



# **Periods During A Pandemic: Young People's Experiences of Menstrual Health in the Covid-19 Pandemic**

Sarah Dickins, Samantha Streibl and Lily Hallam

March 2021

# Introduction

The Covid-19 pandemic has been profoundly challenging for the social, economic, psychological and physical well-being of young people across the UK. Crucially, these effects are not felt evenly across society.

Often marginalised due to intersecting factors such as their gender, age, socioeconomic precariousness and ethnic background, young menstruators are navigating an increasingly difficult context of limited healthcare, unstable physical and psychosocial wellbeing, and cultural stigma around periods.

There is growing understanding of menstrual injustice. In 2018 and again in 2020, for example, girls' rights INGO Plan International UK conducted flagship studies into menstrual justice and adolescent girls. Their most recent study found that 3 in 10 girls aged 14-21 had been unable to access period products during the lockdown (Plan International UK, 2020). Other analysis has focused on the Scottish (Thornton, 2020), Northern Irish (Reed, 2020) and Welsh (Murphy, 2019) governments' recent decisions to fund menstrual products. However, there has been little attention to the Covid-19 experiences of young menstruators aged 18-35. This is a concerning gap as the pandemic continues; the 2021 Prince's Trust Tesco Youth Index Report shows that young people's psychosocial wellbeing, happiness, and professional confidence is at an all-time low.

Our original research seeks to break the silence on young people's experiences of menstrual health and injustice during the pandemic. This report outlines our research methodology and respondent demographics, and then analyses young people's experiences with existing healthcare products and providers, emerging trends in new healthcare, and the impact of inequitable menstrual health management during the pandemic. We conclude with recommendations to ensure that all young people across the UK can access menstrual health resources for the remainder of lockdown and beyond.

## Methodology

This youth-led research project was funded by youth rights INGO Restless Development, as part of their 2020 Build Back Better: Young Leaders Programme. The study was conducted using a short, anonymous survey which was disseminated for responses in two data collection periods, from September to December 2020.

The participant sample was self-selecting, and the research team created and shared regular posts on social media, as well as emails to the Restless Development and Bloody Good Period mailing lists, inviting anyone based in the UK and aged 18-35 with experiences of menstrual health to respond.

The survey was designed and shared in line with the principles of intersectional feminism, in particular, the importance of amplifying diverse and marginalised voices in menstrual health, working to redress power imbalances in knowledge production around periods, and using data to advocate for menstrual justice for all.

We endeavoured to design a survey that was short, accessible and encouraged respondents from many backgrounds to express their experiences in a safe, voluntary and supportive environment. Affirmative consent was gained from all respondents before collecting any data, and all responses were held in line with GDPR (2018). Reflection and growth is also key to feminist research methodologies and, as such, we reviewed the survey after the first pilot stage of data collection, adding two questions on changes to respondents' periods and adjusting a further question on resources used for managing menstrual health.

We faced various limitations in this study, including a relatively short research schedule, limited resources and analytical tools. Partly as a result, the study did not reach as many respondents from Black and Minority Ethnic, Northern Irish, Welsh or rural communities as planned.

## An overview of respondents demographics

One of the most important questions in feminist research and data analysis is: 'Who?' (D'Ignazio and Klein, 2020). There is a rich diversity in people's experiences of menstrual health and justice, influenced by various intersectional social and demographic factors. All of these experiences count, but not all of these experiences are counted.

There are significant and harmful gaps in data about different people's experiences of menstrual health and justice, especially those minoritised due to their ethnicity, youth or socioeconomic class. The research team feels strongly that these gaps exacerbate discrimination against already marginalised groups, so it is vital that feminist research amplifies voices to fill these gaps.

For this reason, we begin our analysis by looking at the demographic information shared by our 615 respondents.

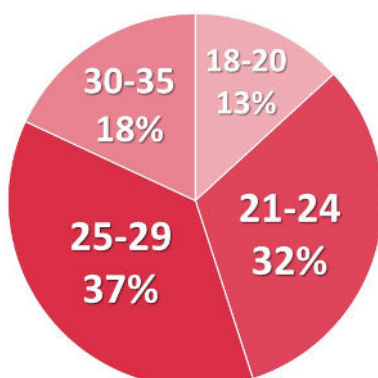
**96%**

of respondents  
identified as  
female

**4%**

identified as male,  
genderqueer, gender  
fluid, non-binary or  
agender

**Age**

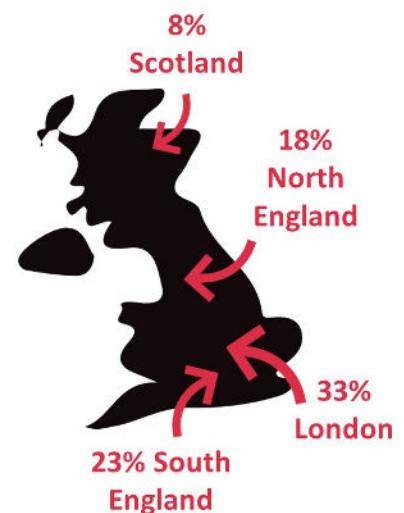


**87%**

**White**

**13%**

**Black, Asian,  
mixed and  
other Minority  
Ethnic**



**Community Type**



# Young people's physical and psychological ability to manage their periods has been widely affected

It is clear from the data that young people in the UK have experienced a range of barriers when managing their menstrual health during lockdown, often exacerbated by significant physical changes to their period.

Nearly 60% of respondents experienced significant and varied changes to their periods, with the most common changes being longer (30%), more painful (14%) and heavier (12%) bleeding. [1] A handful of respondents even suggested that their period had changed as a result of contracting Covid-19. Changes to physical period symptoms are a well-known and documented symptom of external stress (NHS, 2020), so it is no surprise that a global pandemic and prolonged national lockdown has caused these changes to such a large portion of the menstruating population. Stress from extreme or traumatic events has been linked to dramatic changes in normal menstruation (Vitoratos et al., 2006). For our respondents, stressors include separation from family, shortage of products, not being able or willing to exercise, and the lack of socialisation.

**I've always had extremely heavy periods, but it got very, very bad during lockdown. Very heavy [bleeding] plus vomiting. I would have to spend an entire day in bed, unable to move. I think it was due to a lack of exercise and socialising, poor sleep, lack of intellectual stimulation - everything.**  
*(18-20, Female, White: Irish)*

Moreover, many of our respondents noted that they had experienced an almost complete and immediate removal of normal coping mechanisms menstruators use to manage pain, discomfort and the mental health impact of premenstrual syndrome (PMS) and periods.

Common coping mechanisms for both the physical and emotional symptoms of menstruation include exercise and physical activity, socialising, particular types of food, over the counter or prescription pain medication, relaxation and contraception. These coping mechanisms have all been impacted and sometimes prohibited by lockdown regulations, which has further isolated young menstruators in an already physically and psychologically difficult time of the month.

**I found having my period during lockdown really difficult as I couldn't do my normal pain management and coping mechanisms like swimming or having a nice cake with a friend. It added to my distress and I felt like the pain was considerably worse.**  
*(30-35, Female, White: British)*

[1] Note. This question was added in the second iteration of this survey, so 386 of 615 respondents answered.




**Stress has been an obvious driver of altered cycles in my situation. However the level of stress and level of disruption to my cycle has been far greater than previously experienced.**  
*(25-29, Female, Black: African)*

These changes in young menstruators' physical and psychological health are further examples of the gendered impact of Covid-19. They are not only significant in the negative impact they can have on young people, but also in the degree to which they have been overlooked in public health advice and provisioning during the pandemic.

## **Young people have experienced substantial changes in their use of and access to period products**

Alongside any physical and psychological changes, many respondents have adjusted their use of menstrual health products during the Covid-19 pandemic. 35% of all respondents said that they had changed their use of one or more resources for menstrual health management, of which 85% said they had changed a key period product.


Often, these changes were prompted by a scarcity in period products. 29% of menstruators reported having less access to period products since the first lockdown began in March 2020. This emerged as a particular concern for respondents from Mixed and Black ethnic backgrounds, where 37% said they had less or much less access to period products in comparison to their pre-pandemic experiences. Common reasons for this inaccessibility included panic-induced hoarding of period products, unexpected self-quarantine and respondents' physical inability to get to a shop. Fear of contracting Covid-19 whilst outside also contributed to respondents' lack of period products and led some respondents to turn to less sanitary alternatives, such as makeshift toilet paper pads or old pieces of fabric.



**At the beginning of the pandemic there was a shortage of sanitary towels, whilst people were panic and bulk buying. I went one period with no sanitary towels and had to use tissue, and one reusable towel that I (luckily) had.**  
*(21-24, Female, White: British)*

Product shortage and public hoarding were not the only reason that young people changed period products. In addition to this, 19% of young people who changed their period products said they did so, due to issues of accessibility, whilst 12% said that they had changed because their previous products were not available, and 6% had changed because their previous products were no longer affordable. Youth employability has been disproportionately impacted by the pandemic, with young people now almost 4 times as likely to be unemployed as all other working age groups (Prince's Trust, 2021). In consequence, period products and other basic necessities have become increasingly unaffordable for some young people. A survey by Plan International UK found that 3 in 10 young menstruators struggled to afford period products during lockdown - a 20% increase from their previous survey in 2017.

Another key reason given for changing the type of period product they used, was the desire to switch to environmentally-friendly reusable alternatives, such as menstrual cups, reusable pads and period pants. This reflects the growing environmental concerns around period products in the UK since the 1980s (Davidson, 2012), which has gained rapid momentum in the past 5 years through initiatives, such as Zero Waste Scotland, a campaign to encourage Scottish menstruators to switch to non-disposable products.



**I've been able to be more in charge of trying new products and not having them work while at home - it's been a good testing time.**  
*(25-29, Non-binary, Black: Caribbean)*

Other respondents noted that they had taken the opportunity to explore new, environmentally friendly period products, as the risk of period mishaps and leaking was lower whilst at home.

Although reusable period products can be an effective solution to the unavailability or inaccessibility of single use products during the pandemic, as well a way for individuals to reduce their environmental impact, this does come from a position of intersectional privilege. As studies on menstrual injustice during the pandemic have noted (e.g. Plan International, 2020; Plan International UK, 2020), barriers to period products have been particularly acute for young people, and even more so from some minoritised and marginalised communities. This was also suggested in our own data, where 50% of the reasons people of colour gave for changing period products were because their regular products were unavailable, unaffordable or inaccessible, compared to 34% of the reasons given by white respondents. For young menstruators with these experiences, the often higher initial cost and limited distribution of reusable products may make this option inaccessible.

Although young menstruators' experiences of using period products are generally characterised by change and limitation, there is significant variety in how and, crucially, why young people from a range of social backgrounds have changed the products they use.

## **Young people have significantly limited access to menstrual and reproductive healthcare professionals**



As with many areas of public health, lockdown has significantly curtailed sexual and reproductive healthcare provision and guidance from medical professionals. As a result, a majority of respondents turned to alternative, informal and sometimes risky sources of treatment - even to treat more severe conditions.

Of the 615 people who participated in this study, 43% said they did not use any healthcare services in particular to manage their menstrual health, compared to 41% who said they had used NHS in-person, online, telephone or emergency healthcare services. [2] 29% found that healthcare, when needed for menstrual or reproductive issues, was less available or accessible, or not at all, with 13% changing healthcare provider for this reason and 35% bypassing formal healthcare and resorting to advice from family or friends instead.

Although lower access to healthcare in the middle of a pandemic may not come as a surprise, the justifications and attitude towards the lacking menstrual and reproductive health treatment and attention were concerning. Multiple respondents admitted that they had avoided seeking medical attention for both minor and more major menstrual health issues, as they were worried about burdening the NHS and limiting medical care for Covid-19 patients.

**I think it was more my anxiety of contacting these services and worrying I was taking up valuable NHS staff time during Covid that was the most stressful part.**

***(25-29, Female, Mixed : White and Black Caribbean)***

Contraception was another area of female reproductive health that has been hard hit by the pandemic. Some respondents noted that changes to their periods had occurred as a result of a change to or expiry of their contraception, putting them at risk of unwanted pregnancy and associated serious complications. Although contraception is often a crucial component of maintaining women and other menstruators' health and lives, it was another area of gynocentric healthcare that respondents perceived to be deemed non-urgent by healthcare providers, and many respondents themselves were reluctant to seek advice from medical professionals, as they did not consider their reproductive health to be a priority during the pandemic.

**I have delayed accessing birth control (would preferably get the implant) during this time because I have felt it was not a necessary procedure during the pandemic.**

***(21-24, Female, White: British)***

**I've been reluctant to go back to the doctor - I've been having more pain and problems, but with everything going on, I feel like it's not a priority.**

***(21-24, Female, Mixed: Other)***

This has further highlighted the lack of importance that is given to women's reproductive health, not only by the medical community but by society in general. Unexplained bleeding and severe pain are considered emergencies when they occur almost anywhere in the body, for people of a range of genders. Yet when that unexplained bleeding and severe pain come from the vagina or uterus, this same urgency is not given.

**I was in severe pain, and would have gone to A&E (other people were really worried about me), but I felt it wasn't an option with Covid-19. I took a friend's prescription painkillers left over from her C-section in order to cope with the pain at home.**

***(21-24, Female, White: British)***

As Medina-Perucha et al (2020) describe, we have a predominately androcentric healthcare system, meaning men are taken as the medical norm for all human needs. Females, non-binary people and those who do not conform to normative male bodies are construed as 'other', and frequently excluded from consideration in public health planning and decision-making. Women make up the majority of health workers in most settings but are often excluded from positions of responsibility and authority (Davidson P. et al., 2011) including in decision making. This has led to the 'invisibilisation of women, the female body and women's health in health science, policy and practise' (Medina-Perucha et al., 2020). What this means for the majority of the world population that has a uterus is a significant gap in planning and provision for menstrual health needs during public health crises, as we have seen clearly reflected in the young people's experiences in our survey. It is notable, for example, that very few of our respondents talked about being actively encouraged to attend regular menstrual and reproductive health appointments, seek professional advice on menstrual healthcare options or replace expired contraceptive devices.

One of the most concerning themes to emerge from our research is many young menstruators' alternative, and sometimes dangerous, sources of healthcare are informed by this underlying societal perception that sexual, reproductive and menstrual health is less important - even in emergencies.

## **Young people are finding menstrual health benefits in working from home - but this is not an option open to everyone**

While products have been short, periods longer and access to healthcare more difficult, there has been a ray of sunshine in nearly a year of lockdown. The flexibility of working from home while managing a heavy and/or painful period is one of the silver linings for menstruators during the pandemic. Menstruating in the workplace once added an additional layer of stress and discomfort to an already difficult time of the month, as many young people had to mask period pains and hide frequent bathroom breaks from non-menstruating colleagues. For those respondents who can work from home, this has been a welcome change.

**It is a relief being at home to deal with the pain rather than in an office. It still feels as though we are unable to use 'menstrual cramps' as a reason for sick leave so it has been a major benefit working from home.**

**(25-29, Female, White: British)**

There are increasing debates on the need for workplaces to better accommodate the varying needs of both men and women (Bloody Good Period, 2021), with a particular focus on the changing needs of menstruators throughout the month. Although sick leave for non-menstrual illness has been normalised, there is still significant stigma around reasonable adjustments for the symptoms of menstrual health in the workplace.

Menstruators often fear discrimination if they appear less productive or employable as non-menstruating peers. However, as we have seen in this study, multiple respondents noted the ease with which they were able to continue working, while being able to lie down when they needed, have a hot water bottle, or wear more comfortable clothes. These changes did not reduce their workload, but rather working from home allowed respondents to remain productive while accommodating their individual needs. Improved health and wellbeing can even have a knock-on effect on workplace productivity; studies show that when people are properly supported in their working environment, including around their menstrual needs, they have higher job satisfaction, decreased turnover and increased productivity (Manners, 2020). Businesses should be encouraged to introduce policies that allow employees to work at their best, and make reasonable adjustments throughout the month to achieve this, be it for chronic health issues, sudden illness or period pain.

**The pandemic has made it easier in that sense and easier to manage and soothe PMS symptoms, for example, by no longer having to hide period whilst working from home like I did in the workplace before, being able to sit with a hot water bottle to help with cramps etc.**  
*(21-24, Female, Mixed: White and Black Caribbean)*

Working from home over this extended period of time has also given many aforementioned environmentally-conscious menstruators the chance to trial reusable, eco-friendly period products. With many people nervous to try reusable options for the first time whilst working in an office, for fear of leaking or mishap, this lockdown has shown the further benefit of flexible working for both menstruator's health and the environment.

**I am more confident using eco methods such as a Mooncup as I am working from home. This means if I risk leaking, I am in a controlled environment so I feel more relaxed. It makes a difference having access to my own bathroom.**  
*(30-35, Female, White: British)*

Nevertheless, working from home is not an option open to everyone. As a 2020 survey of working patterns in Europe reveals, only around 30% of occupations can be performed at home (Cetrulo et al., 2020). As these are, generally speaking, higher paid and more stable office-based professions, new working from home patterns risk further exacerbating intersectional socioeconomic inequalities, in which vulnerable groups, such as the precariously employed, younger workers and those from migrant and/or ethnic minority backgrounds receive fewest benefits and protections of homeworking. These inequalities are also indicated in our data, where 87% of respondents who noted that they had changed their period products due to the convenience of working at home self-identified as white, and 67% were aged 25 to 35.

In a broader context of limitation and scarcity, therefore, many respondents found comfort in new living and working circumstances - but intersectional factors of class, ethnicity and age risk further exposing already marginalised young menstruators to new Covid-era inequalities.

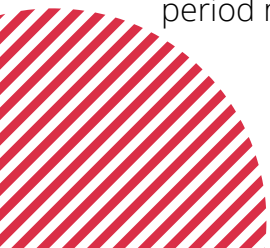
# Recommendations



The voices shared in our survey show that young menstruators have experienced significant barriers to the resources they need to manage their menstrual health during the Covid-19 pandemic. These challenges are particularly acute for younger respondents and those from Black, Asian and other Minority Ethnic backgrounds, for whom menstrual healthcare products, services and professionals have been less accessible.

Although all our respondents demonstrate high levels of resilience and innovation in the face of an unprecedented public health crisis, healthcare providers and policymakers must do more to tackle the multifaceted menstrual injustice experienced by young people in every region of the UK.

On the basis of our findings, the research team makes the following policy recommendations for just and effective menstrual healthcare for young people across the UK:

- Young menstruators, from a range of backgrounds, should be meaningfully involved in all aspects of menstrual healthcare planning, both during the pandemic and beyond, to ensure that healthcare planning takes seriously and responds appropriately to their varied needs and experiences
  - Healthcare providers, such as the NHS and relevant charitable organisations, should publicly encourage menstruators of all ages to seek appropriate medical support or advice during the Covid-19 pandemic if they experience any new or more severe menstrual health symptoms
  - Healthcare bodies and policymakers should develop alternative ways for young menstruators to access the products and guidance that they need during lockdown, for example, a free online platform or mobile application for obtaining contraceptives and period products
  - Menstrual health policymakers and researchers must examine more closely the discrepancies experienced by young menstruators from Black, Asian and other Minority Ethnic backgrounds in accessing menstrual health products and guidance, and implement policies to ensure that no young menstruator goes without the support they need
  - Wherever possible, and especially during the Covid-19 pandemic, employers should allow menstruators to work from home and/or offer other reasonable adjustments to support period management during the working week
- 

# References

Bloody Good Period. (2021) Periods and Menstrual Wellbeing in the Workplace: The Case for Change. London: BGP. Available at: <https://www.bloodygoodperiod.com/employers-research>. [Accessed: 15.02.21]

Cetrulo, A. et al. (2020) The Privilege of Working From Home at the Time of Social Distancing. *Intereconomics: Review of European Economic Policy*. 55(3), pp. 142-147.

D'Ignazio, C., and Klein, L. (2020) *Data Feminism*, Cambridge, MA: The MIT Press.

Davidson, A. (2012) Narratives of Menstrual Product Consumption: Convenience, Culture, or Commoditization? *Bulletin of Science, Technology & Society*. 32(1), pp. 56-70.

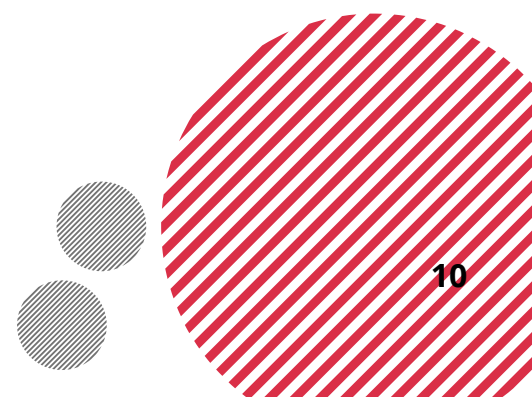
Davidson P. et al., (2011) The Health of Women and Girls Determines the Health and Well-Being of Our Modern World: A White Paper From the International Council on Women's Health Issues. *Health Care Women International*. 32(10), pp. 870-886.

Manners, J. (2020) The Benefits of Wellbeing at Work: Where to Start and What Works. Available at: <https://haptivate.co.uk/blog/the-benefits-of-wellbeing-at-work-where-to-start-what-works/>. [Accessed: 15.02.21]

Medina-Perucha L., et al. (2020) Menstrual health and period poverty among young people who menstruate in the Barcelona metropolitan area (Spain): protocol of a mixed-methods study. *BMJ Open*. 10(7)

Murphy, S. (2019) Period poverty: Wales schoolgirls to be given free sanitary products. *The Guardian*. Available at: <https://www.theguardian.com/uk-news/2019/apr/13/period-poverty-wales-schoolgirls-to-be-given-free-sanitary-products>. [Accessed: 15.02.21]

National Health Service. (2021) Stopped or Missed Periods. Available at: <https://www.nhs.uk/conditions/stopped-or-missed-periods/#:~:text=illness%20or%20stress-,Stress,you%20have%20time%20to%20relax>. [Accessed: 15.02.21]





## References cont.

- Plan International UK. (2018) Break the Barriers: Girls' Experiences of Menstruation in the UK. London: Plan International UK. Available at: <https://plan-uk.org/file/plan-uk-break-the-barriers-report-032018pdf/download?token=Fs-HYP3v>. [Accessed: 15.02.21]
- Plan International UK. (2020) 3 in 10 Girls Struggle to Afford or Access Sanitary Wear During Lockdown. Available at: <https://plan-uk.org/period-poverty-in-lockdown>. [Accessed: 15.02.21]
- Plan International. (2020) Periods In a Pandemic: Menstrual hygiene management in the time of COVID-19. Woking, UK: Plan International. Available at: <https://plan-international.org/publications/periods-in-a-pandemic#download-options>. [Accessed: 15.02.21]
- Prince's Trust. (2021) The Prince's Trust Tesco Youth Index 2021. London: Prince's Trust. Available at: <https://www.princes-trust.org.uk/about-the-trust/news-views/tesco-youth-index-2021>. [Accessed: 15.02.21]
- Reed, D. (2020) Free period products for Northern Ireland local schools. The Belfast Telegraph. Available at: <https://www.belfasttelegraph.co.uk/news/education/free-period-products-for-northern-ireland-local-schools-39876075.html>. [Accessed: 15.02.21]
- Thornton, J. (2020) Free Period Products in Scotland. The Lancet. 396(10265), pp. 1793.
- Vitoratos, N., et al. (2006) "Reproductive" Corticotropin-Releasing Hormone. Annals of the New York Academy of Sciences, 1092(1), pp. 310–318.

# The Research Team



**Sarah Dickens** is a feminist digital data and Monitoring and Evaluation (M&E) specialist with experience in youth and gender justice research and programming in Europe, South America and East Africa. She holds an MA in Gender, Violence and Conflict from the University of Sussex and currently works in digital data collection for M&E at the girls' rights INGO, Plan International.

**Samantha Streibl** is a gender equality activist, working within Sexual and Reproductive Health and Rights (SRHR). She is particularly passionate about menstrual equity, period poverty and comprehensive sexual education. Sam currently works at International Planned Parenthood Federation and is a freelance trainer, working with young people on menstrual education, domestic violence and personal development.



**Lily Hallam** is a young activist, passionate about progressive climate action and contributing to inclusive social change. She has done so by raising prominent issues with politicians, such as advocating for progression of the online harms bill. She will be studying a Bachelor's in Global Studies at Maastricht University in the Netherlands this coming year.

**This youth-led research project was conducted as part of Restless Development's Build Back Better: Young Leaders Programme, which supported returned ICS volunteers to take action in response to Covid-19**

**RESTLESS  
DEVELOPMENT**