

Report to:	Birmingham Health and Social Care Overview and Scrutiny Committee
Date:	16th July 2019
TITLE:	BIRMINGHAM PUBLIC HEALTH – PERIOD POVERTY BRIEFING
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Report Type:	Information report
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1. Purpose:

The purpose of this report is to issue the Committee with a Public Health briefing on Period Poverty.

2. Recommendations

The Health and Social Care Overview and Scrutiny Committee is asked to note Birmingham Public Health's briefing on Period Poverty.

3. Background

'Period poverty' (or menstrual hygiene management, MHM) refers to having a lack of access to sanitary products due to financial constraints. WHO/UNICEF (2012) has defined MHM as:

- Women and adolescent girls being able to use clean materials to absorb or collect menstrual blood, and to change them in privacy as often as necessary throughout their menstrual period.
- Being able to use soap and water for washing the body as required and having access to safe and convenient facilities to dispose of used menstrual management materials.
- Women and girls having access to basic information about the menstrual cycle, and how to manage it with dignity without discomfort or fear.

Period poverty is a harsh reflection of poverty and inequality.

Not using sanitary products can lead to an increased risk of infections like bacterial vaginosis. The most representative research suggests about 1 in 10 girls and women have at some point been unable to afford sanitary wear. (Plan International

2017/GLA 2018).

There is one piece of research by a PR company GingerComms that reported a higher rate but this was an unweighted unrepresentative sample of women and girls and so is not a reliable figure.

Work by the Scottish Government on Period Poverty highlighted that period poverty was particularly distressing for teenage girls living in poor households who may feel unable to ask for money for sanitary products when they know their parents are struggling to pay for food and utilities. This highlights the impact of child poverty on adolescents.

Recent research from Kenya and the Pacific Islands, where period poverty is more prevalent, suggests that period poverty potentially has wider implications for example on education: girls' school experiences are negatively impacted if they are distracted, uncomfortable, or unable to participate because of anxiety over menstrual leakage and odour (Mason et al., 2013); and societal: where menstrual health management restrictions may include being excluded from religious and other social activities, any interaction with males, or travelling outside the home.

Given the shortage of information on period poverty globally, the expected sensitivities around the topic, and the lack of standardised tools and methods (Phillips-Howard et al., 2016), evidence is predominantly provided from qualitative, participatory and descriptive methods. There is no reliable national survey data on the scale or duration of period poverty in England.

There is a clear need for more research in this area.

4. Local Context

There are an estimated 324,900 women and girls in Birmingham aged between 10-50yrs, just over 56.6% of the total number of women in the city (see Birmingham age structure - Appendix 1).

Therefore based on the 1 in 10 women and girls affected by period poverty (Plan International 2017/GLA 2018), an estimated 32,490 girls and women between 10-50yrs have experienced period poverty at some point during their life.

Period poverty is a symptom of how poverty affects women and girls.

In Birmingham 4.6% of women aged 16-64yrs are claiming out of work benefits (March 2019), of these approximately 2/3rds are of reproductive age and are likely to be menstruating.

Women in Birmingham in full-time work earn on average £2.74 less per hour than men in the city working full time. Although the average weekly gross pay for women

in the city is £40 greater than the west midlands average and £2.4 higher than the UK average (2018); these average figures hide the inequalities experienced by the lowest earners in the city, those working less than full time and those not in employment.

42,500 children live in workless households in Birmingham (2017), there is not nationally reported data on the complete age profile of these children, however we know that 68,100 of these children are aged over 16yrs and will be likely to be menstruating. These children are included in the 70,875 children living in low income families (2016), although there is not an age break down of this data. Similarly no age profile is easily available for the 2,879 families who are homeless in the city in 2017/18.

We would expect period poverty to be closely linked to deprivation and therefore be more prevalent in the most deprived areas of the city.

5. Potential interventions

Addressing Women & Girls Living in Poverty

The most important step to address period poverty is to address poverty in the city, especially affecting women.

This could include focused work to address the employment gap affecting women, and the gender pay gap affecting women working in the city.

In 2006 Birmingham City Council jointly published a report on addressing poverty affecting women with the Sheffield Hallam University which made a series of policy recommendations for action; however there has not been any recent work to reflect on progress against these actions.

Providing Access to Free Sanitary Products

Less sustainable but more direct interventions are focused on the provision of free sanitary products in venues and spaces that are most accessed by women and girls living in poverty.

Key spaces where free sanitary products could be provided:

- Homeless shelters
- Drug and alcohol services
- Job Centre Plus
- Schools

Some organisations are already providing free sanitary products in the women and gender neutral toilets e.g. Birmingham LGBT Centre.

The Red Box Project is a national charity providing free menstrual products for young people in schools. www.redboxproject.org The Red Box Project is currently active in Birmingham Central, Birmingham South West, Great Barr and Sutton Coldfield.

In England, several Councils have put period poverty schemes in place. The most common method has been the strategic placement of free sanitary product supplies in key locations, such as schools, youth services, voluntary sector settings and food banks. Significant learning has already emerged from programmes aimed at addressing period poverty. For example, successful schemes tend to be those that make sanitary products available in a range of areas without the need for them to be requested via a teacher or other adult.

National government has announced an intention to fund provision of free sanitary products in both primary and secondary schools in 2020.

Education and Awareness of Menstruation

One of the most significant barriers for women is the social restrictions, beliefs and myths that influence the management of menstruation (Patkar et al., 2016). Many girls do not understand what is happening when they start menstruating, and they have limited knowledge on biological processes. Using education can be used to prevent and perpetuate such menstrual restrictions.

In both a UK and international context research has highlighted a gap around awareness and understanding of menstruation as a natural and normal part of the reproductive cycle and that sanitary products are an important part of supporting women's health.

Further research

Further research should explore the experiences and needs of various populations, including migrants and refugees; menstruators with disabilities; and transgender, queer, and non-binary menstruators. This requires an intersectional approach to menstrual health by exploring how, for instance, income interacts with race, ethnicity, age, and needs across the life cycle (Winkler, 2019).

6. References

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7. Appendices

Appendix 1: 2017 Mid-year population estimates: Birmingham age structure compared with England

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Age Group	Birmingham Males (2017)	England Males (2017)	Birmingham Females (2017)	England Females (2017)
90+	~1,000	~1,000	~1,000	~1,000
85-89	~2,000	~2,000	~2,000	~2,000
80-84	~3,000	~3,000	~3,000	~3,000
75-79	~4,000	~4,000	~4,000	~4,000
70-74	~5,000	~5,000	~5,000	~5,000
65-69	~6,000	~6,000	~6,000	~6,000
60-64	~7,000	~7,000	~7,000	~7,000
55-59	~8,000	~8,000	~8,000	~8,000
50-54	~9,000	~9,000	~9,000	~9,000
45-49	~10,000	~10,000	~10,000	~10,000
40-44	~11,000	~11,000	~11,000	~11,000
35-39	~12,000	~12,000	~12,000	~12,000
30-34	~13,000	~13,000	~13,000	~13,000
25-29	~14,000	~14,000	~14,000	~14,000
20-24	~15,000	~15,000	~15,000	~15,000
15-19	~16,000	~16,000	~16,000	~16,000
10-14	~17,000	~17,000	~17,000	~17,000
5-9	~18,000	~18,000	~18,000	~18,000
0-4	~19,000	~19,000	~19,000	~19,000

