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Breaking taboos around menstruation and sanitation.

Empowering women.



The experiences of menstruation by ✿ homeless women: a preliminary ✿ report

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1 INTRODUCTION

Over centuries, menstruation has been seen as a dirty process, shrouded in secrecy and taboo. The stigma associated with menstruation continues across the globe today, with many women finding it embarrassing or difficult to talk about periods even to their family members or friends. In some cultures, instances of 'menstrual seclusion'¹ are common, where menstruating women are excluded from preparing food, using communal vessels and entering spaces of worship. The perception of menstruation as an unclean or toxic process is still perpetuated in Western societies, although in different ways. Women² actively change their behaviour to avoid overtly showing that they are on their period, for example avoiding white clothing³ or abstaining from certain activities, such as swimming⁴. The emphasis of menstruation as an unclean, malodorous process that needs to be concealed has also created opportunities for the commodification of 'solutions'⁵: the booming market for menstrual hygiene products was worth close to 30 billion US dollars in 2015⁶. Menstruation is a costly process: in the UK, it is estimated that the average woman spends over £3500 on sanitary products⁷. Women in Western countries are so accustomed to using commodified, reusable sanitary products that alternative methods, such as cloths and reusable products, are sometimes viewed as anachronistic, less hygienic methods of menstrual management. Therefore, the main method by which women manage their period is through buying and using disposable sanitary products. This may seem an obvious observation. However, for the economically marginalised, affording sanitary products may be difficult or even impossible. Having good menstrual hygiene is not only important to protect women against negative social reactions that follow overt leaking or staining, but also to avoid the possibility of damaging reproductive and gynaecological health. This has been researched and documented in the case of the Global South⁸, however in Western countries, the effect of socioeconomic marginalisation on the experiences and management methods of menstruation has been little explored.

This study is an attempt to understand in more complexity the ways in which homeless⁹ women in the UK experience and manage their periods, in a context of financial and social vulnerability. The inability to afford sanitary products may lead to homeless women using unhygienic or irregular methods to keep their menstrual state concealed. Menstruation is also commonly conceived as a fraught process, associated with fluctuating emotions and pain. Experiencing menstrual cramps or emotional upset that have been linked to fluctuating hormones while on the street could also be another burden on the lives of those who are struggling to find their next meal and place of rest. It is important to understand these issues from the perspective of those experiencing them.

2 RESEARCH METHODS

Interviews with homeless women was the main method of research used in this study. Participants were recruited through communication with homeless shelters and day centres. The idea of approaching rough sleepers was rejected as it seemed unethical and invasive.

2.1 LOCATION OF RESEARCH AND PARTICIPANT INFORMATION

Research was undertaken in the city of Leicester, in the East Midlands, and in Bristol, in south-west England. In Leicester, service users of a homeless shelter and a church-run day centre were interviewed, while in Bristol, participants were recruited from a women's only homeless shelter. In total, fourteen interviews were carried out with women between the ages of 20 and 52. Five of these were from the shelter in Bristol, nine from the shelter in Leicester and a further three from the day centre. The women interviewed all found themselves in varying situations of homelessness. The shelter in Bristol only provides emergency night-time accommodation, closing throughout the day, and most women stay there for a short-term period. The shelter in Leicester provides 24/7, longer term accommodation and therefore, the women interviewed within this space had the most stable of housing situations. Of the three women interviewed in the day centre in Leicester, one identified her situation as 'sofa-surfing', staying informally with friends or acquaintances, and two identified as rough sleepers.

The small number of research participants, due to the limited time-span of the study, makes it difficult to infer a general experience of menstruation amongst homeless women. The results outlined below are a summary of the specific experiences of those interviewed, as opposed to an attempt to generalise the menstrual experience of homeless women.

2.2 ETHICS

In all research projects it is vital to have a robust ethical practice, however the importance of a thorough ethical practice is much more important while dealing with vulnerable people¹⁰. The following table outlines a framework of ethics¹¹ for this study.

Ethical issue	Actions
Informed consent	Verbal explanation of the research to participants, consent form provided. Participants were told that they could stop the process at any point.
Privacy	The discussion of a private topic such as menstruation could be uncomfortable, therefore interviews always took place in a quiet, private space or in an exclusively women-only space. Pseudonyms were used in the write-up of the study.
Harm	Asking participants to reflect on instances where they have felt pain or negative emotions could be harmful, however the conversation was always kept light-hearted and steered back to relevant topics if other issues arose that were not explicitly related to the research topic.
Exploitation	To avoid the exploitation of participants and the organisations involved, links will be maintained with the organisations through No More Taboo.

3 RESULTS

The financial and social restrictions that face homeless women affect the way that they perceive their bodies and the resources that they can access to manage the effects of menstruation. Firstly, the methods by which they materially manage their periods are outlined, followed by ways in which the emotional effects of menstruation are negotiated. The possibilities of using alternative methods to manage menstruation were also discussed, as well as the opinions of the women about the role that homeless organisations have in the provision of sanitary products.

3.1 “THEY’RE JUST TOO EXPENSIVE”... MENSTRUAL MANAGEMENT ON THE STREETS

The practical considerations of menstruation was one of the main issues highlighted by the interviewees. Many women were concerned that they would not be able to afford sanitary products to last them through their menstrual week, whereas some others could not afford them at all. This is the case with Mary-Ann: *“I haven’t used pads, ‘cause I haven’t had no money. I’ve had to use toilet paper”*. Mary-Ann documents her socially irregular use of toilet paper, gleaned from public toilets, to ensure that her menstrual blood is absorbed and managed. In her situation, she cannot afford to purchase sanitary products. Rhian echoes Mary-Ann’s experience, stating with some relief that she has *“never been so unlucky that [she] hasn’t had access to public toilets”*. Spaces in the city with access to public toilets such as libraries, shopping centres and cafes were highlighted to be important for the private management of menstruation. However, in some cases these spaces are not enough: Mary-Ann, who sleeps on the streets, does not have access to a shower. She becomes more aware of her body during her period, explaining that *“You want to be having a wash, but you can’t. And when you’re homeless, you’re embarrassed about your situation anyway”*. The unclean feeling she experiences while menstruating is exacerbated by her homeless situation and inability to access washing facilities.

For those financially able to purchase menstrual hygiene products, they account the difficulty of prioritising their limited funds and negotiating the disparities between cheaply made, low quality sanitary towels and the more expensive, but more reliable, branded products.

“It’s having the money to get hold of sanitary towels, ‘cause I’m using the money for other things. But if I buy the cheap brands, it’s 20 minutes and I’m flowing again. It’s like cheap nappies, you just can’t take that risk” – Cheryl

“As cheap as you can, really... but you don’t want to go too cheap and go value cause then they just leak” – Hayley

Cheryl and Hayley struggle with the inverse relationship between quality and price, having to spend the small amount of disposable income they have on the pricier, but more absorbent sanitary products. They must meet the monetary cost of higher priced, more secure sanitary products, or face the social cost of shame and embarrassment lest they leak and stain themselves. The avoidance of situations in which women could feel stigmatised and embarrassed causes them to invest further in the market for sanitary products, diverting their limited funds away from arguably more important uses such as food, or shelter.

3.2 “FOR ME, MY PERIOD MEANS MENTAL AND PHYSICAL PROBLEMS”... THE ISSUE OF EMOTION AND PAIN

Although many participants struggled with the financial aspect of menstrual management, in many cases this was trivialised in comparison to the emotional and painful effects of menstruation.

“[Menstruation] makes me irritable, it makes me tired and it gives me back problems, and I can’t move, and obviously in the situation that I’m in in the moment, it’s quite difficult” – Cheryl

Cheryl describes herself as more emotionally sensitive and drained while on her period, while acknowledging her situation as a sofa-surfer. Throughout her menstrual week she “can’t move”, while simultaneously having to be constantly mobile, changing from one house to another. This mobility undermines her ability to self-care and fully manage the pains and the stresses that she documents as part of her menstruating experience, her bodily vulnerabilities intensified through her homeless situation. Many of the interviewees highlighted warmth and comfort as an important factor to alleviate negative symptoms of menstruation. Naomi emphasised the significance of café spaces; when feeling dispirited, with painful menstrual cramps, she would *“practically live in cafés. They’re warm and they’ve got comfy sofas”*. Women in both Bristol and Leicester considered spaces such as the multi-functional homeless centres which especially cater for vulnerable and low income groups extremely useful in this respect, considering that *“if you stay too long [in a café], they ask you to buy something or make you leave”* (Naomi).

Other homeless women relied on their housed friends to provide them a safe, warm space to rest while they were menstruating. Adesola, who temporarily resides in the women’s shelter in Bristol (which closes its doors during the day), employs her social networks to avoid staying out on the streets all day. *“I have got some good people on my side, I’ll turn up and say right, I need a couple of hours, they’ll say yeah go. And they’ll let me go round and sit there with a*

hot water bottle". Menstruation exacerbates the physical and emotional discomfort of sleeping on the streets; Mary-Ann "*slept at [her] mate's last night 'cause [she] couldn't take no more*".

3.3 ALTERNATIVES

Standard, disposable sanitary products are not only damaging for the environment but also can be detrimental to gynaecological health. Ingredients are not specified on the packaging, despite the components of sanitary products coming into contact with one of the most sensitive, absorbent parts of the human body. It has recently come to light that the cotton used to make tampons and sanitary towels are frequently sprayed by industrial agricultural chemicals, which in turn come into contact with the body¹². The increase of awareness of the environmental and potential health issues that could arise with the use of disposable sanitary products has seen a shift towards more sustainable, alternative products such as menstrual cups and reusable pads. It is an option that would be useful for homeless and low income women, as they would be saved the monthly worry and cost of securing disposable sanitary towels.

However, this is not logistically possible as a homeless woman. Despite many of the participants agreeing that reusable sanitary products would be better financially and health-wise, especially for those who reported rashes and itchiness from using conventional products, their lack of access to private cleaning facilities nullifies the use of reusable products. The rough sleepers interviewed did not have any access to a space in which they could clean themselves or a reusable sanitary products, and those in shelters used communal cleaning facilities such as a washing machine. The perception of menstrual blood as unclean and disgusting made participants feel uncomfortable with the idea of overtly cleaning reusable sanitary products, for fear of embarrassment and negative reactions from other service users.

Another disadvantage of alternative methods of menstrual management is the large upfront cost. While many of the participants reported spending between £1 – 6 a month on conventional sanitary products, alternatives are not easily found in shops, and they cost around £12, or more. This is a steep cost for a homeless woman, who possesses limited financial resources.

3.4 THE ROLE OF SHELTERS AND HOMELESS ORGANISATIONS

From the interviews, it can be summarised that safe and efficient sanitary products are found to be costly, and menstruation is perceived as an additional emotional and painful burden on an already stress-ridden life. The role of shelters and organisations in providing a warm space

was highlighted as important, and some women explained that they, in “*desperate situations*” (Jenelle), would ask in these spaces for sanitary products.

However, the importance of shelters and homeless organisations in the provision of sanitary products was differently perceived by participants. In the Bristol short-term shelter, Jenelle affirms that “*we’re pretty lucky here, ‘cause they’ve always got some in stock*”. However, Rhian, who uses the services of the Christian day centre, highlights the inattention to women’s menstrual needs: “*Sometimes they have some... sometimes they don’t. I don’t really understand why that is, they should have a lot more considering that it’s an obvious priority*”. In their experiences, the organisations play, or should play, a considerable role in the provision of sanitary products.

Other women had different opinions and experiences. Regardless of whether there were available sanitary products in the services that they frequented, some participants were reluctant to ask the staff as they felt it was an uncomfortable topic. “*I would never ask, I’d be too embarrassed*” (Michelle). This not only is the product of menstruation being constructed as a private, taboo subject, but also the impersonal relationships that some women had with the employees of the shelters they resided in: “*It’s like having a warden, and you don’t really want to be like ‘please sir, can I have something for my bleeding?’*” (Emily). Some participants felt uncomfortable discussing their bodily needs with those employed to watch over them and regulate their behaviour. Michelle also used the example of the ability to provide her own sanitary towels as a step towards financial autonomy and increasing self-confidence and self-worth, stating that she was getting used to providing for herself again, and did not want to use the shelter’s hand-outs.

Although the first step towards ensuring safe and affordable menstrual health is the provisioning of sanitary products in shelters and organisations, there are more complex forces at play. It is important to break down the shroud of embarrassment that surrounds menstruation and create safe, comfortable environments for homeless women to express their needs. The women-only night shelter in Bristol is already doing well to provide sanitary products, and there, the women do not need to ask for them as they are provided in the bathrooms.

Cultural sensitivity is an important issue that must be raised. One of the women interviewed reported using one old t-shirt every month to manage her menstruation, as in her home country of Somalia, using cloth was the common practice. Despite this being an alternative management strategy for the absorption of menstrual blood, the prolonged use of the same cloth and limited access to washing facilities may increment the possibility of contracting a reproductive tract infection, due to the bacteria living on unwashed sanitary cloths¹³. Unable

to access washing facilities for her menstrual cloths, her culturally-specific way of managing her period becomes unhygienic. When considering solutions, cultural diversity must be taken into account. An increased provision of conventional sanitary products in organisations may not be effective if they are not culturally appropriate for the service users.

4 CONCLUSION

The silence that surrounds menstruation has uneven consequences on homeless women. Menstruation is often overlooked and forgotten in reports addressing the health needs of homeless women, and therefore fails to come to the attention of policy makers and service managers. This inattention means that women without adequate financial resources must use irregular, and at times, potentially pathologically unsafe methods of hiding their menstrual blood. It is difficult for homeless women to talk to employees of organisations, as it is a topic deemed embarrassing, which transgresses of the boundaries of professionalism. Not only are the material methods of managing menstruation difficult, but also the emotional and painful experiences of menstruation while living in precarious housing situations. Spaces such as cafés, day centres and shelters are important for the participants as a safe place to rest while feeling the negative effects of menstruation, and some help to provide sanitary products. It is important to increase provisions of sanitary towels in homeless organisations. Reusable products, although desired by some, were deemed to be difficult to use due to the lack of privacy and washing facilities. The structural and financial exclusions of homelessness have real effects on the everyday realities of homeless women's experiences.

4.1 LIMITATIONS

There were a number of limitations within this study. Firstly, the constricted time schedule of this project did not allow a broad range of responses to be captured; an interview pool of fourteen women cannot be extrapolated to account for all homeless women's experiences of menstruation. Also, it was limited to a small number of contexts. More organisations, food banks and shelters should be studied to extend insight into the homeless experience of menstruation. However, studies that focus on looking at organisations miss out a large number of vulnerable people who do not use the services of organisations.

4.2 FUTURE RESEARCH AND OBJECTIVES FOR NO MORE TABOO

From this research, a number of further research priorities within Bristol for No More Taboo have been drawn up:

- Further increase the knowledge of homeless women's needs through more interviews
- Dialogues with homeless shelters and organisations to increase supplies of sanitary products to homeless women
- Continuing the breaking down of menstrual taboos to increase awareness of the needs of homeless women and a safer environment for the expression of their menstrual needs

Notes

¹ Buckley, 1988

² It must be highlighted that menstruation is not a uniquely female experience: transgender men and intersex people are not women but can still menstruate (Bobel, 2010). However, for this report, the specifically female experience of menstruation is explored.

³ Jackson and Falmagne, 2013

⁴ Oxley, 1998

⁵ Kissling, 2006

⁶ Jones, 2016

⁷ Jerome, 2016

⁸ PATH, 2016

⁹ For a summary of the complex definitions of homelessness, see Fitzpatrick et al. (2016)

¹⁰ Katz, 1999

¹¹ As defined by Hammersley and Atkinson, 2007

¹² Bobel, 2010

¹³ PATH, 2016

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