

**Experiences of Young Girls in Cape Breton with Period Poverty**

**By**

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**Submitted in partial fulfilment of the requirements for the degree of Master of Child and  
Youth Studies**

**at**

**Mount Saint Vincent University  
Halifax, Nova Scotia  
September 3, 2025**

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## Table of Contents

Acknowledgements .....	3
Abstract .....	4
<i>Chapter One: Introduction</i> .....	5
Research Question .....	6
Significance of Study .....	6
Terminology .....	8
Limitations of Study .....	9
<i>Chapter Two: Review of Literature</i> .....	11
Social Policy .....	11
Gender .....	14
Intersectionality .....	18
Reproductive Health .....	20
Period Poverty .....	23
Cape Breton and Poverty .....	28
<i>Chapter Three: Methodology</i> .....	35
Theoretical Framework .....	39
Methods and Recruitment Challenges .....	42
Methodological Lessons .....	44
<i>Chapter Four: Findings</i> .....	45
Findings .....	45
Social Reproduction of Knowledge .....	46
Public Policy Progress .....	47
Changing Gender Roles .....	48
Taboo and Stigma .....	49
How do we know Period Poverty is in Cape Breton? .....	50
What else do we know? .....	51
<i>Chapter Five: Conclusion</i> .....	52
References: .....	58
<i>Appendices</i> .....	68

## Acknowledgements

I would like to express my deepest appreciation for those who contributed to the completion of this thesis. First, I would like to thank my family and friends for their continued support. Second, I would like to thank my thesis advisor, Dr. Findlay, for helpful guidance and constant assistance in writing this thesis. Finally, I would like to thank those who participated in and helped me complete this project.

I want to also acknowledge that this research was conducted and written on unceded Mi'kma'ki territory, the traditional territory of the Mi'kmaq.

## Abstract

Menstruation is a natural bodily function that has been heavily stigmatized and viewed as a private issue for individuals. Stigmas surrounding periods can directly impact how people view menstruation and seek help. Period poverty is one of the impacts from stigmatization. The lack of access to menstrual products and education pertaining menstruation significantly affects one's health, education, and social participation. This thesis investigates the experiences of adolescent girls in Cape Breton, a region with little to no research on menstrual health.

## Chapter One: Introduction

Many automatically think of negative connotations when the topic of periods or menstruation comes to mind. Because of the taboos and stigmas associated with menstruation, period poverty becomes a private struggle young girls and women face globally. Period poverty is described as the lack of access to menstrual products and/or a lack of knowledge on menstruation (UN Women, 2024). Periods have been stigmatized and framed as a private issue, a dirty secret that must be dealt with privately. Everyone needs food, water, and shelter, but what about period products? Access and affordability of sanitary hygiene products should be considered necessary for women. Are they not considered a necessity because men do not menstruate? Are necessities only considered a necessity if everyone experiences them? Periods have been silenced for a long time, and it is important to study because women have been taught to hide what happens monthly. Young girls miss school, socialization, and general participation because of the embarrassment of bleeding through or not having any coverage to 'hide' that they are on their period.

The key argument of my thesis is that the context of menstruation in Cape Breton is complex with both continued challenges yet also positive signs of change. While I did not find evidence of period poverty within the participant pool, what was still clear was persistent stigmas attached to menstruation. At the same time, my research found three surprising outcomes. First, I found evidence of changing gender roles, specifically fathers taking on a more active role in menstruation. Second, despite changing gender roles, women continue to be vital to the social reproduction connected to menstruation wherein they share knowledge among one another. Finally, I found pro-active policy changes that provide accessible menstrual products to youth in schools, are making positive impacts.

Stigma and myths surrounding periods could increase the likelihood that young girls would potentially not have access to knowledge or products that would help with menstruation, and thus experience period poverty. Due to higher rates of poverty found in Cape Breton, it could be hypothesized that adolescent girls could experience rates of period poverty in Cape Breton, which would lead to the question 'What are the experiences of young girls in Cape Breton with Period Poverty?' Someone experiencing period poverty may not have adequate or any access, physically or financially, to menstrual products, or not have any knowledge about menstruation.

### Research Question

The research question driving this study is *What are the experiences of young girls (adolescents) in Cape Breton with period poverty?* It focuses on the experiences and stories from youth who might be suffering in silence. Understanding the world of menstruation through the eyes of participants can give this project a glimpse into what access one has.

### Significance of Study

Despite menstruation being a normal, healthy bodily function for billions of individuals around the globe, menstruation is still a source of deep gender and health inequalities (Harrison et al., 2022). The taboos and stigmas associated with menstruation cause period poverty to become a private struggle that many young girls and women face globally. The silence on period poverty results in many adverse external outcomes for young girls and women. Because periods are heavily stigmatized, young girls and women might not feel like they speak out about their struggles with menstruation and accessing products or not understanding their bodies and, therefore, become silenced. The only way to provide resources is to determine if adolescents are struggling. Cape Breton has little to no research conducted in this field, so focusing on this area

would benefit academics and the communities surrounding my home. It is vital to study period poverty because it impacts women's immediate hygiene access and their ability to participate fully in society.

Everyone needs food, water, and shelter, but what about period products? Access and affordability of sanitary hygiene products should be considered necessary for women. Are they not considered a necessity because men do not menstruate? Are necessities only considered a necessity if everyone experiences them as well? Period poverty has been silenced for a long time, and it is important to study because women have been taught to hide what happens monthly. Young girls miss school, socialization, and general participation because of the embarrassment of bleeding through or not having any coverage to 'hide' that they are on their period.

More research on this topic is needed. In particular, there is little to no research done in Cape Breton, so research must focus on bringing more information to light and providing help. Are the young adolescent girls there struggling? Is this a silent struggle that we are not aware of? If we find evidence of young adolescents struggling with period poverty in Cape Breton, what are the steps to combat it? When combating period poverty, it is imperative that it is done without causing further stigmatization or harm. Menstruation is still considered taboo and has many negative views associated with it; poverty also has stigmas associated with it as well. When researching period poverty, it is imperative to be aware of stigmas and potentially any bias a researcher holds pertaining to these topics. Addressing topics like this could cause some people to be singled out if they receive items or are seen using services meant to help them. Some people might not want others to know about their situation due to stigmas associated with poverty and menstruation. By offering products for free in public restrooms, it takes pressure off many menstruators and those who cannot afford them. It also allows them to take it without

being singled out because the products are for everyone. Providing safe spaces that is intended for everyone can also provide relief for anyone who needs it.

The overall question to answer is 'What are the experiences of young girls and gender-nonconforming youth in Cape Breton with period poverty?'

## Terminology

Period poverty refers to the inability to afford and access menstrual products, sanitation and hygiene facilities and a lack of education and awareness to manage menstrual health (UN Women, 2024). Menstruation is rooted in many complex and stigmatizing myths and beliefs. For example, people may consider periods to be dirty, or believe it makes women hormonal, or think it is a sign that women are "lesser". Society believes that menstruating women are physically and mentally disordered, and perceived as out of control, crazy, or unfeminine (Lonkhuijzen, Garcia, Wagemakers, 2022). The reinforcement of misogynistic stereotypes about menstruators being perceived as "irrational" "too emotional", or "hysterical" results in incorrect views of those who menstruate as less capable, which can influence participation in public life (Olson et al., 2022). These myths come about because the norm is non-menstruating, and the bias about menstruating is seen in medical textbooks (Olson et al., 2022), likely because the norm has always been male-centred. These views surrounding periods lead to a lack of conversation and can drastically impact whether someone would seek help.

Throughout this paper, it is essential to denote the use of the words 'girls' and 'women'. In the literature, authors use the term 'girls' and 'women' nearly exclusively, likely due to the little to no research conducted on trans-men or non-confirming- gender persons when it comes to menstruation poverty. It is critical to note that not everyone who menstruates identifies as female. Male-identified and non-binary youth also menstruate, and period poverty can affect

these individuals as well, and they likely deal with various other stigmas and problems concerning periods that cis-gendered individuals will never understand. This research paper does not seek to exclude trans-men or non-binary youth. The use of the term 'trans' in this paper acts as an umbrella term for those who do not identify within the binary of 'girl' or 'boy' (not all non-binary persons will identify as trans but socially within the queer community it falls under the trans umbrella). This research seeks to bring to light a silent issue, seeking experience from participants of any background.

This thesis uses the terms 'girls' and 'women' to remain consistent with existing literature, and to recognize the importance in recognizing the power found in words as well as how historically, women were denied reproductive rights (Pollitt, 2015). It is vital to recognize this now as women are currently finding themselves still being denied reproductive rights in many countries. Reproductive rights are fundamental for everyone, and women's reproductive rights are politically controlled by others like the church, state, and men (Pollitt, 2015), which is why it is imperative to understand the power in using terms like women. The term 'girl' and 'women' are used throughout but are not intended to exclude those who menstruate and not identify as 'women'.

### Limitations of Study

The research focused solely on a youth's experience surrounding their menstruation. Questions pertained to what products youth used, who would buy the products and how often, as well as if youth would miss any social or school related activities. The only boundaries set in place for the research project was for a youth to be between the ages of 12 and 17, for them to be menstruating and be willing to share their experience.

Ethnicity, race, gender identity, health, and one's social economic status (SES) were not factors for participants. These criteria were not requirements to ensure a wider variety of applicants were able to join and share their experiences as well as to not create any biases that might occur when interviewing a participant who would have a lower SES and make unnecessary correlations about their economic standing to their experiences with menstruation.

Due to the complex nature of period poverty in Cape Breton, with its persistent stigmatization of menstruation and positive changes, this thesis found evidence of consistent negative views on menstruation but also unexpected positive results. Three findings included evidence of changing gender roles in fatherhood when it came to menstruation. Despite that, a second finding was that women continue to carry on the role of social reproduction within menstruation. Lastly, there was evidence of pro-active policy changes that benefitted youth in being able to access products easily. While there was no evidence of period poverty found within the participants engaged with, the outcomes indicated promising change. However, due to the small participant pool, it is important to note that others might be struggling with period poverty, including in other parts of the island which is why a larger study would need to be conducted exploring additional participants in Sydney and beyond. Throughout this thesis, topics such as social policy, gender, intersectionality, reproductive health, period poverty, Cape Breton and poverty will be discussed and how these topics shape daily lives. Literature, in chapter two, will provide background information and will be connected to period poverty. Chapter three focuses on methodologies used to collect and analyze data. In the last chapter, I report on findings and conclusions.

## Chapter Two: Review of Literature

Understanding how social issues overlap is important when it comes to period poverty. Social policy affects how people live, especially those facing inequality. Issues such as gender, poverty, and reproductive health are deeply connected to one another, and they do not affect everyone the same way. Using intersectionality, factors like gender, race, and income all overlap, certain groups of people face challenges that others do not face. Period poverty is an example, lack of access to products or education harms youth. Poverty is more widespread in Cape Breton and those facing poverty might face period poverty.

### Social Policy

Period poverty is an under-studied area of social policy. Social policy shapes the daily lives of everyone in Canada, significantly benefiting many Canadian citizens. Westhues and Wharf (2012) define social policy as follows:

Social policy is a course of action or inaction chosen by public authorities to address an issue that deals with human health, safety, or well-being. These public authorities include those who work directly with service users, bureaucrats in international organizations and at all levels of government, and elected officials. Policy decisions at the international and governmental levels reflect the values acceptable to the dominant stakeholders at the time that the policy decision is taken. Decisions taken by front-line workers may reinforce the intent of these policy decisions or may resist it when they are understood to be inconsistent with the values of front-line professionals (p.6)

This definition can be understood as the government trying to address an issue that would ideally benefit the majority, as well as addressing issues that would reflect their values.

However, those decisions made by the government will not always be what the citizens need, and the citizens could argue against those policies. Policies are decided and implemented based on what decision-makers believe Canadians need now, but Canadian citizens are not

always consulted directly about those needs. Social policy would benefit Canadians more if they were consulted.

Canada has more than one level of government that may be responsible for public policy decisions because Canada is a federal state with a democratic government (Westhues & Wharf, 2012). The federal government will play a more significant or minor role depending on the policy. Westhues and Wharf (2012) further explain:

The federal government has jurisdiction over some areas of policy and the provinces and territories over others. With regard to social policy, the provinces are responsible for "the establishment, maintenance, and the management of public and reformatory prisons in and for the provinces" and for the "establishment, maintenance and management of hospitals, asylums, charities, and eleemosynary institutions" ... the intention of the legislation was to limit the role of provinces and to create a strong federal government, judicial interpretations of the development of the legislation over time have limited the role of the federal government in the development of social policy (p. 23 – 24).

This friction created between the federal and provincial governments has both at odds as to who has the responsibility to make legislation and develop new social programs or who is responsible for funding; these types of conflicts gave rise to legal challenges for more clarity (Westhues & Wharf, 2012, p. 24). One example of policy concern is that the federal government has no formal jurisdiction over child welfare, as this is the provincial government's responsibility (Westhues and Wharf, 2012). The federal government can influence this by providing funds but has no direct power. Social policy regarding health, safety, or well-being is more prioritized by the federal government, so it will play a more active role.

Through social policy, governments will try to benefit the most people it can, but they will not always succeed in doing so. Brodie and Bakker (2007) found through assessing the changes in our Canadian social policy that some are not benefiting from social policy and are more insecure or disadvantaged – primarily women, children, First Nations, and other visible minorities. Many policies are restructured to reduce benefits, deprive program funds, and tighten

eligibility (Brodie & Bakker, 2007). The restructuring of policies happens because much of our social policy is grounded in neoliberalism and sexism that still exists within Canada.

Neoliberalism is an ideology and policy model that emphasizes a 'free market' which would allow the elimination of price control on goods and services and reduce state intervention through privatization (Smith, 2022). Neoliberalism also wants to eliminate barriers to trade, capital goods and services (Navarro, 2007). All these wants and beliefs of the neoliberal ideology result in growth and well-being primarily for the dominant class (Navarro, 2007). Neoliberalism is more likely to benefit those in a higher social economic bracket. Navarro (2007) points out the consequences of class-determined public policies: deregulation of labour markets is an anti-working class move, deregulation of financial labour markets benefits financial capital, reduction of public social expenditures hurts the working class, and privatization of services only benefits the top income population. Neoliberalism will only benefit the top-income earners and hurt those who are not, making it more difficult to escape poverty. When the state does not intervene and help, there are several harmful outcomes for people who do not have the money.

Neoliberalism has played a role in many decisions regarding restructuring social policy plans, and women have been given the short end of the stick (Bako, 2011). Canada saw a significant change in their social policy, which was the introduction of Canada Health and Social Transfer (CHST), a block-grant in the 1995 budget which replaced "two foundational fiscal pillars: the Established Program Financing (EPF) and the Canada Assistance Plan (CAP)" (Brodie and Bakker, 2007, p.7). The federal government withdrew from the 50-50 cost sharing of provincial social assistance programs by reducing federals marked for healthcare and post-secondary education (Brodie and Bakker, 2007). The elimination of CAP was detrimental to areas such as social housing, home care and shelters (Brodie and Bakker, 2007). Under CAP,

citizens could receive social assistance more quickly, and the only requirement needed was to be a resident of Canada. To receive employment insurance or other benefits in Canada, Canadians pay into those benefits from their paychecks and eligibility is tightened for services like Employment Insurance (EI). In 2022, 54.2% of people on EI were female-identifying (Statistics Canada, 2022). Additionally, the elimination of CAP was further harmful because it pushed many Canadians to face harsher poverty issues. CAP was an instrumental piece for social assistance.

With the elimination of CAP, Canada saw the CHST block-grant. In 2003, the CHST was divided into two blocks: the Canadian Health Transfer and the Canadian Social Transfer. The decision to divide the CHST was so provinces would spend the block-grant on health and education and not use the entire block-grant on one area. The CHST had been divided approximately on a 60/40 basis, with 60 percent of the federal transfer going to the Canadian Health Transfer (CHT) and 40 percent going to the Canadian Social Transfer (CST) (Brodie and Bakker, 2007). However, the CHT is continuously restructured by the conditions of the Canadian Health Act, while the CST has no clear diction of the policy goals and no conditions (Brodie and Bakker, 2007).

## Gender

The importance attributed to gender in the development of social policy and social goals of gender equality in Canada has seen both a "marked rise and a precipitous decline" (Brodie and Bakker, 2007). Somewhere along the way in the past years, Canada was headed towards more "inclusivity, where the gender-based policy machinery ranked high on practitioner and academic assessments of best practices concerning advances in gender equality within the government" (Brodie and Bakker, 2007, p. 34). Brodie and Bakker (2007) found that "the gender units were

centrally located in offices, backed by authority, goal congruent, and linked to community groups" (p. 34). Brodie and Bakker (2007) explained that as quickly as this progressed and was set in place, the focus on gender and gender equality was erased from policy agendas. Beginning with the delegitimization of women's groups, dismantling the gender-based policy within the government, and finally, women largely disappeared from social policy debates (Brodie and Bakker, 2007). When Justin Trudeau ran for Prime Minister in the Liberal Party of Canada, he ran with the intention to promote and push for gender equality. The Liberal Party also put money and effort into gender-based research and dedicating money to women's health (Global News, 2019). However, in 2025, not long Trudeau stepped down, and his replacement Mark Carney stepped into the role, a shift occurred. Prime Minister Carney eliminated the position of Minister for Women and Gender Equality (WAGE) in his newly announced cabinet (Action Canada for Sexual Health and Rights, 2025). This letter to the new PM has amassed over 100 signatures. However, this change could be temporary pending the election outcome and government changes. This was later revised by Prime Minister Mark Carney and his cabinet has 14 women and 15 men and WAGE has been fully restored (Ashe and MacDonald, 2025).

Canada's welfare state is gendered; men's and women's relationships to health, the labour market, and social security systems are vastly divergent (Rice and Prince, 2013). Compared to their male counterparts, women will experience adhering to a more familial responsibility role in childcare or eldercare; are more likely to be victims of male violence; and experience poverty more frequently (Rice and Prince, 2013).

Affordable and accessible childcare is a critical issue for most families in Canada with young children, but it is especially crucial for single parents, many of whom live in poverty (Brodie and Bakker, 2007). In Nova Scotia, we could see lower rates for childcare for the year

2026, paying as low as \$10 a day, which is a significant step for single or attached parents to save money and make childcare more affordable. The growing issue is that affordable childcare is still a few years away and there is now a demand for jobs and growing need for spaces for early childhood education (ECE). The ECE workforce is in high demand and 32,000 additional educators are needed to meet the goal of serving a minimum of 59% of Canadian pre-school aged children within the next few years (McCuaig, Akbari, Correia, 2022). The workforce in ECE careers is also largely made up of women, cementing more stereotypical beliefs that childcare is a woman's job.

In Canada, the nuclear family is the ideal form, with a mother, father, and kids. The mother is typically viewed by western society as the primary caregiver available to do housework, and homework, care for the kids and even volunteer at schools—all outside their jobs. In comparison, the man is the breadwinner bringing home money. Men are earners in the public sphere, while women are seen as unpaid caregivers in the private sphere (Rice and Prince, 2013). Women have much more unrecognized and unpaid work because caring for others is seen as a woman's job in western society.

One inequality that has persisted is the wage gap. The wage gap is referred to as the difference in one's average earning of pay. Canadian women continue to make less money than Canadian men (Newman et al., 2020). The gap range, around 80 cents, can be different depending on how it is measured. Newman et al. (2020) quoted Moyser (2017), describing how the gap is measured by earnings used and using either average or hourly earnings and calculating the differences. Apart from wage differences, women will also pay more for advertised products. These products would fall under the 'Pink Tax,' where products meant for women are priced higher than the male equivalent. Pink razors for sensitive skin are priced differently than black or

blue (manly) razors for sensitive skin, for example. Women also pay for an extra necessity than men, period products.

Women are typically less able than men to maintain full-time work because of other unpaid responsibilities, being mothers, cleaners, and caretakers for the elderly (Bako, 2011). Therefore, women could lose employment insurance or other benefits. Childcare costs are one of the significant determinants of poverty and sustaining employment (Bashevkin, 2005, as cited in Bako, 2011). For example, when the Canada Assistance Plan was replaced by the Canadian Health and Social Transfer (CHST), this caused massive issues for working mothers. Having the extra assistance from CAP cut to a smaller amount made it harder to afford basics like shelter, groceries, or childcare. A lone-mother family is seen as incomplete through the eyes of society, and the mother is likely to struggle more affording necessities. Mothering young children has a more significant negative employment impact (Ferraio, 2010 as cited in Westhues and Wharf, 2012) and earning disadvantage (Zhang, 2009 as cited in Westhues and Wharf, 2012) for single mothers than for mothers with a partner. In cases like this, the mother can be seen as unreliable by employers because if their child is sick, as the mother is more likely to miss work. We live in a society where hard work or working till you drop is considered good. Single mothers will 'miss' work or be unable to come in if their children are sick, meaning they miss out on more money.

Additionally, men and women experience healthcare differently. Women are more likely to visit their physicians, consult with a broader range of physicians, be hospitalized, be diagnosed with a mental illness, and experience more illnesses (Rice and Prince, 2013). The illnesses are also often dismissed, labelled as illegitimate, psychosomatic, or non-legitimate by healthcare workers. These labels come forward when women experience pain associated with

periods, are often given painkillers, and then dismissed. The dismissal comes from a physician who might believe that pain is expected, therefore, not worth looking into.

It is not only doctors that would dismiss a woman because of their pain; because of certain gendered norms, we assume that pain is expected and not because of something different. Many serious medical issues like appendicitis, cancer, and more have abdominal cramping as a symptom, but because cramps are seen as a common side-effect of periods, women might be written off. Women's pain is more poorly understood and undertreated compared to pain in men due to systemic gaps and biases. Clinical trials and other types of health research have traditionally adopted a 'male as default' or andronormative approach, which limits our understanding of pain conditions that predominantly affect women or how certain conditions affect men and women differently (Windrim, McGuire, and Durand, 2024). People assume and do not acknowledge that pain would be anything else.

## Intersectionality

Intersectionality is acknowledging a person's unique experiences of discrimination or marginalization and understanding anything that can oppress someone (Hankivsky, 2014). This discrimination can be based on someone's race, ethnicity, disability, sexuality, and/or gender. With intersectionality, we must realize that people can experience multiple forms of discrimination while others experience one or none. A person may experience privilege and oppression altogether. One example can be through the eyes of a Caucasian woman; she could experience discrimination because she is a woman but is privileged because she is white. While on the other hand, her friend, who is black, will experience more discrimination. Oppression is not linked to one factor but multiple.

Using intersectionality for social policies helps expose the complex and overlapping experiences that spur different vulnerabilities (Massey, 2022). An example to consider is the educational context (Massey, 2022); during the height of the pandemic, schools began to realize and acknowledge many inequalities for all students regarding online schooling. Certain high schools loaned out laptops to students who may not have had any. Conversations around how not all students might not have had access to or could afford laptops became more common, and to eliminate the barrier, schools loaned out laptops to everyone. By offering all students the same laptop, it eliminated the barrier for those who did not have laptops readily available. Students' unique experiences were recognized, and schools were able to distribute laptops for at-home learning, and make sure everyone had access. While not every school did this, it was heavily acknowledged and began more conversations.

Intersectionality should be used as a baseline for any policy decision. Social policy decisions are made with the effort to help Canadians, but is intersectionality used to understand where the policy might fall short? The federal government is using gender-based analysis plus (GBA+) to help with policies, but it still might be falling just short of its goals. The GBA+ "is an analytical process that provides a rigorous method for the assessment of systemic equalities, as well as a means to assess how diverse groups of women, men, and gender diverse people may experience policies, programs and initiatives" (Government of Canada, 2022). This policy also looks at many other factors such as race, ethnicity, religion, age, and mental or physical disabilities by interactions and influences experienced by policies (Government of Canada, 2022). The GBA+ is only the first few steps the government is taking before reaching an "accurate understanding of how inequalities are intrinsically related to one another" (Hankivsky & Mussell, 2018). Social policy deals with issues that impact a person's life, and it takes action

over health, education, well-being, and safety. Intersectionality would only improve the process and actions taken.

## Reproductive Health

Canada prides itself on having publicly funded healthcare that allows Canadian citizens to access it freely. Public healthcare aims to provide universality, equity, accessibility, and quality care for everyone (Lee, Rowe, & Mahl, 2021). Public healthcare covers what is medically necessary hospital and doctor visits. While the benefit of universal healthcare is massive, many people endure the wait times it would take to receive medical help. To access these health services, one would also need the time to do so; women with children might not have time to go to the doctor or have surgeries because they need to take care of their children and work. The push for neoliberal ideas leads this public access to a more privatized access, making this freely accessible healthcare into healthcare to those who can afford it. This push creates more inequality and a lack of accessibility, which is already happening through wait times. Having easy access to healthcare for any reason should be a fundamental right.

Healthcare in Canada is universal and is funded through taxes. Any Canadian citizen or permanent resident can apply for public health insurance, and one would only need to apply for a health card in the territory/province they live (Government of Canada, 2021). Although dental care and medications (and many more services) are not typically covered by public health insurance, this is changing with new policies and plans (Canadian Dental Care Plan) which is a federal plan aimed to help Canadians have affordable oral health care (Government of Canada, 2025), the government is also working towards a Pharmacare plan where Canadian citizens are able to access and afford medications they need (Government of Canada, 2025)

The World Health Organization defines reproductive health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and its functions and processes (n.d.). Reproductive rights are protected in Canada by ensuring that women and girls, in all their diversity, can decide what to do with their bodies, their lives and their futures (Government of Canada, 2022). Access to reproductive health rights can vary across Canada. In Nova Scotia, reproductive rights are protected, and a person has access to their rights regarding reproduction. Canada aims to provide access to information on sexual and reproductive health and rights for women (Government of Canada, 2022). Access to information and health services for sexual health is crucial for women and young adolescents, but this is only one part of a woman's reproductive system. Social policy is cardinal to women's reproductive rights.

Understanding that women's reproductive rights were heavily policed until recently is paramount because women's access to contraceptives, abortions, and sterilization historically was minimal (Newman et al., 2020, p. 216). Contraceptives remained illegal until the 1960s, as contraceptives were seen as encouragement for corrupt society members. Abortion became legal in 1988, almost thirty-five years ago, but is still a contentious topic for many people, often between two groups, anti-choice and pro-choice.

In Canada, abortions are supposed to be funded as a medically necessary service, but many provincial governments have fought to limit the funding or the provision in their province (Newman et al., 2020, p. 217). There are regulations already set in place -- abortions are not performed past the 20-week mark. However, many women might not know they are pregnant. Newman et al. (2020, p.224) note that some doctors refuse referrals or stall or prevent patients

from procuring abortions within the gestational limit (as cited by CARAL, 2003, p. 9). Knowing about their reproductive health can lead to reproductive freedom and securing their rights.

In the realm of reproductive health comes sexual health. Just across our border, young girls will grow up in a society where they might be forced to carry the fetus to term if they get pregnant. This threat in the United States is genuine, and there could be a real possibility that Canada could too. Preventing pregnancies is pushed more toward women, and contraception is often pushed more toward women. This is not an issue that men will face, and they have more choice in what happens to their bodies than women. When women get pregnant and seek abortions, questions about how they became pregnant are asked, was she able to say no (Stetson, 1996, p. 214 as cited by Newman et al., 2020, p. 233). Questions asked are invasive and can be demeaning and disregarding what she might be feeling. Women deserve the courtesy of being able to receive medical help without question. Her needs must be considered so she can have freedom (Newman et al., 2020, p.233).

The freedom that comes from needs being met and education being met offers adolescents security. Understanding their reproductive health can help young adolescents understand their bodies and hormones relating to reproductive matters such as contraception and sexuality (Dube and Sharma, 2012). With young girls, this period in their life requires special attention and consideration because the beginning of adolescence is associated with the onset of menstruation and puberty and the discovery of sexual desires (Alimardi et al., 2017). A study conducted in Iran on the empowerment of adolescent girls for sexual and reproductive care found that young girls typically looked to family and their schools for information but found a lack of sufficient knowledge (Alimoradi et al., 2017). While this is in another country, we might face some of the same issues here in Canada. Eight in ten Canadians feel they have a good grasp on

menstruation, including half who say they understand it very well, although this skews stronger to women than men (Women and Gender Equality Canada, 2023). This means, there are approximately 20% of Canadians who have a limited understanding of menstruation. This study also found that mothers/female guardians are still the primary source of information for many younger menstruators.

Parents might rely on schools or trust that their kid's educational context of reproduction is met. Talking to children about reproduction and body changing might make some parents uneasy, and they would rather someone else do it. It is a weird taboo in our society to talk to children about bodies. Knowing more about their bodies and access to contraceptives is essential for young girls if they want to become sexually active and have the freedom to not worry about their reproductive rights. In Canada, sex-ed (sexual education) is often taught during health classes, but provinces vary and teach it to students at different times in their education journey (Action Canada for Sexual Health & Rights, n.d.). However, sex-ed in Canada is outdated, not comprehensive, not monitored, and is taught by educators with low to no support (Action Canada for Sexual Health & Rights, n.d.). The value of sexual education cannot be understated. The value of education about menstruation shouldn't be understated. Understanding and knowing how, when, and which products to use is beneficial to everyone who menstruates. Knowing where to access period products or be given products should be standard across sex-ed classes.

## Period Poverty

Menstruation is rooted in complex value systems and is often accompanied by various myths, taboos, and stigmatizing, harmful and shameful sentiments (Barrington et al., 2021; Hensel et al., 2007 as cited by Lonkhuijzen, Garcia, and Wagemakers, 2022). Periods are also often called by other names or euphemisms, typically "aunt flow," shark week, "on the rag," "time of the month"

on my monthlies, red tsunami, and likely more. The use of these phrases perpetuates stigmas attached to menstruation further. Even the word period alone can be embarrassing. By using euphemisms, it could be women hiding that they are on their period. Periods are often stigmatized and perceived as something that is "dirty" or "impure" and are kept private, and women should always be "pure" in the eyes of the public. Besides being seen as dirty, society has viewed menstruating women as abrasive or worse (Lonkhuijzen, Garcia, and Wagemakers, 2022).

For young girls just starting their period, these stigmas and societal views can scare them. Once girls start their period, it is not a celebration of becoming a woman but instead seen as becoming dirty or impure. The ubiquity of opposing views on menstruating worldwide often elicits an array of negative stories (Fahs, 2020). As young girls grow, they do not want to be associated with words like crazy, dirty, or overly emotional. Alongside societal views come stories from other women talking about symptoms like cramps and cravings, feeling uncomfortable or even gross. These feelings also extend to feeling embarrassed and scared to have people see bleed-throughs on clothing.

Often products like birth control suppress or control girls' periods, communicating that non-menstruating bodies are standard (Fahs, 2020). Often girls and women will skip the placebo pills and skip the period altogether. Often birth control is used to help women stay protected during sex so as not to get pregnant, but also when they are not on their period, as it is believed that having sex would be better because "sex during one's period is gross" (Fahs, 2020). Periods are not seen as usual or beneficial; if young girls hear negative experiences, that will be their focus. The importance of young girls' understanding of their bodies and reproductive health is vital. Menstruation is natural and can even be celebrated. Understanding discharge, bleeding,

cramping, pain sensitivity, and more helps girls prepare and deal with the external aspects. The negative experiences can sound unwelcoming, but girls should know it is normal.

The views on menstruation vary across cultures, but some similarities remain, mostly that periods are seen as dirty or impure. Those views can translate heavily to young girls impacting their views and education. Dube and Sharma (2012) conducted a study in India to see what the knowledge, attitudes and practices were among urban versus rural girls; they found that regarding the menstruation process:

- 60% of urban girls viewed it as a natural.
- 56% of rural girls thought it to be a disease or problem (not typical).
- 4% of rural girls thought it was internal bleeding.

These percentages show how most of the urban population understood and were aware of menstruation, while most rural girls were unaware of its physiological basis (Dube and Sharma, 2012).

Due to the entrenchment of stigma and taboo menstruation, it is rarely discussed in families or schools (The Lancet, 2018). While more and more schools are offering sex education, it is not always helpful regarding menstruation. When education on menstruation is lacking, girls can be surprised when they first start to have periods (menarche). Lack of understanding leads to confusion, shame, and girls feeling scared. With the absence of discussion and knowledge, a silent issue for many.

It is not questioned that meeting the basic needs – food, water, and shelter – is necessary for a person's health and well-being (Cardoso et al., 2021). Not meeting these needs can impact mental health and beyond. Apart from food, water and shelter, women face another need, menstrual hygiene. The unmet menstrual health and hygiene of women and girls globally is vast

and includes the inability to access safe, clean facilities and affordable menstrual health products (Cardoso et al., 2021). Many women experience this inaccessibility only once, but others will experience them monthly as a recurring problem. Cardoso et al. (2021) go over a majority of research findings on period poverty in low to middle-income countries, and it is suggested that low-income women in high-income countries face it as well.

The suggestion that women in high-income countries face period poverty furthers the need for more research on its impacts on young girls growing up in homes where they do not have access to hygiene products. Canada is a high-income country and sells menstrual products in every store. Only recently, in 2015, the federal government removed the goods and services tax (GST) on menstrual products and no longer has them listed as luxury items (Lukindo et al., 2022). Despite the GST being off menstrual products, a survey in 2020 found that one-third of women in Canada under 25 years old struggle to afford menstrual products (Lukindo et al., 2022). Women make an effort to choose products that are affordable.

Taboos about menstruation restrict women's freedom. 70% of women indicate they miss school or work and withdraw from social activities due to their period (Lukindo et al., 2022). The limitation of choices also comes in the way people talk about menstrual products. For example, "pads are like diapers and are uncomfortable," "tampons can give you toxic shock syndrome," and "reusable items are considered gross." Another way women's options can be limited is when feeling sick or weak, but they cannot call off work or school because it is viewed as just a 'period.' From starting their period to menopause, a woman will use and dispose of an average of 200 to 300 pounds of products over their life (Haneman, 2021). Women buy products and continue to do so likely for the majority of their life. Companies benefit heavily from women from all walks of life, and while certain products have hit the market and are reusable, those

reusable products are expensive; some news has even come out about reusable products being potentially dangerous. Canadian company Knix Wear is being sued for a misleading claim where the underwear is advertised as "PFAES Free" and being completely safe – despite allegedly containing a chemical harmful to human health (Persellin, 2022). The company Thinx is also facing similar complaints and customers have experienced physical symptoms pertaining to irregular periods, UTI's, yeast infections, and even fertility issues (Persellin, 2022).

Period products will continue to be expensive as inflation persists; even though the GST has been taken off, women still struggle to afford menstrual products. If someone in poverty struggles to afford shelter, food, or water, then as a woman in poverty, she will likely struggle to afford hygiene products. They are opting to buy food instead or pay for rent than buy a box of pads/tampons. Men do not have the same issue; it is an unwilling extra cost for women. The well-being of women and their right to period products are only just starting to be brought up within policies, if governments advance menstrual education and raise awareness through comprehensive menstrual literacy and recognize individuals who menstruate agency and autonomy (Olsen, Alhelou, Kavattur, Rountree, Winkler, 2022).

Neoliberalism emphasises the individual responsibility and privatization of many essential services, because neoliberalism emphasizes the individual responsibility and cutting out support for low-income individuals those experiencing period poverty would be hurt even further as costs rise. Costs that women bare more than men, women pay more for certain products and buy products that men do not.

Lukindo et al. (2022) conducted a study to estimate the impact of menstrual poverty on adolescents in Nova Scotia and concluded that menstrual poverty indeed impacts youth. They found that students miss school, gym, or social events because they cannot afford to buy period

products and resort to less hygienic means to manage their cycle (Lukindo et al., 2022). To further the research Lukindo et al. have done, a focus on Cape Breton can shed light on a more rural (with a central urban) community to see if youth there experience period poverty and what it might be like for those adolescent girls. Are all experiences the same? How might trans youth deal with period poverty and period health? Different experiences among these groups would have different kinds of impacts on adolescents in Nova Scotia.

### Cape Breton and Poverty

The island of Cape Breton, Nova Scotia, is located on the east coast of Canada. Cape Breton is separated from mainland Nova Scotia by the narrow Strait of Canso (typically referred to as the Canso Causeway) (Muisse, 2015). Cape Breton is well-known for its vivid highland scenic drives, Celtic culture, fiddle music, and the world-renowned Cabot Trail. While beautiful views are all around, so are some not-so-beautiful views within its communities. Much of Canada remains on unceded territory, and Cape Breton is one of those many places in Canada (Okanagan College Library, 2022). Membertou is a Mi'kmaq community located in central Sydney, Cape Breton. Membertou (reserve) is a Mi'kmaq community within Cape Breton<sup>1</sup>. The five reservations are Potletek, Eskasoni, Wagmatcook, Whycomomagh, and Sydney (which is considered a Mi'kmaq community). Membertou (once named the Kings Road Reserve) was at one point located along the Sydney Harbour, although it was later moved just off King's Road (Kings Road 100 Years Later, n.d.).

Remaining largely underdeveloped until 1784, the emergence of coal mining in the 1830s transformed the island (Muisse, 2015). While this success attracted an excess population and was

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<sup>1</sup> Sydney is a Mi'kmaq community but because Membertou is in Sydney, many consider Membertou to be the Mi'kmaq community over Sydney itself.

quickly moving towards the industrial base and having dynamic growth, it was short-lived, and capitalists left for greener fields (Muisse, 2015). Many people recall their ancestors working in the coal mines and losing those jobs. Cape Breton is still trying to regain its footing and carve out a clear economic role (Immigration, Refugee and Citizenship Canada, 2019).

Cape Breton is working toward becoming more urban and building the community up. A barrier to becoming more urbanized could be "demographic headwinds" because the median age for workers is 48.9, making Cape Breton the oldest working population in Canada (Immigration, Refugee and Citizenship, 2019). Canada's median working age is around 39.1 (Statistica, 2019). Even though Cape Breton is working toward becoming a more urban area, many younger generations have tended to leave for bigger cities, usually for school or work. The aging workforce makes it hard to grow economically because compared to Canada's median working age of 39.1 (Statistica, 2019), Cape Breton's median age is nearly ten years older.

Statistics Canada (2016) defines rural as "where the population is not concentrated but dispersed at a low density" and having less than a certain number of people per square kilometre. Urban areas have a density of 400 or more people per square kilometre or have over 50,000 people living in the city (Statistics Canada, 2016). Cape Breton would classify as a rural area because the population density per square kilometre is 41.1 (Statistics Canada, 2011). Ten years later, the population density per square kilometre in Cape Breton is 40.0 (Statistics Canada, 2021). Within Cape Breton, there is only one central city as well, Sydney, and surrounding Sydney is multiple smaller areas located further away. Sydney has become more urban than rural, with approximately 72 361 residents as of 2021 (Statistics Canada, 2021). Cape Breton has been working its way to becoming a burgeoning urbanized community. With Nova Scotia Community College (NSCC) relocating downtown, this could help the island economically.

NSCC is next to Cape Breton University along Grand Lake Roads, a secondary highway connecting Sydney to Glace Bay. Moving NSCC to a more central location will create more jobs and potentially have more students join from outside the island.

The literature on poverty in Cape Breton is limited, but the Canadian Centre for Policy Alternatives (CCPA) Report Cards on Family Poverty and Living Wages in Nova Scotia provide a small quantity of data. These reports give the baseline of poverty experienced, or what wage residents need, in Nova Scotia, which has information on Cape Breton.

Canada uses the Market Basket Measure (MBM) to measure Canadians who live in poverty. The MBM is based on the cost of a specific basket of goods and services representing a modest standard of living (Statistics Canada, 2022). The basket of goods and services includes food, shelter, transportation, clothing, or anything a family would need<sup>2</sup>. Statistics Canada (2022) shows that as of 2020, at least 6.4% of all Canadians were below the poverty line; in Nova Scotia, it was 7.7% in the same year. In lone female-parent households, these numbers are much larger (Statistics Canada, 2022), and statistics may underreport because data is not known.

In Canada, the average hourly wage is \$30.03 (Statistics Canada, 2022); this statistic includes both sexes, part-time and full-time positions as of 2021. In Nova Scotia, where the average hourly wage in 2022 is \$22.80 (Saulnier, 2022), those eight dollars could potentially help someone buy groceries or menstrual products. Many people working also may make less than \$22.80 and make the minimum wage, \$13.60, as of October 1, 2022, which is not a liveable wage. This is significantly lower than what is considered a liveable wage in Cape Breton (Saulnier, 2022)

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<sup>2</sup> Shouldn't period products be a part of these goods and services? Menstrual products are needed in families. Period products should not be considered a luxury item and should be accounted for when considering what families need, and what they can afford.

Over the last year, Cape Breton has seen an increase in what is considered a liveable wage from \$18.45 to \$20 (Saulnier, 2022). A living (CCPA term) wage is what people need to pay to afford necessities (food, shelter, childcare, and water). Even with rising minimum wage rates, we might not be able to catch up to a liveable wage unless functional changes are made. Saulnier (2022) has found that nearly 50% of workers in our province earn less than a liveable wage. Prices are rising and likely could continue to rise over the next few years, making it harder for people to make ends meet and keep up with the slow wage increase. Saulnier (2022) reports that childcare is the third most expensive part of a person's budget, which takes up 17% of one's budget in Cape Breton, which hurts parents and children.

Housing and homelessness have emerged as significant issues in the Cape Breton Regional Municipality (CBRM) (Moore, 2019). Affordable housing will ideally cost less than 30% of one's income before taxes, according to Statistics Canada (Moore, 2019), but many struggles in the CBRM. The central city of Sydney sees most of these issues where people cannot afford a home, renting or owning (Moore, 2019). Many international students have strained to find places to live during school, which is a big problem.

Being able to afford necessities should not be a luxury but a fundamental right. A person should not have to work only to be able to afford the bare necessities. The rise in costs for food, housing, transportation, childcare, healthcare (what is not covered), and so much more will be out of reach for many people. With the rise in product prices, one can only imagine what young girls who menstruate will have to endure. Periods come on average once a month (it is different for everyone as flows also differ from person to person), which means regular purchases of menstrual products that can be expensive.

Families can fall victim to poverty if necessities become unaffordable, impacting children significantly. Children who lack access to food, shelter, sanitation, and health care are impoverished (UNICEF, n.d.). Frank, Fisher, and Saulnier (2021) report that Cape Breton has one of the highest rates in Nova Scotia for child poverty at 33.5%, right after Digby and Annapolis. Rates vary throughout the province. The Sydney-Victoria district's child poverty rate was 35% in 2019, which was the highest (Frank, Fisher, Saulnier, 2019). Different groups of children will often face different levels of poverty as well. Some groups might be affected more than other children, especially minorities. Children from immigrant families, indigenous, disabled, or any visible minority have a much different poverty level than those born in Nova Scotia. A 2016 Census showed high poverty rates among visible minorities status, Aboriginal status, and new immigrant children (Frank, Fisher, Saulnier, 2021). Throughout COVID-19, many people suffered intensely and faced uncertainty (Doll et al., 2022). The COVID-19 pandemic increased awareness of those struggling to access income support and unaffordable housing (Doll et al., 2022), but awareness will not fix the issue.

Child poverty as a concept can be explained as when the condition of the children from low-income families "grow up with scarce or non-existent resources" (Rossi, 2022) Child poverty as a term itself is problematic, indicating that the parent or an individual is to blame which is false. If a child is in poverty, the family is likely in poverty. "Poor children tend to live in female-headed households, and tax benefits are neglect the fact that female labour is linked to the woman's role as a caregiver and burden of unpaid labour" (Brodie & Bakker, 2007, pg. 28). Gender and gender inequality in labour markets play a heavy role, as women experiencing gendered structures of inequality in labour markets are a root cause of child poverty (Brodie and

Bakker, 2007 p. 28-29). Brodie and Bakker (2007) show that the discourse of "child poverty," reflected the trend of "degendering" of the public policy.

Despite its politicized origins, the focus on children in poverty can be useful since the impacts of poverty hurts the child and its parents. Because children are the future generation, many want them to succeed and making sure to alleviate those children in poverty became an important promise in 1989 (Frank, Fisher, Saulnier, 2021).

One in four children in Nova Scotia lived in poverty as of 2019 (Frank, Fisher, and Saulnier, 2021). Children are seen as impoverished when they lack access to basic needs like shelter, water, and sanitization. Children in Nova Scotia face poverty issues, which need to be addressed. Childhood poverty is a vital indicator of one's well-being, and experiences during childhood could have lasting impressions and impact on a child's life well into adulthood (Chaudry and Wimer, 2016). The Canadian Feed the Children (n.d.) charity defines the concept of child poverty as "the condition of children from poor families (and often orphans) growing up with scarce or non-existent resources."

Poverty is correlated with adverse experiences in childhood and subsequent toxic stress concurrent with adverse health outcomes in adulthood (Hughes and Tucker, 2018). The association with being poor has many adversities that children can face, including not having access to a stable home, food, and health care. Hughes and Tucker (2018) state that being born into poverty predicts future childhood and adult poverty. Early childhood poverty is reported to be strongly associated with adverse cognitive development and educational outcomes. Many devastating consequences come from child poverty; those in poverty are more likely to experience poor health, poor academic performance, unemployment, substance abuse, and mental health disorders (Gibson et al., 2017). Children in Nova Scotia are at risk the longer they

stay in poverty and face difficulties accessing the necessities. The lack of research on child poverty in Cape Breton should be highly worrisome as we move further into poverty. There needs to be more up-to-date research done with pressure on the government to take notice and move towards eradicating child poverty as promised in 1989. There need to be massive changes, and the government needs to help and step in.

The Canadian government, in 1989, vowed to eliminate child poverty by 2000 (Frank, Fisher, Saulnier, 2021). This promise has yet to be fulfilled. Nova Scotia has performed the worst in reducing its child poverty levels since the initial promise and has close to one in four children living in low-income families (Frank, Fisher, Saulnier, 2021). It is well-known that poverty has detrimental effects on anyone and has lasting impacts. To tackle child poverty, Canada-wide requires massive action by the provinces and the public. Eliminating child poverty and providing resources to children who do not have access to resources also requires eliminating poverty among adults and families in Canada. Those resources could include menstrual products and accessing those products. Having access and affordable menstrual products is a right that everyone should have. It should be considered a necessity like food, water, and shelter.

### Chapter Three: Methodology

The design of this project is based on qualitative critical feminist research. Qualitative research is more compatible with feminism because quantitative research is concerned with facts and statistics and not the voices of people, specifically women (Bryman, 2016, p. 403). By looking at the issue through the eyes of girls first-hand and critiquing the social policy that impacts women's reproductive health can provide insight and possible solutions to issues like period poverty. Qualitative research aims to listen to voices and stories, and the phenomenon of period poverty needs to be studied among adolescent girls in Cape Breton. The stories of girls living in period poverty are based on experience, and experience is very personal and subjective; it is not a statistic and, therefore, cannot be placed in a graph as one would for quantitative research.

Because the basis of my research depends on the experiences and stories of adolescents with period poverty, interviewing was the ideal instrument. Within feminist research frames, qualitative interviewing in semi-structured ways provided non-hierarchical relationships, development of rapport, higher reciprocity, and perspectives from interviewing women (Bryman, 2016, p. 488). Through inductive reasoning, I could infer a generalized conclusion based on the experiences that they may or may not experience a level of period poverty. This research does not require numbers or "truth" to make deductions because experience and emotions are the main aspects. The specific style of interviewing used was semi-structured interviewing, allowing interviewees to speak freely and not feel directed to say what the researcher wants to hear. Semi-structured also allows the researcher and participant to veer off into different questions and not have a set outline as a structured interview would. Researchers can ask follow-up questions without worrying about "pigeon-holding" participants answers (Bryman, 2016, p. 471). With semi-structured interviews, I could avoid generic questions and plan accordingly. The interview

process was flexible (Bryman, 2016, p. 471) and gave more freedom to both parties without tight constraints. Creating questions on period poverty in these interviews allowed me to ask and create a safe space between us. Apart from just having the interview, recording, and taking notes allowed me not to miss anything important. Consent was obtained from all parties involved in the interviews; ethics clearance was obtained from MSVU.

By using one-on-one interviews to measure period poverty, I could develop rapport and create a safe environment where participants could share their experiences without fear. Using online interviews, I could offer the participant the extra benefit of turning off the camera for more anonymity. Using an online interview also allowed for more personable interactions to flow easily rather than through email/text exchanges. Because this project required interviewing participants that do not live in the same city, I used Microsoft Teams for all calls.

The period for collecting data from interviews originally ranged from March 2023 to April 2023, but due to lack of participation during the initial timeframe, it changed to March 2024 to October 2024 once I was able to secure participants. This timeline best suited the project because 'cross-sectional data is collected at only one point in time (Thomas, 2020), and this timeline allowed me to gather all the data needed at one once. This research is about to find out the experiences of young girls and period poverty at the current time. It took around a year to gather participants. Ideally, I would have been interviewing three to four people each week when I aimed for more participants, but due to the timeline it took a lot longer and the number of participants went down. It took a year to find five participants, and once I had found them, it took me a week to interview all of them. Having short analyses after each interview helped aid my final analysis at the end of the interviewing process. While I had hoped to interview approximately 20 girls, as a researcher, I fell short of my target number. Prior to beginning

communication with the Youth Peer Project (YPP), the Youth Project, and publishing the poster to social media platforms, there was concern of obtaining no results. During the first while of posting and communication with both projects, there was a lack of participants. However, the expected number of participants was lowered which was achievable.

Qualitative data is extensive and rapidly grows as a researcher accumulates information, and analyzing the information is essential. To analyze information from qualitative interviews, I used thematic analysis to find common themes and code organize all data collected. I transcribed my interviews and was the one privy to what the participants shared. For analysis, I had written documentation readily available and did not have to listen to the audio multiple times. Coding all the data collected allowed me to compare and categorize data from each participant to have a coherent set of information.

Ultimately, the sample of participants consisted of adolescents aged girls aged 12 to 17. By using this range, the participants have either just started menstruation or have been for a few years, allowing insight to youth who could potentially deal with period poverty immediately or how it might have affected them as an ongoing issue. There were five participants interviewed, all within the desired age range. The sample of participants came from the surrounding programs offered in the community (grassroots organizations) that help youth from all over Cape Breton. These participants were recruited through posters and word of mouth, this did not work in all the spaces, but I found luck with the Youth Project. By using five participants, it allowed me to build a rapport between the participant and I, furthering a form of social reproduction between the youth and I as the researcher. The one-on-one interviewing best suited the project because it allowed for the experiences to be the centre of the project and not be impersonal through more quantitative methods.

Reflecting on the recruitment process for this study, it is possible that a youth saw a poster and felt that their experiences may not fall under the category of poverty and did not join the research project. While the poster did define period poverty, the definition may have been vague in the eyes of younger potential participants or was not applicable. Alternatively, a youth who felt they might fall into a category such as poverty potentially did not want to join due to embarrassment. A youth feeling this way would be experiencing not only menstruation embarrassment but also poverty, a double stigma. Stigmatization already impedes one's health and causes distress and dealing with more than one can impact youth in negative ways.

The Youth Project was the most successful location for the poster to be displayed. Through contact with the coordinator, five participants joined and were willing to share their experiences with menstruation. All the participants shared similar views and lived experiences when it came to menstruation, many citing that their periods are stressful and 'awful,' which is not an uncommon feeling for many adolescents experiencing puberty, even as one ages, they can harbour negative views and feelings on menstruation. Youth who participated did not share many stories surrounding menstruation and used phrases like "it sucks", "it's hell", etc. but did eventually become "used to it".

I sensed discomfort in the participant's body language and phrasing. Many participants used more closed-off body language, holding their arms over their chest, slouching, and shifting their eyes away from me or looking around at their surroundings. When speaking, they did not elaborate on their struggles unless asked specifically or asked to elaborate on what they said during. They typically used filler phrases when it came to menstruation: "I hate it", "It sucks", etc.

## Theoretical Framework

The theoretical frameworks I am using are intersectionality-based policy analysis and feminist political economy because many of the inequalities faced can be viewed through the eyes of feminist theoretical frameworks. Society and social policy are heavily influenced and ruled by gender. There are many inequalities and equities surrounding women and girls in today's social policy. Social policy can directly impact a woman's reproductive health, which should include period health. Within period poverty, there are many vital variables to consider; gender, reproductive health, social policy, where one lives, and poverty.

Intersectionality-based analysis policy reveals the relationship between a person's social location and societal institutions. There are a variety of tenets that capture the unique paradigm nature between a person's social location and societal institutions (Hankivsky, 2012). "Some of the paradigms are human lives cannot be reduced to a single characteristic, human experience cannot be accurately understood by prioritizing one single factor, social locations are socially constructed, and social locations are inseparable and shaped by interactions and are shaped by power and influence of time and place" (Hankivsky et al., 2014).

A person's social standing impacts their relationship with organizations; one can experience privilege or disadvantage depending on certain factors. In the case of period poverty, women of colour potentially experience it differently than white women. Women of higher social and economic statuses experience menstruation differently from those of lower social and economic statuses. Many different forces and factors at play shape a person's life through intersectionality-based policy analysis responding to structures that shape and influence human life meaningful. Promoting social justice within intersectionality allows for greater understanding and a practical, theoretical framework for an issue as big as period poverty.

Different factors show power relations. With something as under-researched as period poverty, we can only guess why other girls have a more challenging time than another. Within my research, the experiences girls have can bring to light other factors that could cause unaffordability or inaccessibility to period products and how their barriers impact them.

Aligned with intersectionality-based policy analysis, the feminist political economy theory suggests that material and cultural discrimination against girls and women are the primary factors that influence their social conditions and health (Syed, 2020). Young girls and women have been more vulnerable to inequalities than men, and those inequalities significantly impact those affected.

Within a capitalist and neoliberal society, women are more likely to struggle. Neoliberalism emphasizes "free" markets, decreased state regulation of capital, and lower direct taxes, and an approach that sees the individual, rather than the market, as blameworthy for poverty and unemployment (Ferge, 1997; Bakker, 1996 as cited by Bezanson & Luxton, 2006, p. 4). Those in poverty will stay in poverty because of this "free market," and women are typically more impoverished than men. Women are directly affected when their wages are lower than men's, and they perform unpaid labour in the house (Benzanson & Luxton, 2006, p. 4), directly impacting their involvement in the workforce. Fitting this theory into period poverty can explain how women cannot afford menstrual products. The inequalities in the workforce can directly impact their health and home life. They are making money for the necessities such as shelter, food, and clothing but not for period products. Often, women or girls will sacrifice period products for food or save money. However, the gendered way we view periods also causes one to miss work/school, contributing to women's labour market inequality. Feminist political economy

strives for social change and justice (Bezanson & Luxton, 2006, p. 13), which is needed to make period poverty a thing of the past.

Capitalism aggravates inequalities related to the gendered and racialized work of production and social reproduction; this was seen heavily during the pandemic (Cohen & Rodgers, 2021). Capitalism aggravates these inequalities within the realm of period poverty. Cohen and Rodgers (2021) explain further that "at its core, capitalism is about accumulation or economic growth. The capitalist organizations of production and reproduction allow – even compels – rapid circulation of people, products, and pathogens across long distances, at times through exploitative processes associated with capital accumulation...". Social reproduction refers to the reproduction of people in society's image, impacting women who experience a power imbalance when it comes to labour. The power imbalance comes from the woman taking on more labour, both emotional and physical. Women take on more emotional labour, helping manage not only their emotions but others around them. If they are a mom, they help their children manage and regulate their emotions as well. Women are also viewed differently based on how they express themselves. When it comes to physical labour, women are more likely to end up taking on more household chores and taking care of children. All this labour can become harder to bare when women are expected again to teach their children about menstruation and sex. Feminist political economy requires looking beyond the physiological into the social, specifically into the organization of paid and unpaid work (Cohen et al., 2020, as cited by Cohen & Rodgers, 2021). Further, because social norms rely on gender roles to facilitate the operation of price competition (Cohen & Rodgers, 2021), the cost of period products and gender roles heavily contribute to period poverty.

Access to menstrual products and proper menstrual hygiene is a basic need globally, yet little attention is given to this issue. There has been a more significant focus on lower-income countries (Harrison et al., 2022), but women anywhere can face the same issue. Lukindo et al. (2022) have found evidence of period poverty affecting young girls in Nova Scotia with 40% of respondents citing lack of affordability of products as a cause for missing schools, it was also a source of worry for approximately 50% of respondents. We do not know where these girls live. This project can kickstart more research to investigate change for Cape Breton.

### Methods and Recruitment Challenges

The design of this project was based on using qualitative research methods due to the importance placed on experiences with menstruation. By using interviews to gather and collect information, I can infer a generalized conclusion through inductive reasoning. However, due to low participation, I was only able to infer based on five participants experiences. The process for finding willing participants was difficult and a lengthy process. While it was a possibility to not find many youth willing to speak with, it was not anticipated to receive so low of a number.

When the poster was published on social media platforms, there was virtually no responses or activity aside from the occasional sharing from others to spread the word. This method of gathering participants likely did not work as the social media sharing did not reach the age group of participants that were needed for the research or because the method of research required participants to reach out to me and potential participants may not have wanted to do so. Social media sharing may have worked better if the research was more quantitative based and only required participants to answer a questionnaire virtually. Reaching out to a stranger to discuss one's menstrual cycle would be uncomfortable for many people. While social media can connect multiple people together and transfer knowledge across the globe, it did not aid in

finding participants, even with other people sharing the poster when it was posted to multiple platforms (Instagram and Facebook notably). Those who shared, likely shared it to their "stories", which is found through clicking on one's profile picture, not on their wall/feed. This could have limited those who would have seen or interacted with it. Another challenge associated with this was not being in the region during the project's duration and not being able to recruit as quickly

The snowball effect helped slightly when it came to the Youth Project. In other spaces it did not work. Relying on people to share the project word of mouth did not help fully because participants may not have wanted others to know they had joined, furthering a sense of stigma. For recruitment, I was working with smaller organizations in the community. While they are well-known organizations, they are smaller but work with the surrounding community daily.

Initially, I had planned to find participants through some of the schools by putting posters up for more students to see. However, due to time constraints during that time it was decided to forgo that option. Had I gone through the ethics and school systems, the timeline for my research would have been longer. For future research, it is highly recommended to go through school boards for the opportunity to find many more potential participants.

During communication with the Youth Peer Project, the poster was emailed to the coordinator, and the poster was put up in their entry room as to be seen by youth attending the program. Keeping in contact with the coordinator, it proved to be difficult to find participants. Although, a youth reached out and disclose they would have loved to participate but they had not started menstruating yet. This brought about another potential reason for youth not participating: not having started their period, menstruation is different for everyone and does not start at a set age, it will depend on many factors. Typically starting between ages 10 to 16, factors that

determine the start are believed to include socioeconomic conditions, genetics, general health, nutrition and physical activity (Lacroix, Gondal, Shumway, Langaker, 2023).

### Methodological Lessons

Insights gained from this research showed that word-of-mouth worked easier than using posters and social media. Once I was able to interview one youth, it became easier to find more willing participants for the project. Once more youth felt comfortable speaking with me, more were willing to be a part of the research study.

The use of social media and posters did not turn out the same results, I can only conjecture what participants might have thought when seeing the poster. As mentioned, a reason why I may not have received as much feedback from social media and posters is because I did not clarify something on the poster and potential participants did not think that they fit the 'guidelines' for joining. This teaches me that clarity and being concise in definition and wording is very important, especially for younger audiences.

## Chapter Four: Findings

Social and public policies are actions taken by the government that are meant to help the daily lives of citizens. With period poverty, ensuring affordable products, access, promoting education surrounding menstruation, and combating stigmas should be at the forefront for social and public policy. Menstrual stigma is socially and culturally constructed, which implies that it can also be deconstructed by changing sociocultural norms (Olson, Alhelou, Kavattur, Rountree, Winkler, 2022). Policies play a crucial role in either reinforcing or mitigating stigma (Olson, Alhelou, Kavattur, Rountree, Winkler, 2022), and by challenging stigmas and encouraging change, policies could play a more impactful role in reducing challenges associated with period poverty.

### Findings

There are many communities within Cape Breton. Sydney is Cape Breton's city centre and largest population, serving as a good starting point for gathering participants. From the participants who joined, none expressed or indicated they themselves experienced period poverty. Of the five, only one was more open about their experiences with menstruation in general, citing that they often struggled with using certain products and their discomfort with menstruation. Other participants used more generalized answers and seemed not to struggle with using or finding period products (at least participants did not indicate so). If the youth interviewed did experience any form of period poverty and did not tell me, they likely may not have felt comfortable telling me. The discomfort can come from the youth feeling embarrassed telling a stranger or someone they do not know or trust, or they may have felt that because they live at home with parents it means they cannot struggle with menstruation.

This study looked to focus on experiences of adolescents who might be dealing with period poverty, however, those who joined the study did not express dealing with period poverty.

All participants who joined did have access to period products at home and were able to find products at school and health centres. Many of the participants were able to use the products and were adequately prepared when they menstruated. One participant disclosed that they used the pencil case/little case method, where they had an extra case with their preferred period products on hand. All the participants indicated they had knowledge on menstruation or at least had someone they could ask questions.

While the study did not find evidence of period poverty, it did uncover several significant findings related to: 1) social reproduction and the sharing of knowledge among women; 2) the impact of policy interventions 3) changing gender roles; and 4) persistent stigma about menstruation.

### Social Reproduction of Knowledge

The social reproduction process of women sharing knowledge with one another about menstruation was common throughout all the interviews. All the youth indicated that either their mother or older sibling were the ones to teach them about periods, what a period was and how to handle menstruation. For instance:

"At first I was really scared and stuff, but after talking with my mom I became less scared. Now I feel fine with having it (period). She's the one to tell me about carrying extra for emergencies and told me to put it in a pencil case and stuff to have with me at school". (Participant One)

The way all the youth in this project learned about menstruation came from their older siblings or maternal figures. The knowledge they have is passed on and taught, later reinforced through sharing with friends and experiences.

"My older sister helped me a lot. She taught me some stuff and explained to me about periods. They really suck, like, a lot... but I am used to it now". (Participant Two)

The passing down is continuous and sharing of menstruation is helpful to many, but if this information cannot be passed on then it creates the lack of education and knowledge that can come with period poverty. Therefore, cultural taboos, stigma, and health views continue.

## Public Policy Progress

One of the striking findings from this study is that all the participants had reliable access to menstrual products. While previous research (Aziz, 2023) has demonstrated access challenges, it appears that policy interventions may be helping to address this problem. For instance, in recent years, the federal government removed the Goods and Services Tax from menstrual products – also known as the "pink tax" (Aziz, 2023). The GST portion of taxes was taken off menstrual products in 2015 after an online petition "No Tax on Tampons" circulated and garnered almost 75,000 supporters (Fekete, 2015).

Period products are now being offered in some public restrooms free of charge, mostly seen in schools but not everywhere. If period products are found free of charge in restrooms, it would allow for those who need them to use them. By offering products in public spaces, it not only provides products for those who need it in an emergency, it provides products for those who might not be able to afford pads or tampons. With the option of finding menstruation products free of charge in bathrooms, it allows for a sense of relief for many menstruators and normalizes periods. By providing period products in bathrooms the stigma is lessened, embarrassment is lessened, and it reinforces that menstruation products are a necessity. A participant noted how their school offers free products without the embarrassment, and is open to all students:

"My school has a comfort closet for kids to grab what they need and to take extra stuff (menstrual items) from. The nurse, I think, has extra and so does the high school but I don't use that bathroom". (Participant One)

Many of the youth were prepared for their period and rarely needed to utilize free products that could be found in schools or public restrooms and if they did not have any on hand and could not find any, they felt comfortable to go home for them. One youth even said they felt that they did not need to take any more than what they needed from restrooms or health offices. All youth spoken to had access to menstruation products and a knowledgeable grasp on about menstruation.

Across the board, many of the younger youth used pads over other products that were available, stating that pads felt more comfortable, the others would use tampons citing the same reason for their choice. Pads and tampons are two of the most widely used products on the market, while more companies are expanding and selling period underwear, reusable items, cups or discs as other options.

## Changing Gender Roles

An unanticipated outcome was the role the participants' fathers played when it came to their menstruation. Three of the five participants noted that their fathers were the ones to buy their menstruation products. The traditional nuclear family sees the mother as the primary caregiver and the one who is likely to be taking on associated tasks pertaining to puberty and menstruation. In many cases, boys and girls will be separated during sex education classes, and many provinces vary in how and what is taught to students. The role of gender in reproductive health is started early on, teaching girls about menstruation but not the boys typically, which is likely how menstruation became a bodily function that is to be kept a secret from others. The value in

knowing and understanding reproductive health in both male and female bodies cannot be understated. The value in knowing and understanding menstruation should be taught to everyone.

Men typically learn about menstruation through familial relations and through media, where the social stigmas create negative or harmful views. In media when we see a father figure explaining menstruation to their daughters or buying hygiene products, it is made into a more comedic bit, emphasizing the discomfort the man feels. However, this narrative is changing, more and more fathers seem to be engaging in more meaningful discussions with their adolescents about periods, with dads taking the active role in helping and buying period products instead of the mother being the sole person buying. Participants 3 and 4 both confirmed their fathers were the ones to purchase menstruation products for the household. Participant Three is quoted as saying:

"My dad is the one to buy pads and stuff. He will typically buy the stuff (menstruation products) my mom and I need"

More and more paternal figures are becoming more active in menstruation when it comes to their kids. The more normalized and less stigmatized menstruation becomes, the more comfortable people will be with it. Especially men.

## Taboo and Stigma

Periods and menstruation are still heavily stigmatized and because they are still treated as an unmentionable topic, people will often avoid speaking about it because it is uncomfortable. A youth's perception on menstruation is greatly influenced by their more immediate social and familial circles. Even the media will influence the way someone views menstruation. For the longest time, ads for menstruation products used blue liquid to show absorption because blood makes some people uncomfortable. JR Thorpe wrote at Bustle in 2017 (as cited in VOX):

Blue is also uniquely clinical and evokes cleaning products, like bleach or dishwashing liquid, emphasizing a sense of 'cleanliness' and hygiene. It could show absorption and create a sanitary atmosphere instead of reminding people about, well, blood.

Portrayals of periods in media has significant implications for society's perception of menstruation (Anjum, 2023), when media continues to hide or talk about menstruation in roundabout ways it only increases the stigma. Stigmas extended from how people talk or rather do not talk about menstruation to how products are 'tested' and shown in the media. While ads have changed and have begun to use red colouring, many ads are still rooted in hiding your period. There is still an opposition to normalizing being open about menstruation and bleeding, but the more it is spoken about, the more likely it can be normalized within society.

When topics like menstruation are seen as taboo and not something that is considered 'polite conversation' it makes it hard for someone to come forward with issues they might be facing with menstruation related issues like period poverty. With the absence of healthy discussions surrounding periods, for those who cannot afford or lack the education on menstruation, it becomes a silent issue for many.

### How do we know Period Poverty is in Cape Breton?

Due to insufficient evidence of youth undergoing period poverty or experiencing it within the participant pool it is hard to claim there was evidence of period poverty. However, it is not indicative of there being no period poverty throughout the island of Cape Breton.

Cape Breton is seeing some of the highest rates of child poverty, where more than one in four children live below the Census Family After-Tax Low-Income Measure, which indicates low-income status and calculates the poverty rate (Frank & Saulnier, 2024). When understanding that many children live in poverty in Cape Breton, it can be inferred that youth in these positions can also struggle with period poverty. In the Sydney-Victoria riding child poverty rate was at a

staggering 29.1% in 2023 (Frank & Saulnier, 2024). With high rates of youth in poverty, it can translate to all aspects of poverty. Youth are likely to struggle with menstrual poverty and would rely on free products available in public spaces; youth might rely more on these products if they are unable to afford menstruation products because money is spent on housing and food.

While it cannot be said with absolute certainty that period poverty exists in Cape Breton from what five youth have divulged, it can be inferred through poverty rates and confirmed through more studies. More work will need to be done to find out and with that, expanding where on the island researchers would pull from and different programs and schools and by expanding the search to more neighbouring communities, the more information researchers might be able to find. Using this MA study, it has basic groundwork laid out on the concept of period poverty and the impacts it has on adolescents. The expansion of this study to all communities in Cape Breton allows for more data and opportunity to be found.

### What else do we know?

The importance of reproductive justice cannot be overstated. It is a human right to maintain bodily autonomy, have access to abortion care, healthcare, childcare, contraceptives, birthing support, and it can go further (SisterSong, n.d). Reproductive justice includes menstruation and everything that ties it. Young people should have access to education regarding their reproductive health, information and products. When young girls or queer youth do not have access to education or menstruation products it can impact the other aspects of reproductive care. Menstruation ties in deeply with reproductive care, understanding your own body greatly influences how you take care of it. Knowing how contraceptives influence periods and what changes you begin to see, helps youth better prepare

## Chapter Five: Conclusion

Menstruation is a natural and common experience for many with a uterus, and it will continue to be. Products that are meant for menstruation should be affordable and tax-free; it is not a luxury item. Throughout this thesis, I touch on how government policy, specifically social policy, impacts a person's daily experience. Menstruation is heavily stigmatized in society, and it can be inferred that it is because there are still people that are not educated on the subject and find it 'gross'. While public policy alone cannot undo stigma, it does interact with societal norms (Olsen, Alhelou, Kavattur, Rountree, Winkler, 2022). Enacting more menstrual education policies can affect how society views and perceives menstruation. Alongside social policies impacting period poverty, neoliberal policies contribute to economic struggles one might face when struggling to afford menstrual products. A study conducted by the National Union of Public and General Employees estimated that the average person spends up to \$6,000 in their lifetime on menstrual products, and those living in rural communities can pay almost double that for the same products (2022). Neoliberalism looks to prioritise individual responsibility with no help from government which can impact those who require help to pay for necessary items.

Women and men often experience things a lot differently, from wage gaps, healthcare, work and labour. Women see disparities in how they are treated within economic systems: women often will be paid less, struggle to be diagnosed correctly due to misconceptions about the female body and are expected to do more unpaid labour (pertaining to childcare and eldercare). It is important to recognize It is important to recognize that these factors impact how society views women and menstruation. Menstruation is a common experience. Through normalizing menstruation and destigmatizing views through conversations, we can tackle issues surrounding periods.

As mentioned before, a person's social status can impact their relationship with organizations, grassroots or otherwise, and some social statuses can either have advantage or disadvantage. Intersectionality looks through multiple different lenses and how one person can face multiple challenges while another person might face one. Women experience different barriers, even from one another, one example listed above is women of colour experiencing menstrual poverty differently to a white woman. Within the scope of my research, I focused more on a person's location (Cape Breton) as a scope of intersectionality. Intending to see if one's location in Nova Scotia would impact one's experience with period poverty.

This thesis aimed to see if there was evidence of period poverty among youth in Cape Breton. Because I was relying on hearing experiences from participants, I utilized qualitative methods for data collection. By using interviews, I can ask questions about their experiences and allow for participants to share their experiences.

Finding participants proved to be difficult. The use of social media and posters in youth centres did not produce the desired level of response. It can only be speculated that youth either felt embarrassed to be seen participating, did not fully understand what period poverty was based on the description, or felt that they did not fit the description related. However, one youth reached out and expressed interest but had not started their period yet, which added another element to why there was a lack of participants. A wider outreach would be needed for more participants and the inclusion of other communities within the island of Cape Breton. Cape Breton has many smaller communities that have different needs and different experiences that could bring more. By expanding the research and casting a wider net, researchers would be able to find if there is evidence of period poverty in the neighboring communities. A more systematic

route would be going through school systems to reach a larger group of adolescents, most of which would likely have different backgrounds.

Among the five participants who did join, there was no evidence of period poverty. Nevertheless, there were some surprising and significant outcomes. First, fathers took on roles when buying menstrual products for the family, which has typically been seen as a mom's job. The nuclear family in Canada has seen menstruation as a 'mom's' job and something fathers do not need to know about, but this study found that fathers have taken on the role of buying menstruation products. This is significant because it not only normalizes menstruation for men, it also challenges the narrative that it is a mother's (or female guardian) job to buy and teach their children about period products. This breaks one barrier within social reproduction and redistributes social reproduction, the labour mothers or female guardians face when it comes to social reproduction, dividing up emotional labour. Social norms also rely on gender roles to facilitate the operation of price competition (Cohen & Rodgers, 2021), and the cost of period products and gender roles heavily contribute to period poverty. By having men break some of the gender roles when it comes to menstruation, we break the barriers when it comes to price potentially.

Second, youth are more prepared due to moms and older siblings' advice about periods and what to expect. They were often so prepared that one youth stated they never felt the need to use free products offered, which likely allowed for others to use them if needed. The passing down of knowledge and sharing of the knowledge is evident, with many participants stating that their moms or older siblings give them tips which is then passed down or with friends. This is important because this is how many young menstruators learn about periods and what to expect or do when they start. While more fathers are taking active roles in helping with menstruation,

mothers and older sisters (female guardians) still take on more social reproduction labour. This is evident through most of the youth being taught about menstruation by mothers while some fathers were buying the products. Mothers and older sisters will likely continue to share and pass on knowledge about menstruation because not everything they learn in school might cover their questions. This finding reminds us of the valuable social reproductive labour that networks of women do to support each other,

A third finding was the availability of products for the youth. Many were prepared and had products at home, but one participant mentioned there being a 'comfort closet' in their school with products available to students. It was found that all the participants had reliable access and carried products with them while being out and some participant's stated they do not feel the need to take any extra products offered for free because they had some, leaving products behind for those who truly need it. The availability of products is a factor of changes in public policy, with Nova Scotia ranking in one of the highest rates of poverty (Frank and Saulnier, 2024). More and more spaces are providing products in restrooms, this being workplaces, restaurants, schools, and other public spaces because of advocacy groups. Products are now becoming required to be provided in federal workplaces (Government of Canada, 2023) so all employees have access to clean hygiene products. Nova Scotia is one of the few provinces to introduce the provision of menstrual products in most public spaces, namely schools, so students can access safe and clean products (Government of Canada, 2023). Universities across Nova Scotia, one being Mount Saint Vincent University (MSVU), provides menstrual products in all public washrooms in their buildings, this being a result of student-led advocacy. As mentioned previously, public policy shapes the daily lives of everyone and by committing to equity and equal treatment for everyone it better serves communities.

While there was no evidence found among the small participant pool, it does not mean that there isn't youth struggling with period poverty in Cape Breton. This study was conducted in the Sydney area, but to be certain, more research would need to be conducted among the other communities within the island. This MA level study only used a sample from a very small portion of a more populated city. Expanding this research to neighboring communities could show more information. By expanding this research to school systems, more information could be found from a variety of sources and researchers might be able to see if students from all different communities (or in one community) struggle with menstruation.

More and more news articles are beginning to report on menstrual poverty affecting Canadians, bringing attention to new initiatives that are working on making menstrual products available to everyone in public restrooms. It is becoming more understood that period poverty is a persistent issue, affecting the health and dignity of women and girls across the country (Roberge, 2024). Despite the strides in gender equality, access to period products remains unequal (Roberge, 2024). May 28<sup>th</sup> has become International Hygiene Day, and more are recognizing May as National Hygiene Month (Roberge, 2024). In addition, the Defense Women's Advisory Organization works to deliver boxes around bases where people can donate products that will be donated, believing that both civilian and military women deserve to have access to an advocacy group that ensures they are included in policies and initiatives (Roberge, 2024).

Reproductive health is incredibly important and cannot be underestimated. More than two billion people around the world menstruate (UN Women, 2024) and could silently struggle because of how stigmatized this bodily process is. Menstruation is not something to be ashamed

of and not something anyone should struggle with. Menstrual products and education are a right and should not be a privilege.

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## Appendices

### Questionnaire:

1. Tell me about your period. How would you describe it?
2. How long is your period?
3. How would you describe your experience with menstruation (Your period)?
4. What do you use for period products? (Pads, tampons, diva cups, period panties, reusable items, etc.)
5. Have you missed any social/school-related occasions due to periods? If so, how often do you miss these occasions?
6. Who buys the period products? How often are these products purchased?
7. Do you have trouble using/finding/or buying period products? What do you do when you can't find/buy/use period products?
8. Does your school/home/etc. have these products readily available? Do you take any for the road?
9. Has there been a time where you could not find any period products? What did you do, or what was your solution?

Poster

# Participants Needed

## THE EXPERIENCES OF YOUNG GIRLS AND PERIOD POVERTY

### PARTICIPANTS:

- Youths ages 12 and 17
- Menstruating
- Knowledge to share
- Willingness to share intimate details

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#### **MSVU Thesis Project**

This project is conducted by a student in the Master of Child and Youth Program. Looking to explore the experiences of youth in Cape Breton.

IF INTERESTED OR WANT TO KNOW MORE,  
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