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Government of Ireland

Period Poverty in Ireland

Discussion Paper

Period Poverty Sub-Committee,
National Strategy for Women and Girls
2017-2020



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Ministerial Foreword

Minister for Children, Equality, Disability, Integration and Youth, Roderic O’Gorman, TD



I welcome the publication of the ‘Period Poverty in Ireland’ report, drafted by the Period Poverty Sub-Committee of the National Strategy for Women and Girls Strategy Committee. I welcome the spotlight that it throws on both period poverty and period shame, issues that have held a firm place in Irish society for too long, often unspoken of. The report finds that between 53,000 and 85,000 women are at risk of period poverty in Ireland and that those experiencing homelessness or addiction are particularly at risk. We also know that silence on this issue had negatively impacted people, particularly young people. The publication of this report is the beginning of a much wider conversation on how we can achieve period justice for women, girls and all people who menstruate.

Ireland has taken action to address the problem of period poverty. Ireland is the only EU Member State that applies a zero rating to tampons and sanitary towels. The Irish Prison Service, on foot of a survey carried out by the Red Cross Project, changed its approach to the provision of free period products to its female population and now provides each female prisoner with a period pack each month, to reduce the stigma associated with having to request these products. Local City and County Councils have also successfully trialled the free provision of period products. The Programme for Government contains a commitment to provide free period products in publicly funded educational settings.

The current National Strategy for Women and Girls has provided a framework in which to address this issue, following successful motions introduced by the Women’s Parliamentary Caucus in Dáil Éireann and in Seanad Éireann in 2019 calling on the Government to introduce measures to mitigate period poverty. This Report is the culmination of 14 months’ work, by a cross-sectoral Sub-Committee of the National Strategy for Women and Girls Strategy Committee. The Sub-Committee was chaired by the Department of Health and received input and contributions from NGOs and charities who participated in the work of the Sub-Committee.

The Committee reported their findings to me and to the National Strategy for Women and Girls Strategy Committee at our December 2020 meeting. I would like to thank all of those who have worked on and fed into this report, in particular the Department of Health for chairing the period poverty Sub-Committee. I would also like to thank Homeless Period Ireland and Plan International for sharing their time, information and expertise so generously with the Sub-Committee.

This report is an important step in tackling period poverty. I welcome the wide-ranging cross-sector recommendations in this report to strengthen the evidence base around period poverty, to address the stigma associated with periods, to normalise periods through education and to assist those high risk groups who need it most.

No woman, girl, intersex, trans or non-binary person who menstruates, should have to exclude themselves from the activities of daily living during menstruation or suffer the physical and mental health impacts resulting from both recurrent exclusion and the use of unsuitable period products. Government, NGOs, private individuals all have a role to play in achieving this objective. I will support action over the next years to take the actions needed to address this important and often hidden problem.



Roderic O'Gorman TD

*Chair of the National Strategy for Women and Girls Strategy Committee, and
Minister for Children, Equality, Disability, Integration and Youth*

Ministerial Foreword

Minister for Health, Stephen Donnelly, TD



I am very pleased to join my colleague, Minister O’Gorman, in launching this important report. **Reducing health inequalities is one of the most important priorities for my Department. It is also a key foundation for Sláintecare and a priority for Healthy Ireland, our national strategy for improving the health and wellbeing of all of our citizens. Needless to say, period poverty is also a women’s health and gender equality issue, relevant to our current work through the Women’s Health Taskforce, to give women’s health issues more consistent, expert and committed attention.**

We know that there are health inequalities, both between men and women, and between women from different backgrounds. It is, for example, women from lower socio-economic groups who experience the greatest disadvantage in health, are at a greater risk of poor health and experience a higher burden of ill-health and lower life expectancy than women from other groups.

The experiences of women living with consistent poverty and those of other high risk groups, which include lone parents, women from marginalised social groups, including migrants, Traveller and Roma, and other minorities, the homeless, those living in direct provision and other forms of long term accommodation and those living with active addiction, regularly highlight the wider impacts of low income on health.

The publication of this report, drafted in partnership with several other Government Departments, State agencies and the voluntary sector, is clear evidence of this Government’s commitment to working in cross-sectoral partnership to address gender and socio-economic inequalities.

This is also a testament to my own Department’s commitment, following the recommendations of the Scally Report, to giving women’s health issues more consistent, expert and committed attention within the health system. The National Strategy for Women and Girls 2017-2020, led by the Department of Children, Equality, Disability, Integration and Youth provided a framework under which this report could be published. The actions are relevant to the Department of Health’s Women’s Health Taskforce and the development of a Women’s Health Action Plan.

I want to thank both the National Strategy for Women and Girls (NSWG) Strategy Committee and the Sub-Committee on Period Poverty for their hard work in producing this report. I am also very grateful to all of the charities and NGOs who were so helpful in sharing their experiences with the Sub-Committee. This report would not have been possible without you. I have no doubt that the Report will prove to be a landmark step in addressing period poverty; both I and my Department look forward to playing our part in implementing its recommendations.

Stephen Donnelly TD
Minister for Health

Executive Summary

Period Poverty: an Overview

Period poverty refers to inadequate access to menstrual hygiene, including period products (e.g. sanitary towels and tampons), washing and waste management facilities and education¹. Adverse consequences include recurrent exclusion from activities of daily life during menstruation and health impacts resulting from exclusion and use of unsuitable period products^{2,3}.

A 2018 Plan International survey in Ireland found that 50% of girls aged 12-19 reported occasional experience of period poverty and 10% reported use of “less suitable sanitary products”, for reasons of cost^{4,5}. In early 2019, motions were passed in the Dáil and Seanad, calling on Government to introduce measures to mitigate period poverty.

Consequently, the National Strategy for Women and Girls Strategy Committee established a cross-sectoral Sub-Committee on period poverty. Its Terms of Reference include establishing the extent of period poverty and identifying at-risk population cohorts in Ireland, making recommendations with regard to education, stigma reduction and targeting of at-risk groups and mainstreaming period poverty mitigation measures across all relevant Government Departments and public bodies.

The recommendation regarding period poverty in the *Programme for Government, 2020*, is also referenced. This report presents the conclusions of the Sub-Committee. The term **period products** will be used in this report, both to reduce the stigma around periods and to differentiate period products from wider sanitary products (e.g. incontinence products, bathroom tissue, nappies).

Findings

International measures to combat period poverty include zero or reduced rates of sales tax applied to period products and the provision of free products in schools, colleges, and through food banks in the UK. In Ireland, while tampons and sanitary towels are zero-rated for VAT purposes, newer period products introduced to the market after EU VAT harmonisation in 1991 cannot be zero rated; the standard rate of 23% applies. Negotiations are continuing at EU level to give greater flexibility to Member States to allow for lower VAT rates on newer period products.

Most women and girls will have 12-13 periods per year with some using up to 22 tampons and/or towels per cycle. Overall annual costs of period products for individual women, including pain relief, can be estimated at a minimum of €121.

Period poverty modules have not been included in representative population surveys to date, meaning that wider data on this subject is very limited. National data on poverty rates and numbers participating in social protection schemes would suggest that approximately 53,000 - 85,000 women and girls may be at risk of period poverty. Charities and NGOs have identified significant incidence of period poverty amongst those experiencing homelessness and/or addiction; those living in abusive relationships and certain minority ethnic communities may also be at high risk of period poverty.

Existing income supports provided by the Department of Social Protection are intended to allow people to address basic needs (including period products). A number of local authorities have passed motions on period poverty since 2018. Schemes to make products available have been piloted by Dublin City, Dun Laoghaire-Rathdown and South Dublin County Councils (DCC, DLR, SDCC).

DCC announced in 2020 its intention to provide funding of €100,000 in 2020 to expand its period poverty initiative to all DCC run buildings.⁶

The education system already includes comprehensive resources on menstrual health as an integral part of various curricula. There are a variety of types of long-term accommodation which are State owned, managed or supported to some extent. These include hospitals, sheltered accommodation for those with disabilities, direct provision, refuges, prisons, detention centres and others. Most such facilities already provide period products to residents on a needs-led basis, however, discreet accessibility and quality may not always be optimal.

Discussion and recommendations

Period poverty is a complex issue, encompassing the basic need for period products and associated hygiene, but also wider issues associated with stigma, menstrual health literacy and gender equity, in addition to prevalence rates and risk. Recommendations contain the following core elements:

- Strengthening the evidence base;
- Addressing the stigma associated with periods;
- Considering ways of helping those clearly in need;
- Considering the provision of products on gender equity grounds;
- Cross-disciplinary management of implementation, funding and evaluation.

Conclusions and next steps

More extensive research is urgently needed in order to establish prevalence more definitively amongst women and girls across the full menstrual age range (10-54). This is the first priority and needs to be addressed using both representative surveys and focus groups with specific minorities and high-risk cohorts, in order to provide a comprehensive evidence base for further action.

Stigma and lack of awareness about periods and period poverty are impeding people's ability to communicate needs and to have them met. Stigma reduction proposals include developing additional information resources on menstrual health, including period poverty.

Targeted measures for certain high-risk groups, including those experiencing active addiction, the homeless and those in long-term accommodation, may be justified on the basis of existing evidence. Tampons and sanitary towels are already at a zero VAT rate, however, negotiations will continue at EU level to give greater flexibility to Member States to allow for, *inter alia*, a zero rate of VAT on newer period products, thereby reducing cost.

Extensive period product provision could await the results of further research; however, some measures, such as the provision of period products in public buildings should be considered, not just in the context of need, but also with a view towards gender equity and stigma reduction; other hygiene needs are currently met in this context.

A cross-disciplinary Implementation Group should be set up to progress and oversee implementation, funding and evaluation of current and future recommendations.

Introduction

Period poverty: an overview

Period poverty refers to inadequate access to menstrual hygiene, including period products (e.g. sanitary towels and tampons), washing and waste management facilities and education⁷.

The potential adverse consequences of period poverty for women, girls, intersex, trans and non-binary persons who menstruate are widely accepted internationally^{8,9} and can include recurrent exclusion from activities of daily living during menstruation and physical and mental health impacts resulting from both exclusion and from the use of unsuitable period products.

Period poverty exists within the wider context of poverty rates², which have reduced in recent years. Women and girls are statistically at higher risk of poverty than men and boys, for a variety of reasons. Contributory societal factors may include the gender pay gap, the “motherhood penalty” in pay rates, the higher likelihood of being a single parent, the lower likelihood of being in secure full time employment, a higher burden of caring responsibilities and a higher likelihood of being in an abusive, coercive or financially controlling relationship¹⁰.

The long-term outcomes of the Covid-19 pandemic are as yet unclear; however, short-term outcomes have included an unprecedented rise in the unemployment rate and consequent loss of income for many families, which may increase the incidence of period poverty.

Oireachtas motions on period poverty, 2019

A 2018 survey in Ireland highlighted period poverty, finding that 10% of girls surveyed aged 12-19 years reported use of “*less suitable sanitary products*”, for reasons of cost^{11,12,13}.

Following publication of the survey, motions on period poverty, proposed by the Women’s Parliamentary Caucus, were passed in the Dáil on Wednesday, March 13th, 2019, and in the Seanad on Wednesday March 27th, 2019⁸.

The motions called on Government to:

- Provide a range of free, adequate, safe and suitable sanitary products and comprehensive, objective menstrual education information distributed through all public buildings, including schools, universities, direct provision centres, refuges, homeless services, Garda stations, hospitals, maternity hospitals, prisons, detention centres and rehabilitation centres, in order to tackle period poverty and de-stigmatise and normalise menstruation;
- Ensure all menstrual products available in Ireland are safe, through regulation and quality checks;
- Ensure young women, girls and people of other genders can learn about their periods and menstrual hygiene in a normalising and safe environment, including online by providing a State-run website with objective information, and ensure girls, boys and people of other genders have access to education about menstruation integrated into the school curriculum;
- Ensure improved access to hygienic facilities and sanitary products that are affordable and meet individual needs;
- Work with other countries across the European Union to remove VAT on all sanitary products, including healthy and environmentally-friendly sanitary products such as cups and period-proof underwear; and
- Prioritise the issue of menstrual equity for girls and children's rights as central to Irish Aid's work overseas in line with the UN's Sustainable Development Goal 5 on achieving gender equality and empowering all women and girls, and Goal 6 which calls for universal and equitable access to adequate and equitable sanitation and hygiene for all by 2030.

NSWG Sub-Committee on Period Poverty

Subsequent to the Oireachtas motions, the *National Strategy for Women and Girls* (NSWG) Strategy Committee established a cross- sectoral Sub-Committee on period poverty, chaired by the Department of Health. The Sub-Committee held four meetings between September 2019 and January, 2020 and continued work online, following the introduction of Covid-19 restrictions in early March 2020.

In line with the Oireachtas motions, its remit included:

- Establishing the extent of period poverty in Ireland and identifying at-risk population cohorts;
- Giving due consideration to the circumstances of young people under the age of 25 and cohorts such as the homeless, those in direct provision and other groups of socioeconomically disadvantaged individuals;
- Identifying possible measures to address period poverty among at-risk groups;
- Reflecting on and making recommendations to reduce the stigma associated with periods;
- Considering how measures to address period poverty could be mainstreamed across all relevant Government Departments and public bodies.

Full Terms of Reference, meeting and membership details are provided in **Appendices 1 and 2**.

The Programme for Government, 2020, Our Shared Future, includes in its aims, the provision “of a range of free, adequate, safe, and suitable period products in all educational publicly-funded settings (including schools, colleges and HEIs), to ensure that no students are disadvantaged in their education by period poverty” (p99)¹⁴.

This report, taking into account the recommendations of both the Oireachtas motions and the *Programme for Government, 2020*, presents the conclusions and recommendations of the Sub-Committee in terms of addressing period poverty in Ireland.

The term **period products** will be used in this report, both to reduce the stigma around periods and to differentiate period products from wider sanitary products (e.g. incontinence products, bathroom tissue, nappies).

The policy context in Ireland; social inclusion and equality

This work fits within the wider context of Government efforts to reduce inequality, including that resulting from gender and socioeconomic status. The range of Government plans, programmes and initiatives intended to reduce inequality include (but are not limited to) the core work of the Department of Social Protection (DSP), the Equality and Gender Equality team in the Department of Children, Equality, Disability, Integration and Youth¹⁵, IHREC, and the redistributive function of taxation, which is managed by the Revenue Commissioners and the Department of Finance. The National Strategy for Women and Girls¹⁶ is a key policy element in promoting gender equality. In summary, social inclusion and tackling a wide variety of overlapping and interdependent inequalities are key elements of the work of most Government Departments and Agencies.

In January 2020, the Government published the *Roadmap for Social Inclusion 2020-2025: Ambition, Goals, Commitments*¹⁷. This whole of Government strategy aims to build on the work of its predecessors with the aim of reducing the number of people in consistent poverty in Ireland and increasing social inclusion for those who are most disadvantaged. The Roadmap recognises that for those who are living at, or near, the poverty threshold, access to basic essential services on a free or subsidised basis can reduce the expenses to be covered from within their disposable income. This allows them to direct their income towards other necessities of everyday living and reduces the risk of deprivation. Recommendations included in this Report are intended to support these aims.

The international policy context and international measures

The United Nations (UN) Human Rights Council Resolution 33/10 on 29th September, 2016 states that lack of menstrual health management and stigma associated with menstruation both have a negative impact on gender equality and on women’s and girls’ enjoyment of human rights, including the right to education and the right to health^{18,19}.

The UN Committee on Rights of the Child General Comment No. 20 (2016), on implementation of the rights of the child during adolescence has stated that ‘All adolescents should have access to free, confidential, adolescent-responsive and non-discriminatory sexual and reproductive health services, information and education...[including on] menstrual hygiene²⁰.

The EU co-funded Fund for European Aid to the most Deprived (FEAD) programme is also relevant in this context, as are Government commitments to the Sustainable Development Goals²¹ (Goal 3; *Health and Wellbeing*, Goal 5; *Gender Equality*, and Goal 10; *Reduce Inequality within and among countries*) and, internationally, the work of Irish Aid.

Period poverty is, increasingly, an internationally recognised public health and societal concern. In recent years, Canada, Malaysia, Nicaragua, Uganda, Kenya, Tanzania, Australia, South Africa, Trinidad and Tobago, some US states and India have removed Goods and Services Tax (GST)^{22,23} from period products. South Africa has recently established a Sanitary Dignity Oversight Committee²⁴, aiming to ensure that women and girls can manage their menstruation in a dignified manner. Additional aims include improvements in educational outcomes, gender equality and health and wellbeing.

Period poverty is under consideration by the European Parliament. The issue has been raised by the FEMM European Parliament Committee, discussed as part of the development of the EU Single Use Plastics Directive, August 2018 and considered as an element of discussions regarding taxation^{25,26,27,28,29,30}. The recommendations are similar to those contained in the Oireachtas motions, including wider availability in public buildings and lower or zero rates of taxation for period products.

The UK currently applies a 5% VAT rate to period products, with UK revenue generated (£15 million per annum) directed towards ending period poverty via a “Tampon Tax Fund”³¹. In 2017, Scotland became the first country in the world to pledge free sanitary products to students at schools and universities nationwide. This £5.2m scheme to tackle period poverty was published in the Scottish Government’s 2017 *Programme for Government*, with delivery of the commitment commencing the following academic year³². A scheme in Aberdeen has been making period products available through food banks³³.

A £2.3m scheme for schools has been set up in Wales³⁴, while free products have been available in English secondary schools from 2019/2020³⁵. There is no Northern Ireland-wide initiative as yet, however, Derry and Strabane Council is piloting an initiative to make products available in a number of locations³⁷ and the Red Box Initiative is being rolled out across some schools in Northern Ireland³⁸.

The Scottish parliament are considering legislation to tackle period poverty in Scotland. The proposed Bill aims to ensure that everyone in Scotland with a need for period products can obtain these free of charge through a “period products scheme”, which will be set up if the Bill is passed³⁹.

The proposed Bill would require schools, colleges and universities to make period products free in all appropriate bathrooms, with additional provision for Scottish Government Ministers to place a similar duty on other organisations. It includes provision for people to obtain products “reasonably easily” and with “reasonable privacy”, with the option of delivery. The availability of a range of different types of period product is mandatory, in recognition of the differing needs of women.

The Bill has cross-party support and passed the first of three stages in parliament in February, 2020; the cost of the scheme is estimated by the Scottish Government at approximately £24 million⁴⁰, however, there are concerns that the cost has been underestimated^{41,42} and there may be feasibility issues that need to be investigated further.

Period Poverty in Ireland



Period Poverty in Ireland

Risk factors for period poverty

Poverty and disadvantage are significant risk factors for period poverty. Additional risk factors include active addiction, homelessness, being in a financially controlling or abusive relationship⁴³, belonging to certain disadvantaged minority groups, or being a member of a one-parent family.

Homelessness and addiction

Homelessness is a clear risk factor for period poverty. The Department of Housing, Local Government and Heritage (DHLGH) and local authorities are responsible for housing those who present as homeless and are seeking emergency accommodation. Accommodation can be provided via homeless hubs, which have some shared facilities, or through emergency accommodation in hotels or hostels, depending on the family status of those presenting as homeless. Those with dependent children are allocated the highest priority.

A number of charities and NGOs working with those experiencing active addiction, including Merchant's Quay Ireland (MQI), Saol and Coolmine, report that period poverty is a real issue for their clients. Clients with active addiction problems will have difficulties prioritising healthcare needs over substance use. Active addiction, and the chaotic lifestyles that often accompany it, create situations where women will go without period products.

Domestic, sexual and gender based violence (DSGBV)

Women in abusive relationships, where financial control is also an issue, can be at risk of period poverty regardless of income. The FRA EU survey on Violence Against Women (2014) estimated that 10% of Irish women have experienced economic violence, 23% have experienced controlling behaviour and 31% have experienced psychological violence⁴³. There are significant efforts by both Government^{44,45} and NGOs to help victims of domestic, sexual and gender-based violence, however, abuse is often not reported. Efforts are underway by the Department of Justice and the CSO to repeat the SAVI survey, which should provide additional valuable information on the prevalence of DSGBV in due course.

Travellers, Roma and other minorities

Travellers and Roma belong to minority ethnic groups, both in Ireland and across Europe. *The National Traveller and Roma Inclusion Strategy 2017 – 2021* recognises that “Travellers and Roma are among the most disadvantaged and marginalised people in Ireland”⁴⁶. These findings are also noted by a number of other studies^{47,48,49}.

These groups are disadvantaged in terms of access to rental accommodation, education and employment and typically experience intersectional forms of discrimination and racism. Traveller and Roma women and girls have a high-risk of experiencing consistent poverty and may also be at high risk of experiencing period poverty⁴⁶⁻⁴⁹.

Many Roma women in Ireland are unable to access social protection as a result of an inability to prove the right to reside, European Directive 2004/38, and habitual residence conditions (HRC), which a person must meet in order to access welfare supports, including Child Benefit, Job Seekers Allowance, Rent Allowance, public housing, and employment and training supports. Roma women face significant difficulties with proving residency in Ireland as a result of lack of documentation, and difficulties with proof of address, language and literacy skills. The consequent lack of access to social protection can result in increased risk of consistent poverty, and therefore period poverty.

Some migrants, including members of minority ethnic groups, also face higher levels of discrimination and educational disadvantage, may face language barriers and are statistically less likely to be in paid employment. Some members of these groups may also lack entitlement to services including social welfare and health care.

In addition, cultural factors, taboos relating to menstruation and language barriers can mean an inability to communicate needs relating to sexual and reproductive health, including periods⁵⁰.

One parent families

One parent families may also be at higher risk. Eighty-six percent of lone parents are women^{10,51,52}. According to 2019 figures, lone parents are five times more likely to experience deprivation than two parent families; a rate that is the second highest in Europe⁵³. 2018 Labour Force Survey figures indicate that 63% of lone parents are in paid employment, as opposed to 75.7% of parents in two-parent families⁵⁴. Earlier figures from the 2016 National Census indicate that only 47.8% of lone parents were at work, as opposed to 70.2% of the heads of two parent families⁵⁵.

In 2016, 59% of lone parents reported that they could not access childcare services due to cost, while in 2018, 76% of lone parents in Ireland were unable to meet unexpected expenses⁵⁶. A 2018 ESRI study found that mothers who face higher childcare costs work fewer hours and the costs are recognised as a significant barrier to employment for lone parents⁵⁷. The consistent poverty rate for households with one adult and one or more children was 17.1% in 2019, as opposed to 5.5% for the population as a whole⁵⁸.

The economic impact of Covid-19

It should be noted that the data discussed above were collated prior to the pandemic, which has reduced family income for many people and families across the State and may have raised the incidence of period poverty. A recent United Nations Population Fund (UNFPA) report draws attention to women’s ongoing need for menstrual products during pandemics⁵⁹.

Costs and impacts of period poverty

The cost of managing periods

Most women and girls will have 12-13 periods a year with some using up to 22 tampons and/or towels per cycle (two packs or a larger pack). Amongst households with (non-zero) expenditure on period products, CSO estimates suggest an average weekly household expenditure of €1.86. An annual expenditure of €96.72 can therefore be estimated, including the cost of tampons and sanitary pads only; the CSO does not track expenditure on newer period products.

Surveys and published research estimate that menstrual pain, or dysmenorrhea, is experienced by 50-90% of women⁶⁰. One study suggests that up to 84% of women experience pain during some periods, with 55% reporting a need for pain relief. Estimates of regular absenteeism (every month) from study or social activities, accompanied with a need for pain relief, range from 12-25%^{5,61}.

Cost estimates for period product related expenditure of €132 to €208 per annum per woman in Ireland have been mentioned in the context of the Plan International survey and during recent Oireachtas debates on period poverty⁶². These estimates include pain relief. Our own estimates, based on CSO figures for period products, added to varied costs for over-the-counter pain relief, would give a range of costs; €121- €227 per annum to manage normal periods (mid-range figure: €174).

Health impacts of period poverty

Potential health impacts of period poverty may include the following;

- Inability to change period products such as tampons at regular intervals may result in increased risk of infection and toxic shock syndrome (TSS);
- Use of inappropriate improvised period products, such as strips of cloth, socks etc., may cause chafing and increase risk of infection;
- Infrequent changing of period products can increase the risk of leakage, risking embarrassment and possibly further consequences such as social isolation and absenteeism from school, college, work, necessary appointments and other scheduled events;
- There is a consequent psychosocial and mental health impact of self-exclusion from school/ work/ social activities/ sport and exercise during menstruation, and consequent feelings of marginalization, resulting from period poverty.

Prevalence of period poverty in Ireland

Plan International survey

A 2018 Internet based survey of 1,100 Irish girls aged 12-19 years, undertaken by Plan International, found that approximately 50% of girls surveyed reported occasionally experiencing period poverty, with 10% using unsuitable products as a result of cost barriers. Seventy percent of respondents reported a need for pain relief, while 61% of those surveyed reported absence from school on occasion as a result of their period. Nearly 60% of young women and girls reported shame and embarrassment about their period, with over 80% uncomfortable discussing periods with their father or a teacher⁶³.

Plan International's work has been invaluable in raising awareness of period poverty, however, due to limited resources, Plan advise that the survey was not representative and did not cover all women of menstrual age. Period poverty modules have not been included in any formal, representative population surveys to date, meaning that wider data on this subject are very limited.

Given time constraints, the approach taken in this report has been to examine more comprehensive national data on poverty rates and numbers participating in various welfare and social protection schemes, and to ask charities and NGOs working with the most vulnerable to provide information on period poverty prevalence, where possible.

However, it should be noted that data from representative surveys and other instruments will be required to provide a robust evidence base, prior to engaging in significant measures to combat period poverty. Prevalence needs to be determined quantitatively (see recommendations).

Estimates for poverty and deprivation; risk factors for period poverty

The Department of Social Protection (DSP) figures show that approximately 310,000 women under 55 received payments under various welfare schemes in 2019. 44,772 women availed of Exceptional Needs Payments in the same year. The DEASP Social Inclusion Monitor, 2017⁶⁴, states that food poverty (as measured by an enforced lack of one of three food deprivation items) was experienced by 8.7% of the population (and may have been exacerbated by the closure of schools, childcare and other youth services during the early phase of Covid-19 restrictions).

The most recently available official poverty data is for 2019. The 2019 CSO Survey of Income and Living Conditions (SILC)^{65,66} showed that the national *at risk of poverty rate* (AROP) was 12.8%, a drop from 14% in 2018 and 15.7% in 2017. The 2019 AROP rate for women was 12.9%. People are regarded as being at risk of poverty if their nominal equivalised disposable income is below 60% of the median equivalised disposable income. The AROP income threshold (60% of the median) for a single person was €14,387 per annum or €276 per week in 2019.

The *deprivation rate* is also calculated from SILC data, and is defined as experiencing two or more types of enforced deprivation, with reference to a total of 11 items. In 2019, 17.8% of the population experienced two or more types of deprivation (18.3% of women). The *consistent poverty rate* is the percentage of the population who are both at risk of poverty and also experiencing two or more types of deprivation. The national consistent poverty rate in 2019 was 5.5% (5.6% for women).

The poverty data sets vary slightly by gender. Using April 2019 population estimates⁶⁷, we can calculate that 1,515,300 women are between 10 and 54 years old (of menstrual age). The 2019 poverty rates for females between 10 and 54 years of age and the number of females that fall into each category based on the April 2019 population estimates are as follows:

Poverty data for females aged between 10 and 54 years (% and number)

	At risk of poverty	Deprivation	Consistent Poverty
Percentage	12.9%	18.3%	5.6%
Number (estimate)	195,474	277,300	84,857

Irish participants of the Fund for European Aid to the Most Deprived (FEAD) programme⁶⁸ include almost 43,400 women and over 58,000 children aged up to 15 years (approximately 53,100 women and girls of menstrual age, assuming that girls represent 50% of child numbers, the age distribution is even and that girls aged 10 and above represent a third of the total number of girls).

In the absence of representative survey data, it can therefore be estimated that approximately 53,100 - 84,857 women and girls may be at risk of period poverty, using FEAD data to provide the lower estimate and the consistent poverty rate, the higher estimate.

Homelessness

The most recent report from the Department of Housing, Local Government and Heritage at time of writing (August 2020)⁶⁹ lists numbers accessing local authority managed emergency accommodation. 2,154 adult women are listed as homeless, the majority of whom would be of menstrual age (54 or under). Figures are also given for dependent children under the age of 18 who are also accessing homeless services (2620); assuming that age and gender distributions are even, one can estimate that 437 of these dependents are girls between 12 and 18, giving a maximum at-risk figure of 2,591.

Information from charities and non-Governmental organisations

A number of NGOs were consulted regarding their awareness of period poverty amongst the populations that they serve. **Plan International** advances children's rights and equality for girls across the world. Their survey findings are discussed above; the Plan International Questionnaire has been made available for use as a template for future data collection.

Homeless Period Ireland (HPI) is a volunteer led initiative that collects donations of period products from designated drop-off points and delivers these to organisations indicating need. HPI advises that organisations applying for assistance include homeless shelters, direct provision centres, charities working with homeless women and with those experiencing active addiction.

It is possible that some schools may be availing of free offers of period products from manufacturers, which may be meeting some need; however, this was not confirmed during the work of the Sub-Committee.

Charities working with those experiencing active addiction, including **Merchant's Quay Ireland**, **Coolmine** and **Saol**, advise that acquiring affordable items like feminine products is an issue for the marginalised women that they serve, so period products, often sourced from HPI, are provided as part of a range of services offered to clients.

The **Society of St Vincent de Paul** advise that it is likely that people requiring help with food would also need help with period products⁷⁰. **SVP**, **CrossCare** and **FoodCloud** (the primary partner organisation for FEAD in Ireland)⁷¹ are the major operators of food banks in Ireland. All three have confirmed that they don't stock period or wider sanitary products.

The **Union of Students in Ireland (USI)** advise that some students' unions provide period products during the lead-in to exams and during the exams themselves, while others provide products from their main office(s) on a year-round basis, on request. To date, the cost of these schemes has ranged from €200-400 per year per Higher Education Institution (HEI) on a partial provision basis.

Pavee Point advise, following a brief consultation, that distribution of period products in public spaces would be very useful for Traveller women, as would other schemes targeting period poverty⁷².

State provision; period poverty, menstrual health and education

Social Protection

Existing income supports provided by the Department of Social Protection allow people to address basic needs (including period products). As previously stated, the *Roadmap for Social Inclusion 2020-2025: Ambition, Goals, Commitments*⁷³ aims to reduce the number of people in consistent poverty in Ireland and increase social inclusion for those who are most disadvantaged. Perhaps of most relevance to period poverty, the Roadmap recognises that, for those experiencing poverty, access to basic services on a free or subsidised basis can reduce the expenses to be covered from within their disposable income, thereby reducing the risk of deprivation.

Taxation of period products in Ireland

In Ireland, tampons and sanitary towels are zero-rated for VAT purposes. Ireland is the only EU Member State that applies a zero rating to these products; it was the only country with a pre-existing zero percent VAT rate for these products on January 1st, 1991, therefore this rate was retained at the point of EU VAT harmonisation.

Article 110 of the VAT Directive allows Member States to apply a zero rate of VAT to goods or services that are social in nature, that benefit the final consumer and which applied at a zero rate on and from 1 January 1991. Sanitary towels were applied at the zero rate since 1975, while sanitary tampons have applied at the zero rate since 1984.

However, the zero percent VAT rating is not applicable to all period products. Since the 1990's, a number of new period products have been introduced to the market, including menstrual cups, period panties, and menstrual sponges. As these were introduced to the market after 1991, they cannot be zero rated, and the standard rate of 23% is applied.

Period products are included in Annex III of the VAT Directive under '*products used for sanitary protection*' and as such, Member States have scope to apply a reduced rate to these newer products. The use of the latter is currently low, possibly due to higher outlay costs and to their relative novelty, however, awareness of these re-usable products is increasing and benefits of use include sustainability.

Where Member States have a derogation in place to treat certain products differently to similar equivalents, it is possible to maintain the zero rate for certain products while applying a reduced or standard rate to similar type of products. While it is not possible to accurately estimate the cost to the exchequer of any reduced VAT rate, it is expected to be extremely low, given the small number of users who avail of the products concerned. No significant increase in uptake as a result of reduced VAT is expected. A consistent tax policy that does not limit affordability or availability for period products is recommended.

Negotiations are continuing at EU level to give greater flexibility to Member States to allow for, *inter alia*, a zero rate of VAT on newer period products.

The Education system

The education system already includes very comprehensive resources on menstrual health as an integral part of various curricula. These include Social, Personal and Health Education (SPHE) and the HSE *Busy Bodies* primary school resource at primary level. At second level, supports include SPHE, included in the Junior Cycle Wellbeing Curriculum and as part of senior cycle, Relationships and Sexuality Education (RSE) and some content in biology and home economics. Comprehensive CPD to support SPHE and RSE is provided by the Department of Education (DoE) Teacher Support Services. Supports also include the Wellbeing Policy Framework, published in 2018. A more detailed summary of existing educational supports is given in **Appendix 3**.

HSE and the health services

The HSE provides all of Ireland's public health services in hospitals and communities across the country, including provision of some long-term care for some people living with a disability. Period products are already provided in some contexts; acute services order products, particularly for use in maternity services and mental health facilities. Long term residential clients pay for their own products, in some instances. The HSE also provides information resources, for use in schools and by parents, which cover menstrual health (please see **Appendix 3**).

Local Authority period poverty schemes

A number of local authorities have passed motions on period poverty since 2018. A Dublin City Council (DCC) pilot scheme made products available in baskets in recreation centre bathrooms in four locations, with usage monitored and baskets refilled daily. Dun Laoghaire-Rathdown County Council (DLR) and South Dublin County Council (SDCC) schemes have since commenced on a similar basis^{74,75}. DCC reports that there was no evidence of misuse during the pilot and there was interest, support and positive feedback from centre users. Costs for all schemes were not high. Following on from the successful pilot scheme, DCC indicated its intention to provide funding of €100,000 in 2020 to expand its period poverty initiative to all DCC run buildings.⁷⁶

Tusla, the Child and Family Agency

The Child and Family Agency is the dedicated State agency, established under the Child and Family Agency Act, 2013, responsible for improving wellbeing and outcomes for children. It is responsible for child protection, early intervention and family support services in Ireland.

The Child and Family Agency's services include a range of universal and targeted services:

- Child protection and welfare services;
- Educational Support Services;
- Psychological services;
- Alternative care;
- Family and locally-based community supports;
- Early years services;
- Domestic, sexual and gender-based violence services.

The Child and Family Agency has a statutory responsibility to provide Alternative Care Services under the provisions of the Child Care Act, 1991, the Children Act, 2001 and the Child Care (Amendment) Act, 2007. Children who require admission to care are accommodated through placement in foster care, placement with relatives, or residential care. The Agency also has a responsibility to provide Aftercare services. In addition, services are provided for children who are homeless and who are separated children seeking asylum. The Agency also has responsibilities with regards to adoption services.

The Agency is committed to the principle that the family affords the best environment for raising children and the objective of external intervention should be to support families within the community. Policy is to place children in a family-based setting with over 92% of children in foster care placements. Children and young people in foster care and residential care have their personal care needs met, including period products. The National Domestic, Sexual and Gender based Violence Service supports women's refuges. Refuges provide support on an individual needs-led basis, which can include period products and other personal care needs.

There are 109 communities supported through the Child and Family Agency's Family and Community Services Resource Centre Programme (FRC). The FRC programme is Ireland's largest family support programme, delivering universal services to families in disadvantaged areas across the country. Each FRC works inclusively with individuals, families, communities, and both statutory and non-statutory agencies⁷⁷.

Long term accommodation

There are a wide variety of types of long-term accommodation which are State owned, managed or supported to some extent. These include hospitals, sheltered accommodation for those with disabilities, direct provision, refuges, prisons, detention centres and others. Most such facilities already provide period products to residents on a needs-led basis to some extent, however there may be problems with accessibility (stigma related to having to ask male staff) and quality in some venues.

Prison Service

The Irish Prison Service (IPS) deals with offenders who are 18 years of age and over⁷⁸, with the mission of providing safe and secure custody, dignity of care and rehabilitation to prisoners for safer communities. Female prisoners are remanded in two centres, the Dóchas Centre in Dublin and in Limerick prison. Women in custody number approximately 200 across the two prisons. Female prisoners are provided with period products as required, on request. Products are also discounted in the Dochas shop. An exit pack given to female prisoners on release contains sufficient period products for a month or two.

The Red Cross Project has held recent period poverty education days and administered a survey to prisoners on period poverty; respondents numbered approximately 135 prisoners in Dochas (Mountjoy) and 40 in Limerick prison. Following results of the survey and education days, IPS advises that each woman is now issued with a period pack every month, in order to reduce the stigma associated with requesting products.

Refugees and International Protection

Persons arriving in Ireland under the Irish Refugee Protection Programme are initially accommodated in Emergency Reception and Accommodation Centres (EROCS). Accommodation in EROCs enables refugees adapt to a new culture, address issues of concern and prepare for resettlement. It is also a process that is supported by the United Nations Refugee Agency (UNHCR) as best practice. The services provided in EROCs include education, the services of a General Practitioner, HSE medical screening and access to the services of the Department of Social Protection.

The International Protection system provides asylum seeker residents with full board accommodation, free of utility or other cost where an applicant cannot provide for themselves. All the material needs of residents, including period and wider sanitary products, are met while their applications are being processed⁷⁹.

However, HPI advises that there may be inconsistencies in how different accommodation centres handle requests for period products, with residents of some centres reporting some issues with quality. Cultural and modesty issues and language barriers can cause difficulties in accessing products. The International Protection Accommodation Service (IPAS) intends to conduct a review shortly, in order to identify any common issues emerging in this area, in particular regarding the mechanism for distribution and quality of products.

Services for Travellers and Roma

Bearing in mind the social exclusion and deprivation of Travellers and Roma, a partnership approach, through implementation of the *National Traveller and Roma Inclusion Strategy*, is being taken to address this and services are being developed to meet the healthcare needs of these communities. These measures include the roll-out of a new Roma Primary Health Care Training Programme. A national directory of services working with Roma and part of the National Roma Network (NRN) was established by the Health Service Executive at the end of March 2020 to alleviate some of the issues experienced by the Roma community in Ireland during Covid-19.

The Traveller infrastructure in Ireland includes national and local Traveller organisations across different locations in Ireland. The Traveller Primary Health Care Project model has been successful in increasing Traveller women's access to preventative health care services and health related information. The projects employ Travellers as community health workers to bridge the gap in access, participation and outcomes for Travellers in mainstream health care services. Many Traveller women and families receive the majority of their information regarding health from Traveller Primary Healthcare Providers (PHCP), which are an essential resource in their communities. Period poverty measures for Travellers should therefore incorporate the PHCP network and Traveller Development projects.

Discussion and Recommendations



Discussion and Recommendations

Period poverty is a complex issue, encompassing not only the basic need for period products and associated hygiene, but also wider issues relating to stigma reduction, menstrual health literacy and gender equity, in addition to prevalence rates, risk and mitigation. On the basis of the findings outlined above, it is possible to identify the following immediate priorities:

- **Strengthening the evidence base** and addressing the data gap;
- **Addressing the stigma associated with periods;**
- Considering ways of **helping those clearly in need;**
- Considering the **provision of products on gender equity grounds;**
- Cross-disciplinary management of **implementation, funding and evaluation.**

Following the collation of data and development of a more significant evidence base regarding the prevalence of period poverty in Ireland, wider measures may be justified.

Recommendation Area 1: Strengthening the evidence base; establishing the prevalence of period poverty through research

Based on the research and data currently available, **it is not possible to quantify the prevalence of period poverty across all age groups and cohorts.** The first priority is therefore to address the data gap and to resource and plan surveys, studies and focus groups that will then, collectively, provide a comprehensive and reliable evidence base regarding the prevalence of period poverty across all age cohorts. This should be undertaken prior to the implementation of any measures to address period poverty that are likely to incur any significant cost.

Recommendations 1.1-1.3:

- Plan for the inclusion of period poverty and menstrual health in representative survey questionnaires to establish a robust evidence base on the prevalence and extent of period poverty;
- Conduct qualitative research, engaging in active listening to women and girls regarding their experience of menstruation, menstrual health and period poverty in Ireland;
- Use established methods to conduct focused surveys in certain settings, should representative surveys, qualitative data or other factors suggest a need for more focused data concerning specific cohorts of the population, including those under the age of 24.

Representative national surveys and qualitative research

As most of the data from charities and NGOs presented above concerns adult women, it is strongly recommended that further data regarding this cohort should be captured by inclusion of period poverty modules in representative surveys. We are very grateful to Plan International; their questionnaire has been made available for consideration as a basis for further data collection.

Further, it may be necessary to understand Ireland-specific issues in relation to experience of menstruation for those from minority ethnic and other high-risk groups, or those who are in various forms of State accommodation. It is therefore recommended that workshops and focus groups are conducted with women, girls, and transgender and non-binary people who have periods, and representative NGOs, to better understand lived experience of periods in an Irish context. Initial surveys and focus groups can be used to establish baselines, repetition of survey modules and focus groups could be used to monitor change over time and may be useful in assessing the impacts of implementation.

Surveying subsets of the population

Having completed representative surveys and focus groups, it may be the case that data collated may point to a high prevalence of period poverty in specific subsections of the population. It can be difficult for representative surveys alone to provide detailed data regarding cohorts of the population that comprise less than 5% of the population. Established methods for addressing this include the use of targeted surveys that are shared with specific cohorts by way of recruitment and survey circulation by trusted organisations working with these communities. This has been the approach taken in partnership with the LGBTI+ community regarding data collection for the EMIS⁸⁰ and MISI⁸¹ surveys, for example. This approach could be taken in partnership with high prevalence cohorts, once these have been clearly identified as at-risk.

Children and Young People

The Health Behaviours in School-Aged Children (HBSC)⁸², Children's Sport Participation and Physical Activity Study (CSPPA)⁸³ and Growing Up In Ireland (GUI) surveys, managed under the aegis of the Department of Health, the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media and the Department of Children, Equality, Disability, Integration and Youth (D/Health, DTCAGSM, DCEDIY), respectively, have targeted school-aged children, either via a cohort selection approach or by recruitment in collaboration with educational institutions invited to participate in the study. Adaptation of existing platforms could be used to establish the prevalence of period poverty in children and young people under the age of 24.

Recommendation Area 2: Addressing stigma

It is clear that the “hidden” nature of period poverty is exacerbated by stigma associated with periods and wider reproductive health, which is creating unnecessary barriers to information and access to products for those in need and has wider implications for access to reproductive healthcare. Stigma and lack of awareness in relation to periods and period poverty impede the ability to both communicate and address needs, where these arise. A number of recommendations to address stigma are as follows:

Recommendations 2.1-2.4:

- Recognising that a social stigma exists around discussions of periods and period products, it is recommended that Government bodies should consistently use the term period products over euphemisms such as female hygiene product or female sanitary product;
- Provide online access to educational and health resources concerning menstruation;
- Provide online resources and leaflets on menstrual health and period poverty, including information regarding sources of free products, to venues typically used by at-risk cohorts; e.g. Intreo offices, GPs, primary care and community health centres⁸⁴, direct provision and family resource centres, day services for people living with a disability, post offices and community centres;
- The Advertising Standards Authority of Ireland to work with advertising agencies, menstrual product companies and journalists to develop guidelines about the accurate and positive portrayal of menstruation.

Stigma can hamper awareness of menstrual health in general and the identification of sometimes serious gynaecological health conditions at an early stage. Education and information concerning periods can therefore be an important issue for adults as well as for younger people.

While there are already excellent and comprehensive curricular resources for schools in place (see **Appendix 3**) it may also be possible within the health sector to develop additional health education resources focussing on periods and period poverty.

For the wider population, online resources and leaflets could be developed; leaflets could be distributed in relevant venues, including primary care facilities, various forms of long-term accommodation, Intreo offices, day facilities for people living with a disability, post offices and community centres.

The Oireachtas motions included a recommendation that the Advertising Standards Authority of Ireland should work with advertising agencies, menstrual product companies and journalists to develop guidelines about the accurate and positive portrayal of menstruation, a useful measure that might be effective in this area.

Training resources could be provided, for healthcare staff and those working in various types of long-term accommodation facilities (e.g. direct provision, women’s refuges, long term care facilities, prisons, homeless hubs and others). This would enable the sensitive management of period poverty and hygiene issues for residents.

Recommendation Area 3: Helping those clearly in need

Food banks, NGOs, Travellers and Roma

It is clear from information supplied by charities and NGOs interviewed that there is need for period products amongst some vulnerable subgroups, including those experiencing homelessness, addiction, Travellers and Roma and some other minority ethnic groups. Those experiencing consistent poverty or those in financially controlling relationships are also at risk.

In the interim period prior to collation of a more significant evidence base, measures to provide period products in public bathrooms, justified by gender equity considerations, may provide some supports (see Recommendation Area 4).

Many of the charities and NGOs working with those experiencing addiction and the homeless are already providing products on site. These and other organisations working with vulnerable women and girls could be helped further, either through direct provision of products or by funding for same, perhaps through existing mechanisms such as Section 38 or 39 funding (funding of organisations by the HSE to deliver health, personal or social services)^{85,86,87}.

The absence of period products from food banks is a clear gap. While direct evidence is lacking, it stands to reason that people accessing food banks are almost certainly also experiencing affordability issues in accessing period and wider sanitary products. Therefore we recommend that organisations managing food banks, such as the St Vincent de Paul, Cross Care and FoodCloud are facilitated to supply period products in some way, either by provision of products directly or through the provision of funding to include these in the range of items stocked.

Should there be a requirement for direct evidence, prior to the collation of a more comprehensive evidence base, it may be useful to survey or to conduct focus groups with food bank clients, in order to assess demand prior to implementation.

Pavee Point advise that measures for Travellers and Roma would be most effective if progressed through organisations trusted by those communities, such as primary health care Traveller projects and equivalent services in development for Roma.

Recommendations 3.1- 3.3

- Engage with charities, NGOs and food banks serving vulnerable cohorts to ensure that they have an adequate supply of period products for clients, either through product distribution mechanisms or by funding for provision of products on-site;
- Working with Traveller Primary Healthcare providers and other organisations trusted by Travellers and Roma, make period and other sanitary products available free of charge to Travellers and Roma;
- Work with Traveller PHCTPs and similar organisations working with Roma to provide wider advice and information on menstrual and reproductive health.

Provision in State funded accommodation

There is a need to ensure that those in varied forms of State accommodation, including direct provision, sheltered accommodation, hospitals, prisons and those who could, in any way, be considered to be in the care of the State, are provided with the period and wider sanitary products that they need in a compassionate, sensitive and stigma-free manner that does not, for example, require requests to male staff.

Various forms of medium to long-term accommodation funded or provided by the State, including direct provision, prisons, hospitals, sheltered accommodation, long term care, women's refuges and others often provide products to residents on a needs-led basis. However, there are some anecdotal reports that stigma and cultural sensitivities in relation to periods (e.g. a reluctance to request products from male staff) may be an issue in some circumstances.

Recommendations in terms of long-term accommodation are focussed on the discreet and accessible provision of products, and on pro-active provision of information around menstrual and wider sanitary needs and how these can be met at induction sessions, where people are allocated accommodation. Existing provision should be reviewed and improved where necessary.

For those for whom English is not their first language or who may have special educational needs (specifically literacy challenges), ensure that plain English or translated resources are available where necessary and that provision for periods is understood by residents where possible. Certain material may also need to be culturally adapted.

Recommendations 3.4-3.8:

- Ensure that access to period and wider sanitary products is covered in induction sessions and other information provided to those entering forms of long-term accommodation;
- Review product provision to ensure that these are accessible discreetly, and without the need to ask male staff;
- Include discussion of periods and provision for same in focus groups with residents;
- Ensure that plain English, culturally adapted and/or translated resources are available regarding periods and period products;
- Develop training resources for those working with at-risk population cohorts and those in long-term accommodation in terms of period poverty awareness and mitigation;
- Include the procurement of period products in tenders for new accommodation and when renewing hygiene contracts, within direct provision centres, prisons, women's refuges and other sheltered accommodation and long-term care facilities.

Taxation of period products

Reducing taxation on period products is also an effective way to reduce their cost. The most widely used sanitary products are already zero percent VAT rated in Ireland, however, the standard VAT rate is applied to newer products.

Negotiations are continuing at EU level to give greater flexibility to Member States to allow for, *inter alia*, a zero rate of VAT on newer period products. Implementation of the latter two recommendations will await the conclusion of negotiations at EU level.

Recommendations 3.9- 3.11:

- In circumstances where certain newer period products cannot have a zero VAT rate applied, but a reduced rate is available, it is recommended that a reduced rate be applied to these products;
- In the event that the VAT directive is amended to allow greater freedom to Member States to apply a zero VAT rate to products beyond what is currently permitted it is recommended that all period products have a zero VAT rate applied to them;
- Continue negotiations at EU level to agree greater autonomy for Member States regarding VAT rates on period products.

Recommendation Area 4: Gender equity considerations and period product provision

As has also been noted in the *Report of the Working Group on Access to Contraception*⁸⁸, from a gender equity point of view it is clear that the burden of cost associated with managing routine reproductive biology often falls disproportionately on women. This is true, both of the expense associated with periods, and with the cost of hormonal and long-term contraception (which are often used to ameliorate the pain and other symptoms associated with periods, in addition to their primary function).

As a society, we do not expect people to carry bathroom tissue around with them, this is already supplied in public and private buildings across society, as part of unwritten custom and courtesy towards members of the public visiting them. Periods are currently omitted from this practice. The need for the products is recognised; bins are universally provided in all bathrooms used by women, for the safe disposal of products, yet the products themselves are not provided.

The stigma associated with periods contributes to their invisibility in this regard, meaning that this issue is rarely discussed. Changing practice and providing products would contribute to the visibility of periods and may contribute to reducing stigma, in addition to addressing gender equity issues.

The *2020 Programme for Government* includes the commitment to “provide a range of free, adequate, safe, and suitable period products in all educational publicly-funded settings (including schools, colleges and HEIs), to ensure that no students are disadvantaged in their education by period poverty”. Implementation of this commitment will be considered in due course.

Recommendations 4.1-4.3:

- Investigate options for the provision of free period products across all public buildings and facilities;
- Support local authorities in making period products available through libraries, community and leisure centres and other local facilities, and in making products available to those presenting as homeless or otherwise in need of emergency accommodation;
- Consider and plan how best to implement the Programme for Government commitment to provide a range of products in all educational publicly funded settings;
- Promote the provision of products by the private and voluntary sectors.

Public buildings and local authority schemes

The provision of period products in all public buildings⁸⁹ was recommended by the Oireachtas motions. This recommendation has a number of key functions, not least the provision of products to those who may be in need, but also in addressing stigma and in furthering gender equality.

Based on the figures supplied from local authority pilot schemes and Students Unions, the costs may be less significant than expected; it appears most people may use free products as a stop-gap, rather than as their main supply.

Given the relative paucity of data regarding the prevalence of period poverty amongst adult women, and the difficulty of accessing the most vulnerable (e.g. the homeless) via surveys that sample by address or phone number, we recommend the careful development of pilot schemes which can act as an additional method of gauging demand.

A number of local authorities have already embarked on such pilot schemes; their efforts could be supported to a greater extent and their experience will be invaluable in wider implementation. Given that local authorities are also to the forefront in providing emergency accommodation to those presenting as homeless, this could be used as an opportunity to ensure that period products are provided, where needed.

State services provided, overseen or under the governance of independent bodies

It should be noted that not all State funded services are provided in public buildings or by public bodies. Many operate with State oversight and within Government guidelines, but under independent ownership and governance structures. For example, many medical facilities, including most GP surgeries and some voluntary hospitals, would fall into this category, as would many State funded services provided by charities and NGOs. The majority of Higher Education Institutions (HEIs), schools and colleges are also privately owned and managed institutions and not public buildings.

Such entities cannot therefore be included in any mandatory schemes to make products available in public buildings. In the event that wider data collection justifies period poverty mitigation measures provided through such organisations, any plans to make products available in these settings would have to be developed in consultation with key stakeholders, on a voluntary and “opt-in” basis.

However, if clear evidence of need was presented to them, it is possible that the rate of uptake of voluntary measures by such independent organisations could be high. As previously noted, student union measures in HEIs have been developed on this basis, have been well received and costs are very reasonable.

The private sector

Many progressive and equality conscious companies, along with a number of local authorities, are already providing products in their office facilities and in some public buildings. The importance of widening this effort as a driver of stigma reduction should not be underestimated and is to be encouraged and recommended.

The contribution of workplaces (of all types) to this initiative could also be supplemented by encouraging volunteering and the donation of products, in such a way that the pressure of product provision is shared across society.

Recommendation Area 5: Implementation, funding and evaluation

Effective implementation, funding and evaluation of possible period poverty mitigation measures also need to be addressed. It is clear that implementation will require a multi-disciplinary and cross-Government perspective, also including elements of the private and voluntary sector that have key roles in working with specific vulnerable groups.

While the finer details will be beyond the scope of this report and would be best considered by an Implementation Group, in the event that a decision is made to progress with mitigation efforts, the following recommendations may be of assistance.

Recommendations 5.1-5.5:

- Develop a systems approach and co-ordinated funding mechanism to address period poverty in a co-ordinated way across Government, also incorporating interested stakeholders and partners from the private and voluntary sectors;
- Develop a co-ordinated approach to the procurement of period products;
- Include period poverty mitigation and menstrual education in development programmes funded by Ireland abroad;
- Consider the likely economic impact of the Covid-19 pandemic on the incidence of period poverty;
- Incorporate period poverty questions into representative surveys on an ongoing basis, to monitor the effectiveness of implementation over time.

It is not possible to supply detailed and accurate costs at this point in time, given the need to complete research initially and to run pilot schemes prior to rolling out wider implementation measures, if justified.

Systems approach and co-ordinated funding

A collaborative, systems approach is a useful method of resolving complex problems and has been tried in other jurisdictions, in terms of tackling obesity and inactivity, with good results⁹⁰. Measures taken to combat period poverty could be integrated with other initiatives that aim to reduce inequality and could be implemented in a cross-sectoral and co-ordinated fashion.

Cross-sectoral implementation groups have been used as a core element of a number of recent Government initiatives, including the NSWG Strategy Committee itself, which has representation from an appropriate range of relevant Government Departments, the HSE, other Government agencies, the research sector and NGOs. Such models can manage a wide range of inputs and interests, and can achieve more, with less funding, in a co-ordinated manner that reduces waste and duplication of effort.

Co-ordinated schemes can work well if funding source(s) are clearly delineated and can be allocated and co-ordinated across a range of Government Departments, local authorities, agencies, the education sector and the private and voluntary sector as recommended above. However, the majority of budgets are currently allocated to individual Departments, local authorities and agencies.

There are precedents for interdisciplinary funding of complex interventions; the Healthy Ireland Fund⁹¹ and the Dormant Accounts Fund⁹², both administered by Pobal, provide co-ordinated, cross disciplinary funding, supporting health and wellbeing-related initiatives and those intended to reduce disadvantage and disability respectively. Similar mechanisms could be used to support period poverty, or to support wider equality-related initiatives including period poverty.

Alternatively, additional budget resources could be allocated per organisation to support period poverty initiatives; this has the advantage of simplicity but would require co-ordination and ring-fencing of budgets to prevent re-allocation to other, emerging priorities.

Procurement

A co-ordinated approach to cross-sectoral procurement of period products would be likely to deliver significant savings and would be in line with best practice in public procurement, using recommended Office of Government Procurement (OGP) public procurement procedures. Hypothetically, Framework Agreements or Dynamic Purchasing Agreements with a number of different suppliers could be possible ways to allow choice, flexibility and quality in supplies that can be purchased by Government Departments and agencies, depending on their requirements.

As per the recommendations of the 2019 Oireachtas motions, all menstrual products available in Ireland should be subject to regulation and quality checks; passing such checks can be made a pre-requisite criterion for inclusion of manufacturers in procurement processes.

Irish Aid and overseas collaboration

In line with the recommendations of the Oireachtas motions and given international evidence regarding the effectiveness of a focus on menstrual health, period poverty and stigma reduction on female education and employment in countries with higher poverty rates than are typical in Ireland, it would be useful to include period poverty mitigation and menstrual education in development programmes funded by Ireland abroad.

Approaches have already been made by the South African Government in terms of information sharing on period poverty; significant benefits may accrue to all participating nations with wider engagement and sharing of expertise.

The impact of the Covid-19 pandemic

The Covid-19 pandemic has caused rapid and unprecedented changes to the way that we live in Ireland and internationally. While the long-term outcomes of the pandemic are unclear, the short-term outcomes have included an unprecedented rise in the unemployment rate and consequent loss of income for many families. Notably, necessary measures taken to contain the virus, in contrast to the last recession, have impacted more severely on women.

In the context of high unemployment rates and reductions in family incomes, it is likely that the incidence of poverty, including period poverty will increase. A recent United Nations Population Fund (UNFPA) report draws attention to women's ongoing need for menstrual products during pandemics⁹³. It should also be noted that the Covid-19 restrictions, particularly those imposed at higher levels, may temporarily impact on the accessibility of public buildings in which free period products were being provided, for example, by some local authorities in the greater Dublin area.

Sustainability

Within the Government's commitment towards Sustainable Development Goals (SDGs), any distribution of period related products should ideally be reusable, in order to reduce environmental impact. However, it must be noted that, owing to the incidence of inadequate accommodation and housing conditions, many of the most vulnerable women and girls may not have the necessary regular access to running water, kitchens, toilets or washing facilities to ensure that reusable products are adequately cleaned, washed and sanitised. Taking varying circumstances into account, it may be best to consider priority provision of disposable pads or tampons. It is possible to obtain products that are prepared from organic materials without bleach; inclusion of such criteria could be considered in the drafting of procurement specifications. It may also be possible to include the topic in focus groups and to take findings from these into account.

Legislation

Legislation is currently being debated in Scotland (see p12 above), but given the lack of data regarding prevalence of period poverty in Ireland and the intensive resource allocation that would accompany legislative development and implementation, this option is not recommended at this point in time (although it could be considered in future in the event of a robust evidence base indicating widespread incidence of period poverty).

Conclusions and Next Steps



Conclusions and Next Steps

A number of conclusions and next steps can be identified, resulting from the available information. The first immediate priority is to widen the evidence base, followed by addressing stigma and providing wider information resources to the public. Further actions could include targeting those most in need, considering product provision on gender equity grounds, and, finally, setting up robust cross-disciplinary structures for implementation, encompassing initial priorities and possibly extended measures, if justified by further evidence.

Next Steps: summary

- **Strengthening the evidence base** - representative surveys, cohort studies, qualitative research and focus groups;
- **Addressing the stigma associated with periods** - better information and educational resources for the general public concerning period poverty and wider menstrual health;
- Considering ways of **helping those clearly in need** - targeted methods of reaching vulnerable groups and reducing costs by negotiating regarding tax rates on newer products at EU level;
- Considering the provision of products on **gender equity** grounds;
- Cross-disciplinary management of **implementation, funding and evaluation** - to encompass both initial priorities and any subsequent actions justified by the expansion of the evidence base.

The Terms of Reference included a number of commitments, the first of which was to seek, from available evidence, to establish the prevalence of period poverty in Ireland and the populations at risk of experiencing such poverty. There is insufficient data available, within the timeframe allotted and resources provided, to establish with any degree of accuracy, the prevalence of period poverty in Ireland. The highest priority is therefore to address the data gap and to resource and plan studies that can establish a strong and reliable evidence base regarding the prevalence of period poverty across all age cohorts of people who have periods (women, girls and those who identify as transgender or non-binary, aged 10-55).

The Terms of Reference include consideration of the needs of cohorts such as the homeless, those in direct provision, victims of domestic, sexual and gender-based violence and other groups of socioeconomically disadvantaged and wider at-risk groups. Period poverty is clearly experienced by some high-risk cohorts, most notably the homeless and those experiencing active addiction.

Period products are often provided on a needs-led basis through charities, NGOs and voluntary organisations already working with these cohorts; however, existing supports could be enhanced further. Targeted methods of reaching these vulnerable groups could also be considered as a priority for groups clearly identified as being in need.

In terms of wider at-risk groups, the lack of period product provision by food banks is a clear gap. Provision of period products should be subject to pilot schemes and monitoring, an approach that may be useful logistically if wider provision is later recommended. Further, this approach may also be indicative of demand, if carefully monitored.

It is clear that the stigma associated with periods is a barrier to meeting needs and may be impeding wider information and data collection. There are implications for wider healthcare needs in relation to menstrual and reproductive health. The Department of Health Women's Health Taskforce is currently examining aspects of menstrual, reproductive and gynaecological health, including gynaecology service provision, endometriosis and menopause; there may be synergistic opportunities to include period poverty in wider policy development, information sharing and the building of public information resources.

While the lack of a comprehensive evidence base could justify delaying consideration of mainstreaming period poverty measures across all relevant Government Departments and public bodies, such action could nevertheless be considered with a view towards gender equity and stigma reduction. The publicity surrounding period poverty initiatives alone has, in other jurisdictions, been effective in raising awareness; joined with more comprehensive stigma reduction measures we can hope to significantly increase awareness and reduce the incidence of period poverty in our society.

Period poverty sits within the wider context of poverty. Government has always had a focus on reducing both inequality and poverty; this focus has increased in recent years. This has been the core work of some Departments¹⁷, Divisions and Agencies, and the focus of key policy initiatives and frameworks in others. Working in partnership with the charity, NGO and voluntary sector has been an effective approach and ensures the widest possible access to information and supports concerning the most vulnerable.

It is to be hoped that period poverty mitigation measures, effectively co-ordinated, will add to the collective effort to reduce the negative impacts on health and wellbeing caused by inequality, disadvantage and marginalisation. This, in turn, is key to improving health outcomes, both in terms of the incidence of chronic disease, but also, as has recently become clear, in reducing the adverse effects of disadvantage and minority status in the context of a pandemic.

Appendix 1: Terms of Reference

Strategy Committee for the National Strategy for Women and Girls 2017-2021

Sub-Committee on Period Poverty

Terms of Reference

The Sub-Committee will:

- seek, from available evidence, to establish the prevalence of period poverty in Ireland and the populations at risk of experiencing such poverty.
- in line with the motions passed in the Dáil and Seanad, give due consideration to the circumstances of young people under the age of 25 (including students in school, further education and training (FET) and higher education) and cohorts such as the homeless, those in direct provision and other groups of socioeconomically disadvantaged individuals, with due regard for the needs of women and girls at different stages of their lifecycle;
- identify possible measures to address period poverty among at-risk groups;
- reflect on the stigma associated with periods, and recognizing the need for change, make recommendations regarding measures to reduce this;
- consider how measures intended to address period poverty could be mainstreamed across all relevant Government Departments and public bodies, identifying distribution methods and estimated costs where possible and means to assess the effectiveness of proposed measures;
- make recommendations in the form of a report.

The Sub-Committee will present its preliminary findings and conclusions to the full Strategy Committee in Q1-2, 2020*. The Sub-Committee's report will be submitted to the Minister by the end of Q2, 2020*.

**Note, the General Election and response to the pandemic delayed the proposed timeline to Q4, 2020*

Appendix 2: Membership and Meetings

The Sub-Committee is chaired by the **Department of Health** and reports to the National Strategy for Women and Girls Strategy Committee.

The following Departments, Agencies and organisations are represented:

- Department of Health (DHealth)
- Department of Justice (DJ); formerly Department of Justice and Equality; DJE
- Department of Children, Equality, Disability, Integration and Youth (DCEDIY); formerly Department of Children and Youth Affairs (DCYA)
- Department of Education (DoE); formerly Department of Education and Skills
- Department of Social Protection (DSP); formerly Department of Employment Affairs and Social Protection (DEASP)
- Department of Finance (DFinance)
- Health Service Executive (HSE)
- Tusla - Child and Family Agency
- City and County Management Association (CCMA)
- The Irish Prison Service (IPS)
- National Women's Council of Ireland (NWCII)
- National Collective of Community based Women's Networks (NCCWN)
- One Family, representing the Community Platform
- National Traveller Women's Forum (Traveller and Roma women) (NTWF)
- Union of Students of Ireland (USI)

Meeting Schedule

Meetings were held on the 6th September, 2019; 17th October, 2019, 27th November, 2019 and 23rd January, 2020. Following the introduction of Covid-19 restrictions, the work of the Sub-Committee was continued online.

Meetings benefitted from presentations from Homeless Period Ireland and from Plan International; we would like to thank both organisations, and the other charities and NGOs who shared material over the phone or in writing, for sharing their time and valuable expertise in this area.

Acknowledgements

We are very grateful for the input and contribution of all of the NGOs and charities who participated in the work of the NSWG Sub-Committee on Period Poverty. We are particularly grateful for the engagement of Homeless Period Ireland and Plan International, both of whom have generously shared their time, information and expertise and have given presentations to the Sub-Committee.

Appendix 3: Curriculum supports

Menstrual education in school

Social Personal and Health Education (SPHE), which is mandatory in all primary schools and up to and including junior cycle, supports menstrual education directly. The HSE *Busy Bodies* resource, designed for the senior classes in primary school (5th and 6th classes) also includes information on menstruation.

SPHE forms part of the mandatory Wellbeing Curriculum for the new Junior Cycle, introduced in 2017. Along with the implementation of the Wellbeing Policy Statement and Framework, SPHE aims to support the development of socially and emotionally competent, resilient young people, who respect themselves and their peers and are broadly informed and competent in making healthy decisions and life choices.

The 'Myself' strand in the curriculum includes a number of strand units including self-awareness, making decisions, taking care of my body, knowing about my body and growing and changing.

The strand unit 'Knowing about My Body' covers the following, after which the student should be able to identify and discuss the physical and other changes that occur with the onset of puberty and understand that these take place at different rates for everyone:

- hormonal changes
- changing body shape
- development of breasts
- appearance of pubic hair
- onset of menstruation (periods)

It also includes the physical and other changes that occur in boys with the onset of puberty.

Units are also included on the reproductive system of both male and female adults, understanding how increased activity or involvement in physical activities can require increased attention to body care and how to identify and be aware of the different ways in which the body may be protected against infection and disease

The strand unit 'Growing and Changing' identifies and discusses patterns of development and growth, comparing present development with that at earlier stages - physical, social, emotional, intellectual and spiritual.

Under the Healthy Ireland Framework, there is strong collaboration between the Department of Education, the Department of Health and the HSE – which includes supporting the wellbeing agenda, healthy eating and physical activity in primary and post-primary schools.

At senior cycle, the SPHE curriculum, which is not mandatory at that level, builds on the students' prior learning in primary and junior cycle SPHE, by providing students with opportunities to examine social, personal and health issues and concerns at this stage of mid to late adolescence.

In the context of health education, it aims to develop the student's health literacy. Health literacy is the capacity of individuals to obtain, discern, interpret and understand health information. It includes the confidence to access health services and the competence to use such information and services in ways that enhance health. It includes the ability to critically evaluate and use self-management and interpersonal skills to act in support of health and wellbeing.

The curriculum framework for SPHE in senior cycle is an enabling curriculum and is built around five areas of learning. These areas of learning focus on what is important for learners in senior cycle to know, understand and be able to do in order to make and maintain healthy lifestyle decisions. The five areas of learning are:

- Mental health
- Gender studies
- Substance use
- Relationships and sexuality education (RSE)
- Physical activity and nutrition

The RSE area of learning includes the different stages of adolescent development, including the physical, emotional and sexual changes that take place in puberty as well as the reproductive process including an understanding of fertility from both a male and a female perspective.

An extensive review of the RSE curriculum at primary and post primary level has been conducted by the National Council for Curriculum and Assessment (NCCA). The NCCA report of the review, following 18 months of research and consultation, with young people, parents, teachers, focus groups, organisations, Comhairlí na nÓg and a general public consultation was published in December 2019 and is available at - <https://www.ncca.ie/media/4319/report-on-the-review-of-relationships-and-sexuality-education-rse-in-primary-and-post-primary-schools.pdf>

The NCCA report is based on commissioned research and extensive public consultation and makes a number of recommendations, including the development of a single integrated curriculum for RSE and Social, Personal and Health Education (SPHE) in schools. Work on redeveloping the specifications for SPHE and RSE will commence next year (2021) and will include engagement with all of the key education stakeholders, as well as a further process of public consultation before the new curriculum is finalised.

The Council is also currently developing interim guidance material for SPHE and RSE across primary and post-primary. These support materials will be made available in the form of an online toolkit. The interim guidelines will be published online in the form of a user-friendly teacher toolkit which will be added to incrementally. It is expected that these will be ready towards the end of 2020.

SPHE has potential links with a number of senior cycle subjects including biology, home economics and physical education which can include content that is also addressed in SPHE, for example, the characteristics of life in biology, diet and nutrition in home economics, and physical health and wellbeing in physical education. It is important to emphasise the potential value of cross-curricular links in adding to students' appreciation of the integrated nature of their lives and the value of different perspectives.

The unique experience in SPHE however, is that students are provided with dedicated space and time where they can develop their knowledge and understanding about health and wellbeing.

SPHE CPD

A comprehensive programme of CPD to support the SPHE programme including RSE is provided by DoE teacher support services to newly qualified and serving teachers at primary and post-primary. It includes signposting to supporting resources for teaching and learning and related DoE policy and guidelines.

NCCA Review of Primary Curriculum and RSE

The National Council for Curriculum and Assessment (NCCA) is reviewing and redeveloping the primary school curriculum. It has been 20 years since the primary curriculum has been reviewed. As part of the review and redevelopment of the Primary Curriculum, the NCCA engaged widely with stakeholders in education and other interested individuals and groups. This included working directly with schools from across the country on their priorities and needs for a redeveloped primary curriculum drawing on an extensive body of research published in a series of short papers on www.ncca.ie. Building on this and informed by the 2017 consultation on curriculum structure and time, the NCCA published a draft overview of a redeveloped primary curriculum in February 2020.

This draft forms the basis for an extensive public consultation from February to end of October 2020, which will determine the overall shape and direction of a redeveloped curriculum, and includes the welcome proposal to allocate additional time to wellbeing, including PE and SPHE.

Wellbeing

The Wellbeing Policy Framework published by the Department of Education in 2018 places a national focus on wellbeing in education and seeks to ensure that every child and young person builds resilience and is able to deal with the challenges they face and ultimately realises their full potential.

The overall aim is that wellbeing will be at the core of the ethos of every school and centre for education throughout the country. Under the Framework, all schools will undertake a review of their wellbeing promotion and will ensure the necessary focus on supporting children and young people in having a sense of purpose and fulfilment, and the skills necessary to deal with life's challenges. Schools will be supported in this work by the provision of wellbeing resources for use in school.

Under the Wellbeing Policy Statement and Framework for Practice, a directory of continuing professional development opportunities relevant to wellbeing has been prepared for the 2019/2020 school year and is now available on the Department's website.

HSE education resources and menstruation

The HSE *Busy Bodies* resource is designed for 5th and 6th classes in primary school, but also for use at home and for revision purposes in 1st year Post Primary. It includes information on a range of puberty and adolescent issues including menstruation. A redeveloped *Busy Bodies* resource and a booklet for parents of 8-12 year olds will be launched in November 2020.

The Making the Big Talk many small talks: 8-12 years is a booklet for parents which helps them support their children through the early adolescent years and expand on the RSE delivered in schools. It addresses menstruation – what it is and how it can be managed.

The RSE section of the new Junior Cycle SPHE resource will reference fertility, including menstruation issues. The Trust Resource for Senior Cycle RSE (developed in partnership between the DES and HSE) gives more detailed information on the menstrual cycle and the value of keeping a period diary for menstrual and overall health.

Appendix 4: Recommendations

Table 1: Strengthening the evidence base

Recommendation #	Recommendation	Additional information
1.1	Plan for the inclusion of period poverty and menstrual health in representative survey questionnaires to establish a robust evidence base on the prevalence and extent of period poverty.	
1.2	Conduct qualitative research, engaging in active listening to women and girls regarding their experience of menstruation, menstrual health and period poverty in Ireland.	
1.3	Use established methods to conduct focused surveys in certain settings, should representative surveys, qualitative data or other factors suggest a need for more focused data concerning specific cohorts of the population, including those under 24.	

Table 2: Addressing stigma

Recommendation #	Recommendation	Additional information
2.1	Recognising that a social stigma still exists around discussions of periods and period products, it is recommended that Government bodies should consistently use the term period products over euphemisms such as female hygiene product or female sanitary product.	
2.2	Provide online access to educational and health resources concerning menstruation.	
2.3	Provide online resources and leaflets on menstrual health and period poverty, including information regarding sources of free products, to venues typically used by at-risk cohorts; e.g. Intreo offices, GPs, primary care and community health centres, direct provision and family resource centres, day services for people living with a disability, post offices and community centres.	
2.4	The Advertising Standards Authority of Ireland to work with advertising agencies, menstrual product companies and journalists to develop guidelines about the accurate and positive portrayal of menstruation.	

Table 3: Helping those clearly in need

Recommendation #	Recommendation	Additional information
3.1	Engage with charities, NGOs and food banks serving vulnerable cohorts to ensure that they have an adequate supply of period products for clients, either through product distribution mechanisms or by funding for provision of products on-site.	
3.2	Working with Traveller Primary Healthcare providers and other organisations trusted by Travellers and Roma, make period and other sanitary products available free of charge to Travellers and Roma.	
3.3	Work with Traveller PHCTPs and similar organisations working with Roma to provide wider advice and information on menstrual and reproductive health.	
3.4	Ensure that access to period and wider sanitary products is covered in induction sessions and other information provided to those entering forms of long-term accommodation.	
3.5	Review product provision to ensure that these are accessible discreetly, and without the need to ask staff.	
3.6	Include discussion of periods and provision for same in focus groups with residents.	
3.7	Ensure that plain English, culturally adapted and/or translated resources are available regarding periods and period products.	
3.8	Develop training resources for those working with at-risk population cohorts and those in long-term accommodation in terms of period poverty awareness and mitigation.	
3.9	Include the procurement of period products in tenders for new accommodation and when renewing hygiene contracts, within direct provision Centres, prisons, women's refuges and other sheltered accommodation and long-term care facilities.	

Recommendation #	Recommendation	Additional information
3.10 ⁹⁴	In circumstances where certain newer period products cannot have a zero VAT rate applied, but a reduced rate is available, it is recommended that a reduced rate be applied to these products.	Recommendations 3.10 - 3.12 are currently being worked on by the Department of Finance and Revenue.
3.11	In the event that the VAT directive is amended to allow greater freedom to Member States to apply a zero VAT rate to products beyond what is currently permitted it is recommended that all period products have a zero VAT rate applied to them.	
3.12	Continue negotiations at EU level to agree greater autonomy for Member States regarding VAT rates on period products.	

Table 4: Gender equity considerations

Recommendation #	Recommendation	Additional information
4.1	Investigate options for the provision of free period products across all public buildings and facilities.	
4.2	Support local authorities in making period products available through libraries, community and leisure centres and other local facilities, and in making products available to those presenting as homeless or otherwise in need of emergency accommodation.	Pilot schemes already in place in some LAs as detailed above; DCC have moved to wider roll-out.
4.3 ⁹⁶	Consider and plan how best to implement the Programme for Government 2020 commitment to provide a range of products in all educational publicly funded settings ⁹⁷ .	
4.4	Promote and support the provision of products by the private and voluntary sectors.	

Table 5: Implementation, funding and evaluation

Recommendation #	Recommendation	Additional information
5.1	Develop a systems approach and co-ordinated funding mechanism to address period poverty in a co-ordinated way across Government, also incorporating interested stakeholders and partners from the private and voluntary sectors.	
5.2	Develop a co-ordinated approach to the procurement of period products.	
5.3	Include period poverty mitigation and menstrual education in development programmes funded by Ireland abroad.	
5.4	Consider the likely economic impact of the Covid-19 pandemic on the incidence of period poverty.	
5.5	Incorporate period poverty questions into representative surveys on an ongoing basis, to monitor the effectiveness of implementation over time.	

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84. A company named INFORM is currently contracted by the HSE to disseminate information leaflets in primary care settings.
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89. Public buildings in this instance are those fully owned and managed by the State (public sector) and regularly accessed and used by members of the public.
90. Milat AJ, Newson R, King L, Rissel C, Wolfenden L, Bauman A, et al. A guide to scaling up population health interventions. *Public Health Res Pract.* 2016;26(1):e2611604.
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95. Many medical institutions and educational settings, including schools and HEIs, are not public buildings
96. Based on the recommendations of the Programme for Government, 2020
97. The Programme for Government 2020 Commitment is cited in full on Page 6



Rialtas na hÉireann
Government of Ireland



An Roinn Sláinte
Department of Health



**An Roinn Leanaí, Comhionannais,
Míchumais, Lánpháirtíochta agus Óige**
Department of Children, Equality,
Disability, Integration and Youth



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