

Menstrual hygiene plight of homeless women, a public health disgrace

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Last year, we read a study about how homeless women dealt with their menses. Women spoke of limited daytime shelter bathroom access and no access to feminine products; they resolved this problem inadequately by using toilet paper as makeshift cloth pads.

Lack of access to sanitary products for homeless women is a devastating and overlooked healthcare injustice that needs to be rectified. Homeless women confront the daunting challenge of securing materials to absorb blood and finding privacy to change and dispose of used sanitary products. Soiled clothing may be cleaned without soap, using dirty water. Indoor drying without sunlight is common.¹ The Urban Institute estimates that 3.5 million people, including 1.35 million children, are homeless during a given year.² Menstrual bleeding and its management are taboo as a public discussion subject. Although commonly reported in underdeveloped nations, our Google Scholar search for menstrual hygiene management in United States homeless women revealed sparse mention of this pervasive health concern.^{1,3-5}

Gloria Steinem said:

“What would happen if, magically, men could menstruate and women could not? Menstruation would become enviable, worthy, masculine: Men would brag about how long and how much. Congress would fund a National Institute of Dysmenorrhea to help stamp out monthly discomforts. Sanitary supplies would be federally funded and free.”⁶

Most men never think about this predicament. Eighty-six percent of non-homeless women report having started their period in public without supplies and 79% have been forced to use toilet paper or some unhealthy and unsafe object because their period started without hygiene products.⁷

This dismaying situation commonly leads to repetitive use of unclean materials. Factors associated with reproductive tract infections, such as urinary tract infections, yeast infections, and vulvar contact dermatitis⁴, include not cleaning genitals daily, especially during menstruation.¹ The burden of gynecologic infections is a major worldwide public health concern. In the United States, the proportion of this

epidemic attributed to poor menstrual hygiene is unknown. Other implicated factors include sexually transmitted infections and iatrogenic infections caused by agents other than those acquired through poor menstrual management.⁵

Allegra relates, “Recently, a homeless patient told me that she also would wrap toilet paper around her underwear during her menses. She spoke about the expense of tampons and sanitary pads. Her shelter provided only 2 pads per cycle, whereas the average woman uses approximately 20 tampons/pads per cycle.⁷ Her inadequate options were toilet paper, reused cloths or ruining her only pair of underpants.”

Homeless women cannot afford sanitary products. Sales tax is a power of the states, not the federal government. Almost all states consider female sanitary products to be luxury items, not tax-exempt necessities. Only five states (MD, MA, MN, PA, and NJ) have removed state sales tax on sanitary products,⁹ Connecticut will follow in 2018. New York has passed laws mandating that correctional facilities, shelters and public schools have access. In 2015, Canada officially removed the tampon tax across the country.⁹

The tampon tax exists because menstrual hygiene products are classified as items not qualifying as “treatment or prevention of illness or disease in human beings.”⁸ Thus, menstruation, a natural biological event that does not signify lack of health, but is a necessity, is not tax exempt. The “tampon tax” exists even though individual states exempt “necessary goods” – groceries and medical products – from sales tax.⁶ The result is that benefits available to the homeless, such as Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC), cannot be used to purchase these items. That state legislatures could consider sanitary products as a luxury instead of a necessity is ludicrous.

Furthermore, this injustice should be redressed because somewhat analogous items are not taxed in other states – pregnancy tests in Colorado, disposable heating pads in Vermont, and incontinence pads in North Dakota and Connecticut. Additionally, Alabama created “tax holidays” when common items, including clothes, computers, art supplies, and books, can be purchased tax-free; tampons are not included on the list.⁹

The plight of homeless women and girls in Rhode Island (RI) is illustrative. CrossRoads of RI is a shelter in Providence which serves the homeless. This shelter is RI’s largest

women-only shelter which is frequently filled beyond its capacity of 41. Crossroads reports that since 1998, the number of individual homeless women in the shelter nightly has increased by 65% to more than one hundred. However, accurate aggregate numbers are unavailable since many more women are likely to be “hidden homeless”, meaning they stay with friends or family or on the street for extended amounts of time before going to a shelter where violence and victimization may be more common. The shelter itself has called for the need to increase female-centered management of homeless individuals, including menstrual care.¹⁰

Rhode Island now collects about \$730,000 a year from taxes on pads and tampons, as well as medical supplies such as diabetic syringes and inhalers. In May 2017, RI lawmakers introduced a bill, House bill #5377, sponsored by Rep. Edith Ajello and Sen. Louis DiPalma, that would eliminate the 7% sales tax on menstrual products and related items since they believed the tax is a form of gender discrimination. The bill was held for further study on May 31, 2017.¹¹

Public pressure reinforced the initiative leading Canada to become the first country to eliminate the “tampon tax.”⁹ We should push our legislators to readdress this issue, then pass a bill ensuring access without taxes for sanitary products, following the example of our neighbors. Eliminating the unfair financial burden is one simple improvement among many gender equality issues.¹² The plight of homeless and poor women reflects the reality that supporting access to sanitary products, a first step, should be a concern for all. Vigorous vocal support from physicians is vital to publicize and advocate to eliminate gender discrimination using this issue as part of a widespread public health initiative to help all women, especially the homeless and poor.

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