and the 2023 Period Poverty Pilot Projects (Pilot Projects) funded by the Government of B.C., the latter of which was to inform the work of the Task Force's recommendations to Government. These projects explored public policy approaches that could be adopted by the Government of B.C., partners, and other sectors to support B.C. residents with limited access to menstrual supplies.

One of the benefits of the grant system in B.C. to date – in addition to informing the Task Force and the previous research report - is that it allows for evaluation and monitoring. Evaluation and data analysis is critical to developing long term strategies to truly address period poverty.

Additionally, United Way BC is managing a three-year research project (2022 – 2025) funded by Vancity Credit Union and in partnership with Aisle to examine the impact of reusable menstrual products in free menstrual supply programming in British Columbia. The project focuses on two demographics disproportionately affected by period poverty in B.C.: Indigenous people and people living with disabilities. The results from this project will help to inform the development of policies related to free menstrual supply programs at the public, private, and government levels.

When combined, the data collected in B.C. will provide globally leading models and leadership for other jurisdictions.

In British Columbia

The level to which champions to address period poverty have already stepped up in our province is inspiring. Community advocates and volunteers around the province — non-profits, unions and businesses, post-secondary campuses, city councils and school boards — have made B.C. a leader on this issue. Other jurisdictions look at B.C.'s pilots and research data when developing their own policy priorities.

According to research carried out by United Way BC, more than 20 municipalities have run pilot projects or implemented operational policies to provide menstrual products in civic buildings. Others, such as the City of Vancouver, have passed enabling motions but not moved forward on implementation.

Other sectors have demonstrated considerable leadership. As an example, in March 2023, the Q Arena in Colwood and at West Shore Parks and Recreation facilities, along with the Victoria Shamrocks and West Shore Wolves, committed to providing menstrual products in their sports facilities and signed the Period Promise Policy Agreement with the leadership of MLA Mitzi Dean.

Large employers such as Pacific Blue Cross, unions, and non-profits have committed to providing menstrual products in their washrooms by signing the Period Promise Policy Agreement.¹² British Columbia Infrastructure Benefits (BCIB) was the first Crown corporation to become a signatory to United Way Period Promise, in partnership with Build TogetHER: Women of the Building Trades, a national Canada's Building Trades Unions program that promotes, supports and mentors women in construction. BC Ferries has also recently added menstrual products to its public washrooms.

In Canada

On December 15, 2023, the Government of Canada took steps to address menstrual supply requirements by amending Labour Code regulations. Additionally, the Standing Committee on the Status of Women (FEWO) released a study¹³ in November 2023 which made 11 recommendations based on witness testimony and submissions. B.C. advocates - including Nikki Hill, B.C. Federation of Labour President Sussanne Skidmore, A.J. Lowik, Aisle and Joni - provided expert testimony to this process.

The Government of Canada launched a [Menstrual Equity Pilot Project](#)¹⁴ in September 2023 which provides Food Banks Canada with \$17.9 million to run a national pilot. This initiative will work with "392 pilot locations, however through the further reach of these locations within their communities, the supplies are expected to reach an additional 600 smaller community organizations reaching 570,000 low-income individuals each month." As the national pilot includes locations in B.C., it is the hope of the Task Force that the data and models will be shared to inform recommendations for best practices and build upon the two similar B.C. grant streams and data. However, this information was not available at the time of writing this report.

Other provinces have also embarked on pilots and programs to address period poverty and menstrual equity in recent years. Quebec has led on increasing use of sustainable and reusable menstrual and incontinence products. In 2020, Quebec introduced a subsidy program¹⁵ in 50 municipalities, “Sustainable Feminine Hygiene Products, Municipal” in which individuals were empowered to select the products that best suited their specific needs, even if the products had a higher upfront cost because it was reusable, and then submit minimal documentation to their municipality for reimbursement.¹⁶

Shoppers Drug Mart has entered into several agreements with provinces, including a school program in Ontario. In October 2023, the Government of Saskatchewan, the Shopper's Foundation for Women's Health, and Proctor and Gamble announced a three-year plan for 12 million menstrual products to be distributed to schools and 16 emergency shelters for women fleeing domestic violence¹⁷. Manitoba had a similar agreement with Shoppers Drug Mart starting in 2022 for 3.3 million menstrual products to be donated each year for three years to be distributed to “the highest need sites in schools and in agencies serving low-income adults including domestic violence shelters.”¹⁸ Further, Nutrition North Canada provides subsidies to 124 isolated northern communities across Canada, and both menstrual products and pain management (non-prescription drugs) are subsidized under their program - of note, none of the eligible communities are in British Columbia.¹⁹

Global Precedence

In addition to these projects, available data from other jurisdictions speaks to the same kinds of barriers and requirements for access. The Task Force reviewed this data to inform our recommendations.

2016 New York City, USA – Bills 1122-A, 1123-A and 1128-A guaranteed menstrual products in shelters, and for students and inmates.²⁰

2018 Aberdeen Scotland – *Access to Sanitary Products Aberdeen Pilot: Evaluation Report*²¹ explored options for providing free menstrual products in ways that respect dignity and offer choice. It also sought to better understand the circumstances preventing people from accessing menstrual products.

2020 United States – *The Coronavirus Aid, Relief, and Economic Security Act (CARES Act)* was signed into law, allowing people with pre-tax Flexible Spending Accounts to use that money to purchase tampons and pads for the reimbursement of menstrual care products.²²

2021 California – Requires public colleges and secondary schools to provide free menstrual products on campuses.²³

2021 Scotland – *Period Products (Free Provision) (Scotland) Act 2021*²⁴ Local authorities must ensure period products are obtainable free of charge by all persons who need to use them.

2021 South Korea – Developed provisions for access to free menstrual products for youth living in poverty.²⁵

2022 California, USA – *Menstrual Product Accessibility Act* to include state, local government, and state-funded hospital buildings to provide free menstrual products to employees and the public.²⁶

2022 Wales – *Period Proud Action Plan*²⁷ 5-year action plan, includes policy goals for free menstrual products in every school (all levels), healthcare settings, staff and visitors at sports and cultural venues (including the museum and library estate and Cadw^{iv} run sites) and across a range of community venues including (but not limited to) food banks, libraries, leisure centres, family centres, community hubs, and youth services.

2023 Catalonia, Spain – Plans to accredit specific participating pharmacies as distribution points for supplies and vouchers.²⁸

2023 France – Announced that starting in 2024 they would reimburse the cost of menstrual products for women^v aged 25 and under.²⁹

2023 Netherlands – Invested € 2 million to increase menstrual product availability and to help counter the impact of increased food prices for those living in poverty.³⁰

2023 New Jersey, USA – Passed legislation³¹ to facilitate improved access to menstrual products to low-income residents.

Determining which organizations must provide menstrual supplies

Several governments have sought to address period poverty with legal requirements providing precedents to define which organizations and/or bodies must provide menstrual supplies.

The Period Products and Facilities (Access) Bill from Australian Capital Territory (ACT) specifies that the Minister must keep a “suitable places list” and that they must “ensure period products are made available at each place on the suitable places list, free of charge, for use by people experiencing period poverty.” This Act also specifies access to menstrual products at healthcare facilities for patients and visitors.

The Scottish model (mentioned in the Global Precedence section) also primarily puts the onus on “local authorities” to deliver on addressing period poverty in their jurisdictions with funding from the national government. While programs need time to roll out effectively, an initial report

^{iv} Cadw is the historic environment service of the Welsh Government and part of the Tourism and Culture group. It is responsible for safeguarding Wales’ historic places, including castles, abbeys, and ancient burial sites.

^v We recommend wherever a service is offered to support menstruators, it applies to all menstruators and is not designated by gender, i.e. all menstruators under 25 instead of all women under 25.

by Pandemic Periods³² provides guidance on where improvements and best practices could be considered.

These are models B.C. should consider, taking into account the observations found in this report regarding funding and long-term sustainability.

Poverty Reduction

In 2020, although provincial measures had been successful in reducing poverty, British Columbia was listed as having the second highest overall poverty rate in the country, with 7.6% of residents living below the poverty line.³³ The poverty line in B.C. is \$1,928 per month with regional variations, as determined by the Market Basket Measure.

The Government of Canada defines poverty as the condition of a person who is deprived of the resources, means, choices, and power necessary to acquire and maintain a basic level of living standards, and to facilitate integration and participation in society. Period poverty is an inextricable part of that definition, as it impacts all facets of a menstruator's life. There is stigma and discrimination due to poverty, and the same applies to menstruation.

Poverty is, of course, more complicated than the Government of Canada definition, as it intersects with racism, sexism, misogyny, ableism, transphobia, homophobia, xenophobia, prejudice or discrimination based on family status, body size, geography, ethnicity, immigration or refugee status, and other identities that are marginalized and neglected by society to maintain colonial power.³⁴ Poverty is not a personal failing, rather it is a societal one upheld by structural oppression and a violation of human rights and dignity.³⁵

According to research funded by the Government of B.C. through the United Way Period Promise 36, half of those who menstruate have struggled to buy menstrual products, sometimes leading to a period without any supplies. Menstruators experience stress related to decision making between critical items like medications or menstrual supplies, food or tampons. Access to pain management, bathing, and laundry is also dependent on socioeconomic status.

[I've been in] "embarrassing situations where I didn't have the products I needed. Having to stay home and not socializing because I am free bleeding." (Free bleeding is when an individual does not use period products, usually just sitting or lying on a towel at home, due to either lack of period products, or because the products have caused chafing/skin irritation from the glue).

- Living / Lived Experience Reference Group participant

The Pilot Projects and Task Force Reference Groups also provided information on how people living in poverty in British Columbia were accessing menstrual supplies without freely available access. The Task Force *Lived / Living Experience Reference Group* shared that they had made homemade products because they couldn't afford store bought. The *ENF Pilot Project Report* provided a reminder how key intersectionality is for both understanding and addressing period

poverty – their residents were experiencing poverty but also single parents, disabled, and neurodivergent participants.

Additionally, the *Family Education & Support Centre, Pilot Project Report* found that cost was an issue for all surveyed, influencing what product they get and for more than half prevented person from buying what they needed.

GUIDING PRINCIPLES

As with most equity issues, menstrual equity requires an intersectional approach; multiple factors that must be considered simultaneously. Therefore, the Task Force used guiding principles that we recommend be followed in all aspects of implementation.

- i. Use of accurate and inclusive language. When referring to someone who menstruates, say menstruator(s) as opposed to women and girls, or women and girls and people who menstruate. If a program is for a particular group use language to accurately specify as such.
- ii. Co-development of projects with community members and organizations that are most impacted by period poverty.
- iii. Incorporation of Indigenous menstrual health and education with cultural safety practices. Adopt a holistic approach that considers cultural, social, and environmental factors, which are essential for providing well-rounded support.
- iv. Recognition and respect of cultural practices to align with each individual community and which reflect diverse cultural practices.
- v. Addressing health equity disparities, ensuring that individuals from historically marginalised communities have access to the same standard of care and education as others.
- vi. Providing choice in menstrual supplies is a fundamental aspect of respecting autonomy, promoting health and wellbeing, and addressing the diverse needs and preferences within communities.

RECOMMENDATIONS

LEGISLATIVE AND MINISTERIAL REVIEWS

While there are many legislative and ministerial policies and guides referenced in this report, two were identified as warranting specific reviews and recommendations: menstrual supplies in provincially regulated workplaces and access to menstrual supplies for people in receipt of provincial income assistance benefits. In both cases, the respective Acts provide foundations to support the recommendations, contributing to meaningful change for people who are directly connected with the provincial government, albeit in very different contexts.

Legislative Reviews for Washrooms

The Government of B.C. does not currently address menstrual supplies or menstrual health requirements in employment related regulations. The Task Force encourages a review of legislation to consider of menstrual supply provision as an efficient method to address some of our recommendations. Doing so would accelerate advancement of the recommendations contained in this report.

When the Government of Canada set out to address the policy for menstrual supplies in federally regulated workplaces, they used the Canada Labour Code changes to enable the policy. The Task Force recommends that the Government of B.C. follow a similar approach by applying the same principles to relevant provincial Acts. This would result in alignment with the federal government's actions and regulatory changes.

Additionally, we recommend the following legislative reviews be initiated immediately to accelerate access to menstrual supplies in more spaces.

Recommendations for the Legislative Review for Washrooms

1. Update the Occupational Health and Safety Regulations and the B.C. Building Codes³⁷ to include provisions for menstrual supplies and sanitary disposal bins as is currently required for toilet paper in restrooms outside the home:
 - G4.85(3) Maintenance of washroom facilities: Add menstrual supplies such as disposable tampons, pads and pantyliners to list of provisions “With respect to the provision of supplies, each washroom should be provided with suitable waste receptacles and with the supplies necessary for the use of the facilities, such as a supply of soap or other hand cleanser, toilet paper, and hand-drying towels or air dryers.” (Short-term)
 - Update G4.85(1)1 Washroom facilities: Sufficient facilities to ensure appropriate hot and cold-water sources and privacy for all workers using the facilities.
 - Ensure any Building Code changes require that soap and menstrual supply dispensers are installed at a height between 34-48 inches off the floor, allowing

individuals with limited mobility, such as those in wheelchairs, to have unobstructed access. The new building code in B.C. does not address this.

2. Add gender neutral bathrooms to WorkSafe B.C. Guidelines which are currently limited to prescribing the number of gendered bathrooms; includes workplaces of 25 people or more, including rural/remote job sites (Short-term)

Policies under the Ministry of Social Development and Poverty Reduction British Columbia

In B.C., the Ministry of Social Development and Poverty Reduction (MSDPR) administers provincial income benefits, notably: income assistance and disability assistance or Person with a Disability (PWD). Recipients also receive medical services plan (MSP) coverage.

Unfortunately, the assistance amounts for both benefits keep people below the poverty line, which prevents them from living in a way that supports their wellbeing. Disabled people on PWD experience additional costs due to “disability tax” and struggle to cover their necessary medical needs including menstrual supplies.

The MSDPR pays for some medical supplies for people on disability assistance. Many are like menstrual supplies, including supplies for **ongoing** bowel care, incontinence, and wound care, or a **monthly** income supplement for healthcare-indicated diets (low-sodium, gluten-free, for kidney dialysis) or nutrition (vitamin or mineral supplementation).³⁸

Menstrual supplies and pain management support should be provided as fundamental, basic items that fall under the umbrella of medical supplies. Doing so would decrease the likelihood of harm (urogenital infections, irritation, social exclusion) and distress (isolation, shame, depression). These factors can prevent people who are required to find work while receiving income assistance to experience further setbacks and barriers.

Recommendations for MSDPR

3. Provide an annual or monthly supplement for menstruation supplies that assistance recipients can apply for under the Employment and Assistance for Persons with Disabilities Act (Part 5, Division 4) or the Employment and Assistance Act (Part 5, Division 5), regardless of gender identity or age. An annual subsidy would allow people to buy reusable supplies which may be preferred for a variety of reasons, including body size, disability, gender identity, or culture. (Medium-term)
4. Provide a monthly laundry stipend. (Medium-term)
5. Increase income assistance and disability assistance rates to the poverty line, index them to inflation, remove “unit” rates to opt for individual rates. (Long-term)
6. Update and task shift the process for applying for Persons with Disabilities (PWD), taking into consideration the severe lack of access to doctors, nurse practitioners, and other healthcare providers (Long-term)

DISTRIBUTION OF MENSTRUAL SUPPLIES

Distribution has become key to period poverty policies to address the reality that lack of access to menstrual supplies is caused by financial and physical barriers to securing menstrual supplies directly. The Period Promise Research Project (funded by the Government of B.C. in partnership with United Way BC) reinforced this by recommending that “free menstrual products should be more accessible in communities across a broad variety of access points.”³⁹

Many participants in the 2023 Pilot Projects expressed the need for menstrual supplies to be made available for all residents of British Columbia, either for free or at a capped price. The following section provides recommendations on distribution across a broad cross section of locations and population groups.

When considering distribution methods, it is important to understand that addressing period poverty requires a multi-faceted approach of which distribution of and access to menstrual supplies is a key component, but only one in a suite of required policy changes.

“What we realized is that distribution and accessibility were larger factors that affect our Indigenous community than financial. The shame of asking, the inconvenience of going distances even if it’s a couple of blocks and availability have a significant negative impact on usability. Putting up barriers to accessibility such as distance, documentation, and surveys negatively impact the Indigenous community from accessing these Moon Time aids when needed. Many other challenges such as homelessness, addictions, mental health or even one additional barrier will be the breaking point for accessing these items.” - First Nations Wellness Outreach Society, Pilot Project Report

Global studies and the B.C. grant program findings show that increasing access to menstrual supplies decreases the likelihood of using limited food budgets or risking physical health impacts. Addressing period poverty is a critical component of the measures being taken by the province to address household and personal affordability issues.

The priority approach to eradicating period poverty must focus on ensuring those people who need menstrual supplies due to poverty can receive them with the best practices for provision ensuring menstrual supplies are:

- Accessible and easily available
- Consistent and long-term supply
- Not reliant on a gatekeeper or by way of a request
- Availability of choice and quality
- Relevant for the population’s needs

The recommendations in this report provide the Government of B.C. with a holistic approach to move away from solely offering place-based solutions. In the interim, place-based solutions remain an important way to get supplies to the people who need them most, therefore remaining part of the solution to ending period poverty.

Reusable Menstrual Supplies and Subsidy Support

The 2023 Pilot Project grants enabled testing the use of and demand for reusable products for unique population groups as some individuals may prefer or prioritize environmentally friendly menstrual supplies. Providing choices, including sustainable options, allows individuals to make decisions that align with their values and personal needs.

Reusable menstrual products typically have a higher initial cost than disposable products. However, they are designed to last for an extended period, often several years. Once the initial investment is made, users can avoid the recurring costs associated with buying disposable items. Reusable options can be used repeatedly, eliminating the need for frequent purchases. This reduction in monthly expenses can add up over time, providing significant savings. By including the free provision of reusable menstrual supplies in policies to address period poverty, costs can be immediately decreased for users with financial challenges.

The findings in the *Support Network for Indigenous Women & Women of Colour (SNIWWOC) Pilot Project Report* illuminate the demand for diversity in menstrual supplies for Black, Indigenous, People of Colour (BIPOC) who menstruate. “It is especially noted that reusable alternatives are most desired, due to their cost-effectiveness and sustainability. There was considerable interest in reusable products. However, their relatively higher price was a limiting factor for many. Many community members express satisfaction with reusable menstrual products due to their cost-effectiveness and sustainability.”

Surveys for the SNIWWOC pilot demonstrated that access to reusable products:

- **Enhanced Wellbeing**: Participants reported improved overall wellbeing. They now find themselves in a better position to allocate their resources to other necessities, such as food, due to reduced menstrual product expenses.
- **Supported Behavioral Change**: A noteworthy observation was a shift in behavior. Many respondents indicated that they no longer resorted to unsafe menstrual alternatives after receiving the product. This suggests a positive change in menstrual hygiene practices.
- **Increased Participation**: The product positively impacted participants' attendance and participation in various aspects of life, including school, work, and social events. It boosted their confidence and comfort during menstruation.

Subsidizing or providing free reusable menstrual products – especially where those are not linked to a place or service-use – is highly recommended in any distribution or grant model due to the findings by Pilot Projects that availability and provision of reusable and/or sustainable menstrual supplies decreases the annual amount that people are spending on menstrual

supplies. As noted previously, the subsidies for purchase of sustainable menstrual products underway in a number of Montreal boroughs provides the ability for choice and also decreases the volume of products ending up in landfills annually.

Of the 148 orders that were placed by *Entre Nous Femmes Housing Society (ENF) Pilot Project* participants, reusable menstrual products were the most popular, with 53% participants choosing reusable options, compared with 43% choosing disposable menstrual products. When the financial barriers were removed from accessing reusable menstrual products, the number of participants using reusable products doubled from 25% to 53%.

The *ENF Pilot Project Report* noted the “importance of providing enough funds to purchase reusables, and enough reusables to be effective at meeting their needs – a big, all-at-once expense that isn’t available to many, but *if you provide it, (they) will choose reusables over disposals* which is better in terms of environmental issues.”

Government-Supported Provision to Social Service and Community Organizations

Long-term, sustainable funding

Community organizations have been a primary focus for the B.C. Pilot Projects due to their direct relationships with people needing to access menstrual supplies and their ability to build programs which meet the needs of their client bases. Continuous access to supplies within all local communities is key to a long-term solution.

Prior to the government grants, surveys conducted by United Way BC indicated that community organizations were supplying menstrual supplies to clients either with individual staff members paying the cost out of pocket, having to find funds in project budgets, or relying on donation flow.

Throughout B.C., community organizations, such as Project AIM in the Fraser Valley, The Red Badge Foundation in Surrey, and Moon Time Connections are funding their own programs in addition to the work of United Way Period Promise’s collection and distribution campaign model and partnerships. Additionally, very localized projects such as free period ‘libraries’ and/or pantries have been set up with free products by volunteers in a model like the ‘little free library’ model. These models all largely rely on donations to restock.

The two grant streams funded by the Government of B.C. in partnership with United Way BC provided a variety of community organizations with funds to allow them to provide clients and service users with direct access to menstrual supplies. Despite the success of these two grant streams to date, long-term investment is required, as sustainability of programs is challenged by the ongoing budgetary pressured experienced by many community-serving organizations.

Without sustainable funding, people who require access to menstrual supplies cannot rely on their local organizations to provide supplies when and where they need them in a consistent manner. This increases precarity for people already experiencing issues with access to basic needs and adds pressures to service organizations. Ensuring sustainable, long-term funding for the provision of menstrual supplies increases the ability of organizations to provide consistent access in local communities. It is equally important that funding for supplies is not downloaded to the service organization to absorb in overstretched budgets.

This is demonstrated in the implementation of the New York State Bill⁴⁰ requiring homeless shelters to provide free menstrual products. Advocates have since noted challenges with compliance due to reliance on donations as the legislation requires shelters to use their operating funds. “I don’t think there’s a true appreciation for how much these mandates cost,” said Tracy Pitcher, Executive Director of St. Paul’s Homeless Shelter⁴¹.

Further, the *Family Education and Support Centre Pilot Project* had two distribution locations turn them down as a place to hand out menstrual supplies under the grant program because there was no continuity plan. Those locations indicated that they did not want to confuse people or have them asking for products after the project was over and menstrual products were no longer available.

While the Task Force recommends a continuation of grants as a key component of a strategic approach (noted as the recommendations in this section) this is also limited to those organizations that have access to the application process, qualify, and apply while the limited amount of supplies are available.

Logistical considerations

The 2023 Pilot Projects provided key insights into ways the government can support grantees’ and organizations’ distribution efforts. When providing funding for projects, it is important to ensure the grant stream allows inclusion of all menstrual supplies in this cost by allowing funding for:

- Information and educational materials
 - Myth busting information based on medically sound and culturally aware advice.
- Pain management and other menstrual related support supplies
- Staffing costs and administration
- Delivery mechanisms

Non-profit social service agencies rely heavily on community donations to provide menstrual supplies to clients. These supplies do not always meet the needs of the client and do not offer the essential option of choice. For this reason, the Task Force also encourages partnerships with the private sector to ensure procurement is affordable and sustainable long-term. Pacific Blue Cross in partnership with CUPE 1816 and Procter & Gamble have partnered with United Way Period Promise to expand access to menstrual products in that program. The

organizations that received grants to test distribution models, had established robust partnerships with B.C. based companies, such as Aisle and Joni, as evidenced by this report.

The section *Recommendations for Menstruation Education for Workforce, Community Workers, and Caregivers* on p39 in this report outlines how organizations receiving grants should be supported to provide workshops to recipients. Indigenous led and focused menstrual projects also require funds for extra staff (to build trust and provide additional support) and culturally specific materials (such as smudge kits⁴²).

In addition, many grassroots and even larger organizations have limited storage space. This was one of the biggest obstacles the Pilot Projects faced. Even with a large budget, space limitations make bulk buying difficult. Therefore, a storage and delivery system like United Way BC FoodLink and Regional Community Food Hubs would benefit many smaller organizations.

Cowichan Women's Health Collective (CWHC) was able to make significant savings by bulk ordering and then redistributing products through place-based partner locations. Having worked with partner organizations for nearly two decades, they demonstrated that establishing trust in the community enhanced project efficiencies. As a distribution hub, CWHC was also able to share insights on working with a variety of organizations.

“We learned that different approaches are needed for different kinds of organizations. For example, those organizations that provided individualized services provided product in the bathrooms, but their clients might not use the bathroom in the one hour that they were on-site, and might not know about the product. Those organizations that are more generic in their service provision, such as the food bank, displayed the product in their “shop”, and were surprised by the amount of demand. Other organizations, such as the libraries which serve many purposes in addition to loaning books, experienced significant demand for product.” – CWHC Pilot Project Report

B.C.'s 2023 Pilot Projects showed that not all people experiencing period poverty may have a relationship with, or access to, a community organization (i.e. rural and remote communities). Therefore, while beneficial in many ways to increase access, standardized delivery methods were shown not to work in every community.

In addition, the legacy of colonization means some Indigenous communities are weary of service providers. The Community Team Nurse working on the *?a?am Community Pilot Project Report* heard from several Indigenous community members that they didn't trust the project goals, so the Pilot Project leads decided to deliver menstrual supplies via private vehicle for the pilot. “This gave the writer and team members the opportunity to drop off the “period packs” with the intention of relationship building.”

The *Community-Based Organizations Reference Group* also noted that services may not be available to people who need it most because of short opening hours. If the primary mechanism continues to be provision through community organizations, it is important to ensure travelling to acquire menstrual supplies is not the only option – especially where that travel requires an added cost. Disability is another factor that could make traveling to a service organization to get supplies difficult or impossible.

Diverse Distribution Models

Free Online Ordering

Online ordering offers a range of benefits for individuals with limited financial means, making it easier for them to access affordable menstrual supplies while ensuring privacy, convenience, and a variety of options. Some people may feel embarrassed or uncomfortable requesting menstrual supplies from a service organization, particularly if they are struggling financially. Online ordering provides a discreet and private way to obtain these essential items, helping to preserve the dignity of individuals.

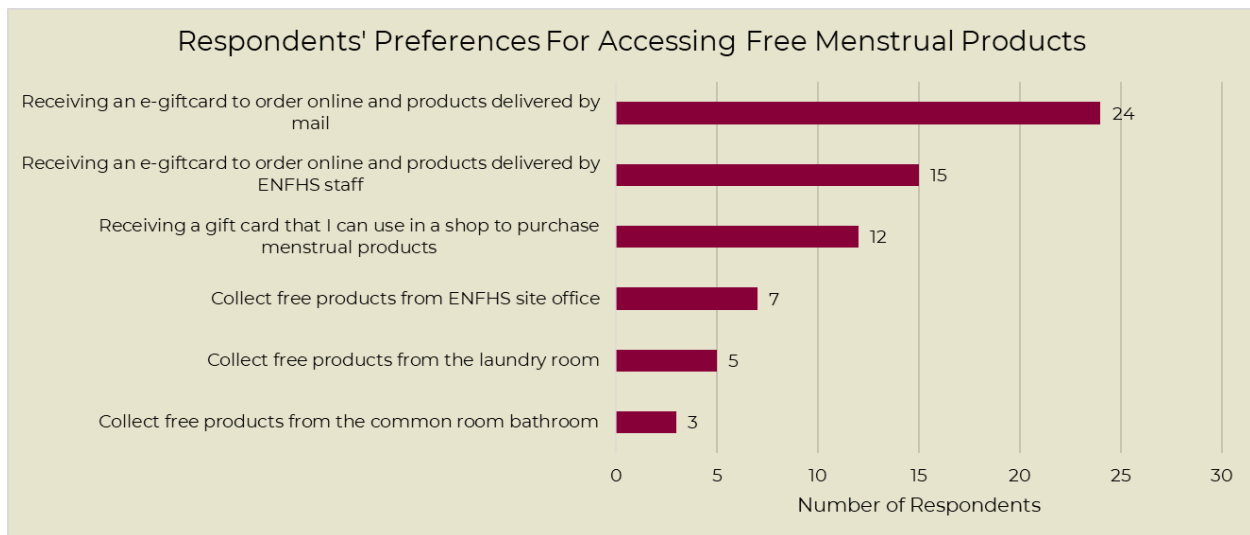
A province-wide online ordering system for people who need to access free menstrual supplies could provide a reliable, accessible, and dignified means for individuals to access menstrual supplies, especially those facing financial challenges, as well as decrease pressure on service organizations.

The 2023 *ENF Pilot Project* confirmed that financial barriers continue to hinder equitable access to menstrual products for individuals of lower-incomes and those with health issues. The *ENF Pilot Project Report* also reflects that the social stigma of menstruation continues to be a barrier to those needing access to menstrual products. As the impact of receiving free menstrual products has a significant positive outcome on participant's wellbeing, particularly by alleviating financial challenges, contributing to better health outcomes and creating better access for those with mobility or accessibility challenges, expanding distribution methods should be a goal for programs moving forward.

A number of 2023 Pilot Projects included the provision of e-cards to purchase menstrual products directly from suppliers like Aisle and Joni where bulk rates were secured. These pilots provided a secure online ordering system for delivery by mail or by community organization staff. This model also allows the tracking of use rates to evaluate the project's success. Vouchers and/or e-cards can also be a solution to access supplies in rural and remote communities with post offices.

The *ENF Pilot Project Report* provided data regarding delivery mechanisms. In partnership with three manufacturers, ENF provided residents with three options in terms of type and delivery of products. Participants preferred receiving e-gift cards to order menstrual supplies online and have products delivered by mail or by ENFHS staff. These responses indicate that e-gift cards are an effective and preferable way of purchasing supplies for participants. Privacy is

maintained and the participants get to choose their options in the comfort of their own home at any time. The figure below illustrates the preferences for receipt of supplies.



The *Access to Sanitary Products Aberdeen Pilot: Evaluation Report (the Aberdeen Pilot) 2018*⁴³ findings indicated that having to sign up and speak with someone to access products was a barrier to accessing free menstrual supplies. Receiving products at home by mail from an online order was a high preference, as was availability at easily accessible locations such as health centres and pharmacies. A challenge identified by Pandemic Periods in their interim analysis of the Scottish model is that online ordering can cause a delay in delivery of products that are often needed urgently. Therefore, online ordering systems need to ensure people have a consistent and reliable supply of menstrual products.

In-Person Home Delivery

Home delivery can be integrated into community outreach programs, allowing organizations to identify vulnerable individuals and provide them with the necessary support. This approach enables a targeted and proactive effort to reach those in need of menstrual supplies while eliminating the need for travel. However, a program such as in-person home delivery should be co-developed with the involved communities to build trust and ensure success.

The Tampon Taxi is a recognized program which grew from the Scottish Act and funding allocations to local bodies. The Taxi provides an anonymous, online ordering service for vulnerable and marginalized people to order the menstrual supplies they need. Starting in 2020, it was receiving thousands of orders, with over 250 subscribers per month. Volunteers lead the delivery system in the three communities served with remote areas receiving their orders by mail. This model allows subscribers to select the supplies they need, ensures choice, is discreet, and requires minimal personal information for delivery.

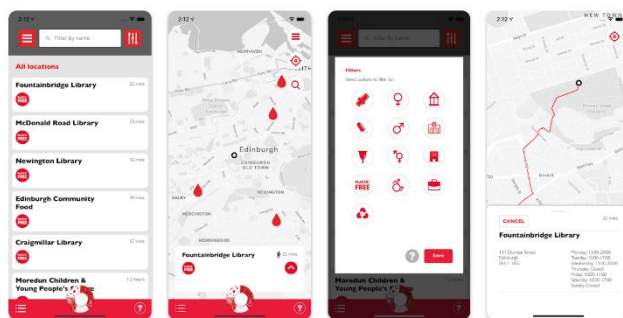
North Lanarkshire Council (England) piloted home delivery as well during the pandemic: “this included working with local community partners to deliver products direct to residents’ homes;

supply of products to food banks and other food aid organisations for distribution to people requesting products, and occasional postal deliveries and home deliveries by project staff.”⁴⁴

Knowledge of Locations of Free Menstrual Supplies

To ensure access for all people who need menstrual supplies, with a focus on vulnerable people in every area of the province, it is important to create awareness about where these supplies can be located when needed.

Many jurisdictions have developed advertising campaigns to achieve this goal including bus stops, newspapers, posters, and digital content. In Scotland, the PickupMyPeriod app⁴⁵ allows users to search for free period supplies by area and product type. It is free to download on iOS and Android and links to over 700 venues. The one challenge is that it is the only option menstruators have to find supplies. A printed version^{vi}, hotline or website^{vii} would allow accesses to people without mobile phone or a data plan.



Apps increase knowledge on pick-up locations and provide community organizations with information on availability for their own distribution methods. Food Link by United Way BC is a mobile app that connects community organizations with available food and period products using volunteer logistics. The app will be available throughout the province by 2025. As it expands, organizations should be able to enter their menstrual supply needs in the app.

B.C. advocacy organization Hello Period has started a Google-based map to support the public in tracking free menstrual product locations. Period Pin⁴⁶ is mapping [locations of free menstrual products](#) across Canada; nearly 550 locations of local governments, libraries, universities, community organizations, and businesses currently offer free menstrual products.

Recommendations for Diverse Distribution Models

7. Continue grants to United Way BC in 2024 to ensure sustainability of the current model and for continuation of tracking feedback and data. (Short-term)
8. Use existing infrastructure to address food insecurity receive funding and support for menstrual supply provision. In partnership with the Government of B.C., United Way BC has created Regional Community Food Hubs, and the Food Link app (Medium-term)

^{vi} Printed version could become out of date quickly.

^{vii} Toll free numbers can be accessed from a landline or payphone without charge, websites can be accessed from a library or other computers without requiring download permissions.

9. Establish systems for e-cards to purchase menstrual supplies direct from the manufacturers that can be distributed to groups most impacted by period poverty (Medium-term)
 - Include options for choice in environmentally friendly disposable and reusable/sustainable product selection.
10. Create or support online platforms or apps where people in need can request menstrual products discreetly, and volunteers or organizations can fulfill those requests through local distribution points or models like the Tampon Taxi. (Long-term)

Ensuring Menstrual Supplies Are Available in Specific Locations

Distribution in Public Buildings

It is the position of the Period Poverty Task Force, and the greater menstrual equity movement, that menstrual supplies should be recognized as an essential good, similar to toilet paper, that is provided by all employers and available in all washrooms. Therefore, the Task Force strongly encourages the Government of B.C. to move forward with supplying menstrual products in all^{viii} public building washrooms in the same way toilet paper and soap are made available. The recommendations that follow include priority locations and options.

Recommendations for Distribution in Public Buildings

11. Follow the lead of the federal government and ensure access to menstrual products for B.C.'s public service and in all buildings under the Government of B.C. jurisdiction. (Short-term)
12. Undertake the implementation of menstrual product provisions in B.C. Government buildings with public access, focusing on increased access to menstrual products for people most impacted by period poverty. (Short-term)
 - The priority recommendations are courthouses, libraries, hospitals/health authorities, B.C. Housing operated buildings, and BC Friendship Centres.
 - The Task Force also considered government offices found in communities around B.C. including Service BC, MSDPR offices, and ICBC. These locations should be explored for their public access opportunities.
 - Even without public facing washroom facilities, there may be an ability for Service BC or local MSDPR offices to provide menstrual products on request, which we recommend be reviewed.
13. Include menstrual product provision for community hubs that are designated as cooling centres during heat waves or emergencies such as wildfires.^{ix} (Medium-term)

^{viii} In all men's, women's, gender-neutral, or non-gender specific public washroom

^{ix} Also see Distribution During Climate Change Emergencies p 29

14. Consider the installation of free vending machines stocked with menstrual supplies in public places such as government service offices and libraries, as well as public transportation hubs which could ensure accessibility without the need for direct interaction. (Long-term)

People Currently Incarcerated in British Columbia

Access to menstrual products, health, and dignity should be provided, without question, to all incarcerated people without cost or limit. The Corrections and Conditional Release Act stipulates that all penitentiaries, including all living and working conditions for incarcerated people, will be safe, healthful, and free of practices that undermine a person's sense of personal dignity. However, the Task Force has been unable to ascertain the degree to which incarcerated people in British Columbia have free, and unfettered access to menstrual products.

Evidence from the United States suggests that menstrual products are treated not as basic necessities, but as luxury consumer products that are either completely unavailable, available at a prohibitive cost, or distributed in insufficient quantities, resulting in several unsafe and undignified menstrual management practices.^{47,48} Anecdotal evidence suggests that this may also be the case in British Columbia's jails, prisons, detention, and remand centres.

Recommendations for Supporting People Currently Incarcerated in British Columbia

15. Investigate and verify the extent to which menstrual products are freely available to incarcerated people in all prisons, jails, detention, or remand centers throughout the province. (Short)
16. Ensure that incarcerated people of all genders within the province have access to menstrual products, including where products are available
 - At no cost to the incarcerated person or their family.
 - In sufficient quantities and available without delay upon request.
 - That are of sufficient quality, including a combination of pads and tampons.
 - In both men's and women's facilities, recognizing Canada's operational practice of allowing people to be placed in gendered institutions according to their gender identity. (Medium-term)
17. Ensure that incarcerated people of all genders within the province also have access to
 - All associated water, hygiene, laundry, and waste disposal facilities needed to manage menstrual blood with dignity and privacy.
 - Menstrual healthcare including management of menstrual health conditions and syndromes, as well as the option for menstrual suppression. (Medium-term)

People Who Are Unhoused or Inadequately Housed

When people do not have safe and secure housing or they spend a high proportion of their income to sustain it, they are unable to meet other needs, including menstrual supplies and menstrual management including bathing and laundry.⁴⁹ The experience of homelessness and financial vulnerability further removes much of the autonomy people have over how they manage their periods. To support mental and physical health, it is important that menstrual products are widely available to those who are unable to afford them.⁵⁰

The rate of people experiencing homelessness in B.C. is increasing, with the 2021 Point in Time⁵¹ count showing an 11.5% increase from 2018. Menstruators who are unhoused and experiencing poverty describe a menses as being public, on display without any privacy, and vulnerable. Frequently moving from one place to another due to street sweeps, no daytime hours at a shelter, or going from one house to another, makes it more difficult to have supplies ready and manage menstruation.

Reliance on finding a place to use a public toilet for free is exceptionally difficult. A few social services may provide access, but limited open hours and variation in staff and policies can reduce availability. People report being denied access to flushable toilets, sinks, and laundromats due to appearance and stigma. Lack of toilet access at night necessitates using buckets or the street without the ability to clean up which is unpleasant, dehumanizing, and creates additional risk for violence.⁵² Access to showers in shelters and in community is often insufficient or inadequate. The opportunities to bathe are extremely limited, necessitating “bird baths” with paper products or clothes and water.⁵³

Recommendations to Support People Who Are Unhoused or Inadequately Housed

18. Ensure outreach workers have access to menstrual supplies to provide in community. (Short-term)
 - Explore availability and provision of biodegradable products as an eco-friendly and practical option for people who manage their menstrual flow outdoors. (Short-term)
19. Replicate COVID-19 programs that provided pop-up washroom trailers (with washroom stalls, drinking water, and sinks) that could also provide menstrual supplies and information in locations across the province, especially encampments. (Medium-term)
20. Abide by the [Canadian Tent Encampment Protocol Schedule B](#): *Ensure encampment meet basic needs of residents consistent with human rights law, and apply liberally*⁵⁴
 - Access to safe and clean drinking water
 - Access to hygiene and sanitation facilities, addressing privacy and safety for women and other marginalised genders.
 - Garbage removal
 - Follow provincial accessibility standards (Medium-term)

21. Fund municipalities to purchase and install 24-hour accessible toilets, modeled after the B.C. communities that have installed the Portland Loo: Esquimalt, Kamloops, Nanaimo, Nelson, Prince Rupert, Smithers, Vancouver, and Victoria (Medium-term)

Addressing Period Poverty in Social Housing & Shelters

Ensuring ease of access to people living in social housing or who are at risk of homelessness is a priority consideration. Models are already in place to address some needs but can be scaled to ensure greater access.

In British Columbia there is a heavy reliance on underfunded and overworked non-profit organizations to meet the needs of people who are unhoused or inadequately housed. Some organizations can purchase menstrual products for their participants or residents, but it is likely to be an unreliable supply and of unpredictable quality due to dependence on donations and lack of funding. Local non-profit community organizations are uniquely situated to help address period poverty but do require additional financial and logistical support.

97% of respondents in the *ENF Pilot Project Report* supported the provision of free menstrual products in non-profit housing communities across British Columbia. This suggests that respondents perceive that there is a need for the provision of free menstrual products in social housing communities throughout B.C., and that it would benefit residents living in those communities. The *ENF Pilot Project* provides a model for other social housing providers, which they presented at the 2023 Housing Central conference. The ENF report noted that about **one-third** of participants indicated that having access to free menstrual products relieved mental stress, enabled them to participate in work and school, and felt more empowered by having more control over their menstrual needs.

Other considerations to address Period Poverty in Social Housing & Shelters

When staying in housing facilities, there is a power differential between residents and staff. In some locations supplies are only available by request to staff. Some people are uncomfortable sharing personal bodily information by requesting supplies from shelter staff, feeling as though it is a vulnerability to disclose that to someone who holds power over their shelter.

In communal spaces like a shelter, accessing toilets, bathing, and laundry might be difficult whether it's due to privacy, maintenance, accessibility for wheelchairs or mobility aids, or lack of supplies like towels, soap, or tampons. In addition to cost, reusables are not ideal in communal bathroom settings due to lack of privacy for cleaning up and washing products ⁵⁵

Menstruators who rely on but have been banned or excluded from, or not eligible for shelters and social housing programs (due to substance use, citizenship, sex work, transgender or non-binary identity, criminal charges due to meeting survival needs in poverty), will not have access to bathing, toilets, or menstrual supplies further exacerbating period poverty.

Recommendations for Addressing Period Poverty in Social Housing & Shelters

22. Require that all B.C. Housing sites become distribution locations for menstrual supplies, for their residents at minimum. The Entre Nous Femmes model provides guidelines for other housing providers. (Short-term)
23. Prioritize *BC Homes for People* housing plan, including accessible bathing, laundry, and sink access for people as a basic measure, addressing inadequate housing (Short-term)
24. Implement a laundry stipend program. (Medium-term)
25. Increase funds for social services and non-profit housing providers for shelter beds, housing units, and keeping WASH items in good repair (Long-term)

Provision of Menstrual Supplies in Workplaces

The May 2023 Plan Canada poll⁵⁶ with Leger showed that those with a household income of less than \$60,000 are more likely to agree that their inability to afford menstrual products has held them back from activities (22% vs. 10% among those earning above \$60,000).⁵⁷ This corresponds with the Government of B.C. and United Way Period Promise Research Project⁵⁸ findings that when people do not have access to menstrual products they will often stay home, meaning they miss out on school, work, or other opportunities to be engaged in their communities.

Therefore, to ensure menstruators can participate in the workforce and to decrease stigma associated with menstruation, it is important to normalize menstruation in the workforce and ensure that menstrual supplies are available for people in their place of work.

Forty-seven businesses, unions and organizations in B.C. have signed the Period Promise Policy Agreement⁵⁹ to provide menstrual products in their washrooms. For example, Vancity Credit Union signed the Period Promise pledge in 2019 and, since then, has provided free menstrual products to its 2800 staff in every bathroom across its branch and office network. The program is popular among staff and Vancity intends to maintain the program indefinitely.

With the increased pressures on cost of living, working people are increasingly accessing food banks and services to support themselves and their families. Ensuring that all employers are required to provide menstrual products is one tool in addressing period poverty. The *SN/WWOC Pilot Project Report* participant feedback emphasized the potential benefits of workplaces providing these products, reducing both financial burdens and menstrual stigma simultaneously.

Employers are also testing models within their workplaces. In 2020 Vancity Credit Union successfully piloted a voucher program to provide 160 staff with a \$80 voucher to purchase sustainable menstruation products from B.C. based company Aisle via registering online for a

discount code. The program was widely popular, easy to administer, and was used to inform staff about the importance of sustainable menstruation products.

Recommendations for Provision of Menstrual Supplies in Workplaces

26. Ensure menstrual supplies are provided in all workplace washrooms through B.C. Legislation and Regulation, or commitment to the Period Promise Agreement (Medium-term)
27. Encourage employers to model programs such as purchasing menstrual supply e-cards from local manufacturers for their employees to help: (Medium-term)
 - destigmatise menstruation conversations in the workplace.
 - inform staff about the options for sustainable menstruation products.
 - support the local economy.
 - contribute less waste to local landfills.

Distribution in Educational Institutions: K-12 system and Post-Secondary Institutions in British Columbia

Lack of access to menstrual supplies may intersect with student's ability to fully participate in school-based activities and negatively impact their social and emotional well-being.

In February 2019, the New Westminster School District became the first in Canada to pass a policy to provide menstrual products in their school system. In April 2019, under a ministerial order from then Minister of Education Rob Fleming, the Government of B.C. became one of the first jurisdictions in the world to mandate that menstrual products be provided in washrooms in the K-12 system. The order included a one-year funding pool of \$300,000. Set for implementation in early 2020, schools had only started to implement the order when the pandemic started. As a result, full implementation was delayed.

The 2019 ministerial order⁶⁰ to provide menstrual supplies in schools outlined relevant policy and procedure for implementation which suggests that school boards must take steps to ensure that free menstrual supplies are accessible to students of all genders in manner that protects their privacy, as well as ensure that products are made available consistently. The ministerial order also suggests seeking and incorporating student feedback related to the provision of menstrual supplies. However, currently, there is no evidence that confirms the successful implementation of this policy, and related procedures and anecdotal reports are inconsistent.

In order to ensure both appropriate implementation of and adherence to the ministerial order, further resources for school districts are required. For instance, in the absence of clear procedural instructions, school staff may opt to place menstrual supplies in various locations such as the library, wellness rooms, or within locked cabinets. Others may require a student ask for a menstrual product at the front desk. Adequate measures to ensure the privacy of students

seeking menstrual supplies may not be established in these processes. In addition, this system to provide menstrual products is not accompanied by menstrual health education – an issue exacerbated through the pandemic and school closures.

The 2023 *CWHC Pilot Project Report* noted that: “Children whose periods start while they are in elementary or middle school face greater barriers. Access to free products should be provided in these locations not just secondary schools. Dealing with the issues of unexpected bleeding is especially difficult when you are very young.”

Participants in that pilot project, particularly trans individuals, expressed frustration at the lack of practical support and planning within schools for private and safe access to menstrual supplies.

A survey of 370 post-secondary students in a medium-sized institution in British Columbia also highlighted the need for free menstrual supplies on campus, which found that 70% of the survey participants had their periods start unexpectedly on campus, requiring many to seek menstrual supplies in campus facilities.⁶¹

The student-run non-profit organization Free Periods Canada and University of British Columbia Building Operations collaborated to provide free menstrual supplies and develop a map of washrooms with free supplies on campus. The BC Federation of Students has also coordinated and advocated on many campuses around the province with school administrations to ensure access to menstrual supplies.

It is important to consider providing menstrual supplies to students outside school and campus, so that students have access to them during school breaks, outside school and class hours, etc. The initial phase of B.C.’s mandate, which came into effect just before March 2020, illustrates how the Covid-19 pandemic restricted access to institutional facilities, and therefore students’ access to menstrual supplies.

In this regard, helping students purchase reusable menstrual products can ensure that they always have access to adequate menstrual supplies, regardless of their abilities to access the institution’s facilities.

Recommendations for Distribution in Educational Institutions

28. Conduct a 5-year review of compliance with the 2019 Ministerial Order, with consideration of the procurement, types of menstrual products offered, and where products are placed. (Short-term)
 - Ensure that the review includes input on the types of menstrual supplies requested and/or required by students.
 - Develop an implementation guide for school boards, with consultation from students, teachers, school staff and other relevant stakeholders. This will enable school boards to easily adopt best practices for menstrual health product provision in their schools. (Short-term)

29. Mandate procurement of menstruation products for school districts in accordance with the BC Core Policy and Procurement Manual to increase access to a diversity of products for personal choice and need. (Short-term)
30. Ensure post-secondary institutions are placing menstrual supplies in all washroom facilities in post-secondary institutions that are accessed by students, including post-secondary-operated student residences, as well as all men's, women's, gender-neutral, single stall, multi-stall, and universal/accessible washrooms. (Short-term)
 - Ensure that washroom facilities in post-secondary institutions are equipped with functioning, free-vend dispensers, and adequate waste disposal systems.
 - Ensure that adequate product levels are maintained, and menstrual supplies are replenished as part of routine custodial duties.

Distribution in Healthcare Settings

Healthcare settings, namely pharmacies, businesses with pharmacies, primary care clinics, walk-in clinics and gynecologists' offices are ideal distribution sites. Facilitated by the classification of menstrual supplies as medical supplies (see *Extended Health Benefits / Health Spending Account* p 41 in this report), these healthcare settings are well positioned to not only provide their patrons with menstrual products but also accompanying education associated with menstrual health, as well as advice when selecting menstrual supplies for use.

Models for distribution currently exist within B.C. For example, the BC Center for Disease Control initiated the *Take Home Naloxone* program⁶² in 2012, which provides free kits via online order or from 1300 distribution sites across B.C., to people at risk of an opioid overdose.⁶³ Additionally, the Government of B.C. recently establishment of programs for access to contraception and HPV home kits. This includes expanding the ability of pharmacists in the province to assess and treat 21 minor ailments.

Other jurisdictions have piloted programs for health care spaces to serve as points of voucher distribution, where education is offered alongside a voucher for use at a participating pharmacy or where products are ordered online and delivered to a person's home.

Recommendations for Distribution in Healthcare Settings

31. Engage pharmacies, businesses with pharmacies, sexual assault clinics, primary care clinics, community health centres, walk-in clinics, hospitals, and gynecologists' offices, both provincially run and those run by First Nations Health Authority, to determine interest and capacity to support models for provision of menstrual supplies within their spaces. (Short)
32. Review policy alignment for menstrual supplies with the recent establishment of programs for access to contraception and HPV home kits. (Short-term)
 - Include review of the potential for a province-wide online ordering system for menstrual products.
33. Allow PharmaCare to compensate pharmacies for assessing eligible B.C. residents' menstrual supply needs, and provide access to associated supplies, in a model akin to

the MACS ailments and contraception model currently successfully underway. (Medium-term)

34. Review models with potential for implementation in healthcare settings including but not limited to:
 - Identifying, training, and accrediting specific pharmacies as authorized distribution points for free or subsidized menstrual supplies, as has been done in Catalonia, Spain.⁶⁴
 - Developing a program for menstrual supplies to be purchased in advance by vouchers and picked up at participating pharmacies.
 - Providing vending machines which dispense not only menstrual supplies, but harm-reduction supplies, COVID-19 tests, HIV self-test kits, safer sex supplies, etc., and which can be placed in any pharmacy, business with a pharmacy, sexual assault clinic, primary care clinic, community health centre, walk-in clinic, hospital, and gynecologists' office.

Distribution During Climate Change Emergencies

B.C. is seeing an increase in emergencies, including climate-fueled natural disasters such as floods, droughts, wildfires, and extreme heat. Evacuees and displaced people who menstruate and are enroute somewhere or in temporary shelters also need access to menstrual supplies and safe and private WASH facilities to manage their menstruation.

Emergency Support Services (ESS) provides short-term basic support to people impacted by disasters. B.C. is reviewing the services provided by ESS during emergencies in Spring 2024. Key menstruation-related considerations in emergency response planning, including providing areas of privacy, safety, dignity, facilities, information and basic materials and supplies.

When remote communities are already under-resourced, wildfires are another problem on top of many existing issues. The *ᑲᓱᓱᓱᓱ Community Pilot Project Report* noted that:

“During the wildfire and evacuation, we shifted priority into getting any of our surplus of products set up at the community centre, the college, and the food bank to ensure those that were evacuated could acquire menstrual products and wellness supplies. Those evacuees were very thankful to have access to these menstrual and wellness products.”

Recommendations for Distribution During Climate Change Emergencies

35. Include advice to pack menstrual supplies and related medication in any government recommendation for emergency plans or Grab and Go kits. (Short-term)
36. Require the Emergency Support Service program (ESS) to provide menstrual products to evacuees requiring assistance by sourcing an ESS Supplier or Community Partner

who can provide menstrual products, with reimbursement from the Government of B.C. (Medium-term)

Province Wide Access: Rural, Remote, First Nations and Other Communities Living Outside of Commercial Centres

Approaches to addressing period poverty in B.C. must be province-wide and include consideration for solutions in rural and remote communities. Recommendations provided in this report consider all areas of the province, but it is important to note that additional provisions must be provided to those communities with limited services, less frequent postal service, and/or without an accessible, local community organization.

Transport Canada has identified 30 B.C. communities that are isolated and only accessible by air for most of the year, where alternative means of travel for essential needs (e.g., food, medicine) are non-existent, impossible, or impractical. Some communities may have limited seasonal access to long and unreliable gravel roads, ferries, or remote railway ⁶⁵. Of the 30 locations that are only accessible by air, 19 are First Nations communities. This not only illustrates the additional barriers Indigenous communities face when accessing menstrual supplies, it also highlights the issue of equity in accessing essential supplies.

Accessing menstrual supplies in rural and remote settings can be much more complicated than going down the road to a store. Small stores that are in the most remote locations may sell a pack of pads for \$30 ⁶⁶. This is a prohibitive amount when you are on a limited budget and all your essential costs are higher. If there is a non-profit organization, health centre, or Friendship Centre in the community, there may be an option to get free supplies there, but it is not guaranteed, and you may not receive the product you need or want. In small communities' anonymity is limited, which means people also risk stigma and embarrassment. When funding organizations to distribute menstrual products, grant makers – including government – must consider that in rural and remote areas, a community may be too far from a centre to access free programs.

Ordering necessary menstrual supplies in bulk and from large discount retailers like Amazon or Walmart requires internet access, digital literacy, a credit card, and paying much more for shipping products, which also excludes many individuals. Shipping can often be the most expensive issue. Amazon Prime members (a paid subscription) living remotely can get standard shipping, but non-members living in remote areas must pay at least \$29.99 (as of 2015) ⁶⁷ with additional costs per kilogram. As such, Canadians who live in more remote and northern communities can expect to pay double the price on menstrual products. (Library of Parliament, December 2023)⁶⁸

In addition to these barriers there may also be housing, WASH, healthcare, and education issues. Small communities may not have a shelter or housing programs, laundromats, or public washrooms.

“I would say that I do not have access to the facilities I need. I use an outhouse, I have only a standing shower, no laundry. If I have laundry or even a bathtub it would be easier to care for my reuseable period underwear. I find they are deteriorating faster, as I have to wait to wash them. On PWD I only can afford to go to the laundromat once a month, when I get paid. No laundromat in my area, it’s 45 minutes away”
- Living / Lived Experience Reference Group participant.

Geographic isolation impacts menstruators’ access to health resources, including information and education on menstruation and menstrual supplies. In lieu of local services, there is a burden on individuals to manage self-care and health-maintenance for themselves and others.⁶⁹ People with debilitating menstrual conditions may not be able to afford to travel for healthcare intervention. Parents and caregivers may not have access to mentors or models to provide information or supplies to support a child’s menarche (the first occurrence of menstruation). Experiences around menarche, good or bad, have lifelong health and wellness implications.

Considerations for Indigenous-led Programs

To discuss menstrual equity in Canada and B.C., it is crucial to recognise the broader colonial and patriarchal systems at play and the harm they continue to cause. The Missing and Murdered Indigenous Women, Girls, and 2-Spirit (MMIWG2S) crisis illustrates the ongoing genocide against Indigenous women, girls, and 2-Spirit people. Acknowledging this crisis is essential to addressing the systemic violence and discrimination they face.

Recently, a motion was unanimously adopted in the House of Commons, urging the recognition of the MMIWG2S crisis as a Canada-wide emergency. Roundtable discussions involving affected communities have highlighted concrete solutions, including investments in education, greater recognition of Indigenous and human rights, improved oversight, and prioritizing programs and services for Indigenous women, girls, and 2SLGBTQI+ people.

Existing initiatives such as Moon Time Connections support Northern Indigenous communities in Ontario, Quebec, Nunavut, Newfoundland and Labrador, Northwest Territories, Saskatchewan, British Columbia, Manitoba, and Alberta with free menstruation products as well as prioritizing education of Indigenous knowledge, spiritual advocacy, and emotional empowerment.⁷⁰

However, Moon Time Connections and the University of Saskatchewan released a new study in March 2024 that shows that:

- 74% of Indigenous respondents in remote communities and 55% of Indigenous respondents in non-remote communities “sometimes” or “often” have issues accessing menstrual products; and that

- 93% of non-Indigenous respondents and 26% of Indigenous respondents in remote communities “rarely” or “never” have issues accessing menstrual products.

Findings from Pilot Projects emphasize the importance of continuing efforts to address the needs of First Nation communities. It is important to appreciate the extra time and effort that is needed by organizations to support Indigenous Peoples because of past harms and ongoing effects of colonization. These findings are reflected throughout the report with specific observations in this section for reflection and learning. By acknowledging and embracing traditional practices, it contributes to the revitalization of Indigenous knowledge systems, fostering a sense of identity and continuity.

Megcan was a 2023 Pilot Project collaboration between a First Nations community and arts based educational collective, *Tk'emlúps te Secwépemc Community Services Department* and *Tapestry Collective Co-op*. Centering lived experience supported by creative practices they were able to gain significant insight. Their report shared that *“We heard from Elders, sometimes through tears, that the impacts of residential school which curtailed cultural teachings instilled a sense of shame and fear around menstruation. We also noted the significant bravery of the Elders who still wanted to talk about this. We frequently heard how important it is to pass on the cultural teachings now to young Indigenous girls and how important it is for everyone in the community to pay attention to the needs of youth, particularly young girls, and honour them in the community.”*

Their report also illustrated the need to address post colonial effects. *“To ensure that systematic issues of colonial oppression of Indigenous communities be considered in all period poverty work. It needs to be noted that the impact of this oppression is felt every day in Indigenous communities through reduced community capacity, mental health and addictions challenges in the community, illness and early deaths, loss of cultural teaching and traditions.”*

B.C. released the *In Plain Sight Report*⁷¹ to address Indigenous specific racism and discrimination in the health care system and those learnings should be applied to menstrual health and period poverty policy decisions.

Additionally, the First Nations Health Authority (FNHA) is responsible for planning, management, service delivery and funding of health programs delivered by the First Nations and Inuit Health Branch. They are the health and wellness partner to over 200 diverse First Nations communities, and they provide a large scope of primary care, substance use treatment and mental health services. The FNHA is well-positioned to provide culturally safe and appropriate menstrual education and healthcare to First Nations people across the province, and to serve as a site of menstrual supply dissemination.

Recommendations for Province Wide Access: Rural, Remote, First Nations and Other Communities Living Outside of Commercial Centres

37. Build on collaborations with local Indigenous communities and FNHA (First Nations Health Authority) to support community connections and transportation of goods to remote communities. (Short-term)
 - Build on existing FNHA engagements to ensure that menstrual supply dissemination, education and healthcare are included in their scope of service.
38. Offer biodegradable products as an eco-friendly and practical option for people living in situations with outhouses or septic tanks, or less access to waste disposal. (Short-term)
39. Provide shipping and product subsidies for rural and remote residents for purchase of menstrual supplies (Medium-term)
40. Create hubs in rural, remote, and First Nations communities that act as safe places to manage menstruation and provide running water, accessible bathing, flushable toilets, and laundry facilities. (Long-term)

The Task Force **supports the recommendations** (as also reinforced in the March 2024 Moon Time Connections study) to the House of Commons FEWO Committee to specifically address menstrual equity in Indigenous communities.⁷²

- That the Government of Canada consult with Indigenous peoples to address period poverty and accessibility, particularly in northern communities where limited access to menstrual health products is common.
- That the Government of Canada ensure funding for First Nations and First Nations-designated education organizations to procure the quantity needed as well as the desired type of free menstrual health products, including reusable and sustainable products, for students both on and off reserve.
- That the Government of Canada ensure all First Nations communities have reliable access to clean water and safely lift, as soon as possible, all long-term drinking water advisories on public systems on reserves in Canada.

Support for Children, Families, and Youth

There was a marked decrease in the number of children living in poverty in B.C. in 2020. However, a staggering 116,500 children (13.3%) do still live in poverty. B.C. has the fourth lowest rate of child poverty in the country, but some children are disproportionately represented, including those living on First Nations reserves (29.2%), rural First Nations reserves (33.9%), racialized groups (Arab: 38%, Korean: 24.9%, West Asian: 21%), disabled children, sexual and gender minority youth, and lone-parent families (38.3%). Children living with “a family to whom they’re unrelated, living alone, or with other non-family persons”, including unhoused, have a

poverty rate of 97.5%. While more privileged families that were on the cusp of poverty may have been able to improve their situations and contribute to the recent decrease of child poverty, many children in marginalized groups continue to be overrepresented.⁷³

A recent study in Nova Scotia estimating the impact of menstrual poverty on adolescents found that 65% of their participants reported not always having enough money to buy menstrual products. As a result, makeshift alternatives were used including using items like rags, washing disposable menstrual products, and/or wearing products for too long. Many stated that lack of affordable menstrual products contributed to missing school and opting out of social or recreational activities.⁷⁴

Recommendations Support for Children, Families, and Youth

41. Ensure provision of menstrual products for youth in care and youth transitioning from in British Columbia care (Short-term)
42. Inclusion of menstrual product related questions for participants in MCFD Agreements with Young Adults planning are considered. (Short-term)
43. Index the B.C. Family Benefit to inflation (Long-term)
44. Adopt First Call Child and Youth Advocacy Society's 2022 B.C. Child Poverty Report Card recommendations (Long-term)

Supporting Newcomer, Immigrant and Refugee Populations

Immigrants and newcomers experience multiple barriers because of the three-month waiting period to access MSP upon arrival in Canada, language barriers, and cultural norms that limit or prohibit public discussion and/or display of menstrual products.

Pilot Projects and Task Force reference group findings emphasize that menstrual products and education must be delivered in culturally appropriate settings for newcomer populations. Menstrual Health & Education are to be offered and delivered in many accessible formats to be able to meet the needs of the individuals within communities. The Pilot Projects demonstrated that newcomer and immigrant populations may take longer to build trust with and therefore it takes them longer to access free products from community organizations.

Pilot Projects provide a series of observations about distribution of menstrual supplies to newcomer, immigrant and refugee populations. The *Community-Based Organizations Reference Group* of the Task Force shared that access to employment, healthcare, and services is fraught for people who are undocumented and/or migrants.

The *Family Education and Support Centre Pilot Project Report* found that existing structures like the English Language (ELL) Women's Conversation Group and Multiculturalism Day Event were great places to distribute products and share about periods. "With over 7 countries represented

within the ELL group, everyone agreed that they felt awkward about talking about or buying period products with men around.”

The *Pacific Immigration and Resource Services (PIRS) Pilot Project Report* found that 51% of survey respondents experienced difficulty understanding or using menstrual products at some points in Canada because of the English language barrier.

Product choice was a common theme in the pilot projects for these population groups. The use of tampons has strong cultural implications and is often not used in Newcomer, Immigrant or Refugee populations.

“The information gathered from the initial surveys started to show that within the newcomer, immigrant and refugee populations residing in Maple Ridge and Pitt Meadows the use of tampons was not a traditional method of caring for one’s period. The amounts of people selecting 0-5 tampons used per period showed a need to learn more. During the in-person facilitated discussions with the ELL group the researcher facilitated a discussion around the barriers to using tampons. Some of these barriers included concerns for Tampon Shock Syndrome and cultural beliefs, values, and practices on placing items inside oneself.” - The Family Education and Support Centre, Pilot Project Report

Reusable period products may be of interest to first and second-generation immigrants, but the cost is a barrier. Pilot projects were able to include reusable products in a number of grants. “I never heard about the cup before the session” said one participant and another said, “I’m amazed that the cup is the healthiest product.” The free sample provided at the information session was very useful because “If you just give me education but I can’t try it, I still wouldn’t buy it unless I can touch and use it.” - *PIRS Pilot Project Report*

The majority of the *SNIWWOC Pilot Project* participants were immigrants. Their data also confirms this population's interest in reusable products and that cost is a barrier. *‘Many community members express satisfaction with reusable menstrual products due to their cost-effectiveness and sustainability.’*

Recommendations Supporting Newcomer, Immigrant and Refugee Populations

45. Offer menstrual products in community-based settings that are frequented by newcomers such as English learning groups and other social events. (Short-term)
46. Ensure newcomer serving organizations have the ability to provide a wide variety of menstrual supplies, including sustainable menstrual supplies, due to insertable menstrual supplies carrying taboos in some population groups. (Short-term)
47. Review opportunities for partnerships with community organizations to provide education session on product use, care, and health affects to new immigrants to increase adoption

of eco-friendly products which also decrease the financial burden on newcomers.
(Medium-term)

48. Recruit peer workers in government programs who are invaluable for building trust and overcoming language barriers on this sensitive topic. (Long-term)
- Prioritize more one-on-one support for newcomers with low English proficiency (as per the *PIRS Pilot Project Report*)
 - Integrate best practices currently used by service providers such as Nisa Homes to ensure newcomers have consistent access to supplies and peer support.

MENSTRUAL EDUCATION

Why menstruation education matters

The 2023 Leger survey ⁷⁵conducted in partnership with Plan International Canada found that 51% of surveyed Canadian women^x felt that the menstruation education they received did not cover what they needed to know or was not inclusive of diverse experiences. Inadequate knowledge about menstruation and menstruation management can intersect with full participation in daily activities, confidence, and quality of life. This can also lead to the ‘normalization’ of menstruation-associated disorders and discomfort, such as period pain. Education helps break down stigmas surrounding menstruation.

The Pilot Project findings support the need for menstruation education and provide further insights into ensuring that menstruation education is delivered in an accessible and appropriate manner. In particular, the Pilot Project reports speak to the importance of providing comprehensive information related to menstruation, cultural appropriateness of the education delivered, and accessibility of the educational content.

The *Tk'emlúps te Secwépemc Community Services Department* and *Tapestry Collective Co-op* and *First Nations Wellness Outreach Society* highlighted how colonization and residential schools erased traditional teachings about menstruation in their communities.

This is also illustrated by the findings from the *ᑲᓴᓴᓴ Community Pilot Project* report, 'I asked one elder why they don't talk about this topic, and she looked at me with sad eyes and said “The nuns hit our hands with a stick if we brought up these kinds of topics. You learn real fast what you can and cannot talk about.”

“Colonization and residential schools have deeply affected conversations and teachings about menstrual health in Indigenous communities.... more work needs to be done with First Nation Communities to ensure that traditional practices are being discussed to ensure that the menstrual education and

^x This is the language used in the survey. It is important to include trans people in surveys because it helps to ensure that the data collected is representative and inclusive of all types of voices.

products can be distributed without cost as a barrier.”
- ʔaḡam Community, Pilot Project Report

The 2023 Plan Canada period poverty poll found that social stigma around periods disproportionately affects young women and that 78% of 18- to 24-year-old women in Canada have felt the need to hide their period at school or work, and a shocking 51% have felt the need to hide their period at home. Lack of education around menstruation, offered at appropriate times by skilled professionals, can negatively affect future sexual and reproductive health.

The Task Force recognizes adequate menstrual health education as a crucial component of equitable menstrual health for all residents of British Columbia. This has been recognized in other jurisdictions. For example, when the Period Products and Facilities (Access) Bill 33 was passed in the Australian Capital Territory (ACT), Canberra in 2022, the Bill included provisions to “to ensure information on menstrual hygiene is publicly available.”

With this in mind, the Task Force also endorses recommendation 9 from 2023 FEWO Report:

- That the Government of Canada develop and implement a public awareness campaign with the goal to increase menstrual health literacy, including information about reusable and sustainable menstrual products, and eliminate stigma and negative stereotypes surrounding menstruation.

Additionally, we encourage all MLAs in B.C. to participate in and promote educational opportunities such as Global Menstrual Health Day (May 28) in their regions.

Menstruation Education for Youth

Lack of knowledge about menstruation among youth may leave them underprepared to manage their menstruation during puberty and beyond. This may contribute to feelings of shame and confusion while navigating this biological process. Comprehensive menstruation education is vital during this developmental stage to provide youth with the necessary information and resources, and to empower them to make informed choices about their menstrual health.

Further, it is also important to consider the intersectional factors that determine the specific educational needs of youth, and where they can access that education. In fact, youth are asking B.C. for menstruation education. This need has been illustrated by a recent letter writing initiative from students at the École Dr. Charles Best Secondary School calling for the inclusion of menstruation education in the K-12 curriculum.⁷⁶

Further, findings from the *CWHC), Pilot Project, the Menstrual Equity Advocates and Activists Reference Group, and the Lived / Living Experience of Period Poverty Reference Group* also support the need for menstruation education for youth. Suggestions from these groups included the development of age-appropriate lessons from K-12, including education materials for parents to help them talk to their children.

“Better education might assist policy makers and decision makers (who are often men) to better understand the variability of menstrual cycles, i.e. lack of precision related to the calendar. Better understanding about menstruation generally would assist with meeting the needs of trans people, so that it would not be unusual (for example) to have dispensers in all bathrooms. One of our service providers experienced a turning point in his thinking about menstruation when a father came in to obtain product for his daughter, who had just started her periods. Until that moment, he had not considered that men would have to deal with this issue.” - CWHC Pilot Project Report

In 2021, the Department of Education of United Kingdom released a statutory guidance on ‘Relationships education, relationships and sex education (RSE) and health education’, explicitly stating the inclusion on ‘menstruation’ as a topic to be taught in schools. ‘Pupils should be taught key facts about the menstrual cycle including what is an average period, range of menstrual products and the implications for emotional and physical health.’ ⁷⁷

Schools in wealthier communities are likely to have access to more resources and funding; offering menstruation education resources and training to teachers and community workers addresses such disparities in access to information. The 2023 *Attitudes and Awareness of Menstrual Equity and Period Poverty Among Canadians Report* ⁷⁸ prepared for Women and Gender Equality Canada responses demonstrate that school remains a critical point for education on menstruation for all genders.

The Period Purse has developed inclusive, period-positive presentations delivered live virtually and in-person (where available) by trained facilitators. ⁷⁹

Recommendations for Menstruation Education for Youth

49. Add and deliver menstruation education as an explicit topic to be covered within the K-12 public school curriculum to all youth, including all genders. (Short-term)
50. Provide funding to develop and sustain menstruation education programming to address specific needs of (Medium-term):
 - Youth in the K-12 school system
 - Youth in transition homes and safe houses
 - Indigenous youth living on and off reservation
 - Youth in college and universities
 - Newcomer youth
 - Education materials to help parents to talk to their children
51. Create newcomer youth-informed resources for menstrual health (Medium-term)

Menstruation Education for Workforce, Community Workers, and Caregivers

The PIRS Pilot Project findings indicate that youth reach out to their 'female friends or relatives' to discuss menstruation related topics, requiring that caregivers and those family members also require education.

In addition to programming directly delivered to youth, we further recommend menstruation education and training to be delivered to healthcare providers, allied healthcare professionals, community outreach workers, nonprofit staff, teachers, parents, and caregivers. This 'upstream approach' will empower individuals who engage with and provide services to menstruators to incorporate the nuance of menstrual health in their everyday work.

Menstruation education was also discussed in the Menstrual Equity Advocates and Activists Reference Group meetings, where participants shared that community-based workers are often required to provide menstrual education when distributing menstrual supplies, supporting the need for providing menstruation education to these individuals.

Recommendations for Menstruation Education for Workforce, Community Workers, and Caregivers

52. Develop a centralized resource hub related to information about menstruation, menstrual equity, and period poverty - e.g., CATIE, which centralizes information about HIV and Hepatitis C and Toward the Heart, which centralizes harm-reduction resources. (Short-term)
53. Develop new or bolster training, resources, and menstruation educational programs by engaging with parents and caregivers and collaborating with organizations such as:
 - The Society of Obstetricians and Gynaecologists of Canada to deliver menstruation education training for health care providers and allied health care professionals. (Long-term)
 - Options for Sexual Health to deliver menstruation education training to sexual health educators, community outreach workers, settlement service providers, non-profit staff. (Long-term)
 - BC Teacher's Federation to deliver menstruation education training to teachers and school workers. (Long-term)

Recommendations for all educational programs

Reminder to bear in mind the [Guiding Principles](#) when considering these recommendations

54. Develop guidelines to ensure that any menstruation education programming is
 - comprehensive and includes information on menstrual product choices, pain management and emotional wellbeing⁸⁰
 - offered to learners of all genders

- provided in accessible formats e.g. remote learning, compatible with assistive software, etc.
 - delivered in a safe space that promotes healthy discussions, without compromising privacy tailored for various literacy levels, linguistic needs, or learning styles
55. Allocate funding that allows community organizations to (as outlined in the section on *Government Support Provision to Community and Social Service Organizations*)
- Deliver educational programming without interruptions
 - Tailor educational programming to meet the needs of their communities

MENSTRUAL HEALTHCARE

Why healthcare matters

Menstruation is a vital sign, meaning that the menstrual cycle reflects a person's overall health status; menstrual irregularities can indicate hormonal imbalances, infections, or gynecologic diseases, and many external factors including stress can cause temporary and permanent changes in the menstrual cycle.⁸¹

As such, it is imperative that all people in British Columbia are given access to the financial and medical resources necessary to maintain a state of good menstrual health. This section discusses the ways in which our medical device regulatory system can be used to not only regulate the manufacturing, importation, and sale of menstrual supplies but also to ensure that only safe, effective, and high-quality menstrual supplies are distributed in the province.

It further exemplifies the need for strategies to cover the costs of menstrual supplies, as medical devices, by MSP PharmaCare, extended health benefit plans, health spending accounts and to be able to claim these as eligible expenses to decrease taxable income in B.C.

In this way, healthcare administration and health-related regulatory systems are critical to period poverty eradication.

Menstrual Supplies as Medical Devices

In Canada, only tampons are regulated as medical devices, with all other menstrual supplies falling outside of the regulatory parameters. As Class II medical devices, which are said to present a low-to-medium risk to consumers, Health Canada can ensure that when sold in Canada, tampons are safe, effective and of high-quality, and that package labels contain specific information about absorbency as well as warning symptoms and risks of Toxic Shock Syndrome associated with their use.

However, no such assurance is provided for the manufacturing, importation and distribution of menstrual pads, period underwear, menstrual cups, and other menstrual blood management supplies. We contend that all menstrual supplies could benefit from reclassification as medical

devices. This would facilitate quality manufacturing, post-market surveillance and help safeguard people in B.C. from poor quality, unregulated menstrual supplies.

Recommendation for Menstrual Supplies as Medical Devices:

56. Petition Health Canada to classify all inserted menstrual supplies (e.g., menstrual cups, discs, sponges) as Class II medical devices, akin to tampons. Although the link between tampons and Toxic Shock Syndrome is not well understood, it may be impacted by hygienic practices, length of time a tampon is left in place and absorbency. It stands to reason that other menstrual products that are inserted pose a similar risk and ought to be classified and regulated accordingly. (Medium-term)
57. Petition Health Canada to classify all non-inserted menstrual supplies as Class I medical devices, which present low risk to consumers, akin to wheelchairs, canes, wound care and other non-surgically invasive devices. This classification would ensure that only safe, effective, and high-quality non-inserted menstrual supplies are being manufactured or imported and sold in Canada, by way of careful monitoring through the Medical Device Establishment Licenses. (Medium-term)

Extended Health Benefits / Health Spending Account

The Canadian Revenue Agency (CRA) position is that an Extended Health Benefit Plan (EHB) or a Health Spending Account (HSA) can only provide benefits with respect to products or services that qualify as “hospital expenses” or “medical expenses”. The CRA’s view is that qualifying “medical expenses” under EHB/HSA are restricted to those that normally qualify for purposes of the Medical Expense Tax Credit (METC). Menstrual products are not currently eligible.

This means that employers are not able to include menstruation products or pain management products used to manage menstruation pain as an extended health benefit. However, the CRA released a technical position in 2015 indicating some flexibility for an employer funded EHB/HSA. The position allows for expenses related to goods and services that would not qualify under the METC provided that a minimum of 90% of benefits paid do qualify under the METC.

The classification of menstrual supplies as medical devices is not only an issue of health and safety, but this shift could also facilitate the coverage of menstrual supply costs under existing and expanded programs.

*“Providing product is huge but pain is also debilitating.”
Participant in the Cowichan Women’s Health Collective Pilot Project*

Recommendations for Extended Benefits / Health Spending Account (HSA)

58. Expand B.C.'s Medical Services Plan (MSP) PharmaCare to cover pain management and menstrual supplies alongside the range of other approved medical supplies and devices currently covered. (Short-term)

59. As initially suggested by the *Business Reference Group*, petition the Canada Revenue Agency (CRA) to expand the Medical Expense Tax Credit eligibility to include menstrual products, as eligible medical devices. Eligibility should not require a prescription or certification in writing. (Medium-term)

This would allow

- all people filing their taxes anywhere in British Columbia (and elsewhere in Canada) to claim menstrual supplies as eligible expenses.
- those eligible for the Refundable Medical Expense Supplement (line 45200) to add menstrual products to their calculation of high medical expenses.
- Extended Health Benefit (EHB) plans and Health Spending Accounts (HSA) associated with private and employment-based extended health benefits to include coverage for menstrual supplies, as medical devices. At present, the CRA's position is that the EHB/HSA can cover only qualifying medical expenses as defined by the Medical Expenses Tax Credit. As such, adding menstrual products to the Medical Expenses Tax Credit eligibility list would allow menstrual products to be eligible for coverage under extended health benefits.

Waiving MSP 3-Month Residency-Based Waiting Period

A permanent repeal of the 3-month waiting period will promote health equity and justice for all people living and working in B.C. and is an important component of addressing period poverty and unmet menstrual health care needs in the province. Waiving the 3-month residency-based MSP waiting period for all refugees, international students, newcomer immigrants, and seasonal migrant workers arriving in Canada would mitigate the impacts of period poverty by:

- Facilitating their ability to immediately access much-needed menstruation-related healthcare for themselves and their children.
- Decreasing their unmet medical costs, where they may be forced to choose between those medical costs and their survival needs, including purchasing menstrual supplies.
- Ensuring they can access contraceptive methods, including those covered by MSP, many of which are used to manage menstrual health issues and conditions.
- Providing access to Fair PharmaCare plans for other menstrual health prescription costs not otherwise classified as covered contraceptive methods.
- Ensuring that if menstrual supplies are covered by MSP PharmaCare (as described in our recommendation above), they will also be available without a 3-month waiting period, as tying any services or programs to MSP enrolment without addressing the 3-month waiting period will only exacerbate inequities for newcomers and their families.

Eligibility for the Medical Services Plan (MSP) health insurance coverage in the province of B.C. is only possible following a 3-month residency-based waiting period. These waiting periods have profound impacts on immigrants, migrants and newcomers. The wait period represents a confusing bureaucratic and administrative burden, which results in mistrust, internalized stigma, and isolation among immigrant, migrant and newcomer populations.⁸²

The temporary exclusion of newcomers from provincial health coverage perpetuates health inequities and results in unmet needs for care particularly related to sexual, reproductive, and child/adolescent health. It also contributes to actual, anticipated, and perceived racist mistreatment for those whose immigration status is called into question by their lack of health insurance.⁸³ Further, a lack of enforced billing maximums for uninsured services rendered (beyond vague references to ‘reasonable’ charges), results in those without provincial health insurance being forced to pay exorbitant out of pocket healthcare costs, set at the discretion of healthcare providers.

Previous research has found that the 3-month waiting period *shows no evidence of cost savings* – only cost delay, and in some cases cost exasperation, since unmet health care needs may have worsened during the waiting period. MSP waiting periods serve to exacerbate inequities between newcomers, and those arriving in B.C. from other provinces and territories, who are covered by their ‘home’ province/territory’s insurance during the waiting period. As such, government-assisted refugees, international students, seasonal migrant workers, and other immigrants and migrants arriving from outside of Canada are treated differently from those moving within the country.

At present, the 3-month waiting period can be waived only in very specific circumstances, and as such, is the ‘exception’ rather than the ‘rule.’ The *Request to Waive the MSP Coverage Wait Period* form places an unfair burden on immigrant, migrant, and newcomer families to ‘prove’ their deservedness to care, by asking about sources of income, monthly expenses, employment status, and by requiring a letter from a treating physician or hospital outlining the specifics surrounding diagnosis or treatment that would constitute an *acceptable* reason for the waiting period to be waived.

Further, Exceptional Plan Z coverage is also available, allowing immediate access to contraceptives that are otherwise available to MSP-enrolled B.C. residents. As above, however, it requires the completion of a Special Authorization application form, completed by a pharmacist. These waivers are considered exceptions and require applications. This suggests that there are certain, legitimate reasons for waiving the wait period, and certain circumstances where the 3-month waiting period is considered justified and no waiver will be granted. We contend that the 3-month waiting period creates barriers and inequities for all, and that waiving it should not be based on exceptional circumstances alone.

Recommendation Waiving MSP 3-Month Residency-Based Waiting Period

60. Waive the 3-month residency-based MSP waiting period, for all refugees, international students, newcomer immigrants, and seasonal migrant workers. (Short-term)

Primary Care Shortage and Gynecological Care Access

At present, gynecologists are specialists where access is granted only by way of a referral. We commend changes made to the MSC Payment Schedule⁸⁴ in July 2023; whereas patients previously needed to be re-referred to a specialist if 6-months had passed since their last appointment, the new Re-Referral/Subsequent Consultation option allows patients to be seen by a specialist for continuing care of the same problem, regardless of time frame. Therefore, no matter how much time has passed, if the patient has a recurring issue, no re-referral is required.

Despite this important advancement, the provincial primary care provider shortage negatively impacts not only routine menstruation-related care that can and should be delivered in primary care settings – but which often is not, due to gaps in medical education as described above – but also represents a barrier to being referred to a gynecologist for more complex menstruation-related care. Even when a referral is secured, referred patients can wait anywhere from a few weeks, to over 12 months depending on the urgency of the referral concern.⁸⁵

Recommendations for Primary Care Shortage and Gynecological Care Access

61. Support the development of menstrual education for nurses, doctors, and other healthcare providers in the province, to shift routine menstruation-related healthcare away from gynecologic specialist service. (See Section on Menstrual Education for Workforce, Community Workers, and Caregivers for more) (Medium-term)
62. Work to decrease wait times for gynecological care, including by way of supporting the advancement of innovative strategies, such as maximizing minimally invasive techniques and reducing the need for general anesthetic such that procedures can be performed outside resource-intensive operating rooms.⁸⁶ (Long-term)

Conclusion

The Task Force's intention for this report was to demonstrate the importance of designing a strategy that centers a holistic approach to addressing the underlining factors that contribute to period poverty. Guided by insights from diverse communities and sectors, this report recommends integrating period poverty into poverty reduction strategies, expanding education and awareness, and ensuring access to menstrual supplies in public spaces.

While truly eradicating period poverty in the province requires a multi-faceted approach aligned with poverty reduction, there are three overarching recommendations which would advance the goals of this report immediately.

- I. Legislative reviews to ensure that all washrooms are required to provide menstrual supplies and appropriate WASH provisions.
- II. Menstrual supply provision in public washrooms and washrooms under the Government of B.C. jurisdiction with a priority for those that are accessible by people experiencing period poverty.
- III. Changing the medical categorization of menstrual supplies to ensure coverage under both government and private benefits and assistance programs.

During the time that this report was produced, British Columbia was the only region in the world to mandate a Task Force to investigate and recommend legislative changes to address systemic inequality connected to period poverty. While the report highlights other jurisdictions past successful efforts to eradicate period poverty, we note that B.C. is now uniquely positioned to build on successful international initiatives to inspire other regions to investigate their own innovative and inclusive approaches to end period poverty.

Appendix A

Period Poverty Task Force members

Lori-Ann Armstrong works at the Phoenix Transition House in Prince George, providing women and their children a safe place while fleeing intimate partner violence. Armstrong brings a northern and intimate partner violence perspective.

Kate Fish is a Registered Social Worker focused on sexually transmitted and bloodborne infections, harm reduction, substance use, and poverty throughout B.C. She brings community-based advocacy and frontline work experience to the Task Force. Fish has lived experience of a menstrual (hormonal) condition and disability.

Nikki Hill is Chair of the Government of B.C. Period Poverty Task Force, and former co-chair of United Way Period Promise. Hill is a public affairs and public policy expert with over 20 years of experience in politics, strategic communications, and government relations.

Jackie Jack is a case manager and member of the Nuu-Chah-Nulth First Nation. Jack has worked extensively with families and women on issues of menstruation, childbirth, and supporting families in remote and isolated communities. Jack brings an Indigenous and remote perspective to the Task Force.

Zeba Khan is a PhD student at the Endometriosis and Pelvic Pain Research Lab at the University of British Columbia and a board member of Options for Sexual Health. As a youth and an immigrant to Canada, Khan brings several key perspectives on menstrual equity.

A.J. Lowik is a Postdoctoral Research Fellow with the Centre for Gender and Sexual Health Equity at the University of British Columbia. Their work focuses on trans people's reproductive lives and health, and they bring a strong research background and focus on gender-inclusion to the Task Force.

Tiffany Ottahal is a community investment portfolio manager and the internal champion for period poverty work at Vancity. Ottahal is involved in Vancity's commitment to United Way's Period Promise Policy Agreement and brings a business perspective.

United Way BC provided administrative support as the Secretariat to the Task Force, however, United Way BC staff were not involved in the recommendation development to mitigate conflicts of interest. No members of the Task Force represent United Way BC or United Way Period Promise.

Appendix B

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