**Bleeding Half the Population Dry: An Argument for The Provision of Free Menstrual Products in Public Restrooms and the Removal of “the Tampon Tax”**

**Introduction:**

It’s a problem that affects half the population, causing missed school, work, and, in extreme cases, poverty and adverse medical effects, and there is a continued lack of political will advocating for change. The health issue? “Period Poverty”, or the lack of access to affordable menstrual products and to sanitation and other supplies for menstrual hygiene (Crawford and Waldman, 2020). Even though menstruators[[1]](#footnote-1) make up half the population, often, they face a double burden of a lack of access to appropriate care and a social stigma surrounding their normal bodily functions which, in turn, prevents advocating for and receiving their necessary care. Combined, these circumstances can lead many menstruators who cannot afford adequate products to resort to unsafe alternatives or overuse the menstrual products they do have to the detriment of their health and well-being. There are certainly drawbacks to increasing access to menstrual products, the majority of these being financial, however, a dual-pronged policy that removes the “tampon tax”, which designates menstrual products as luxury items, from all U.S. states and requires the provision of free menstrual products in public restrooms would provide numerous and compelling benefits, including increased school and work attendance, improved overall health, and an appeal to basic laws of equality.

**The Problem and Proposed Policy**:

 On average, menstruation will begin between the ages 11 and 14 and cycle, between every 24 to 38 days, until the age of 51 (Sullivan, 2018). These periods will last between 2 and 7 days, with most menstruators experiencing periods in the 3–5-day range (Kaputk, 2021). The American College of Obstetricians and Gynecologists (ACOG) recommends changing pads and tampons at least every 4-8 hours, meaning that the average menstruator will go through at least 12 pads or tampons per period (if periods last 4 days and sanitary products are changed every 8 hours). With a cost of about 30 cents per pad/tampon, the average menstruator will spend $3.60 on menstrual products each month and $1,728 over the course of 40 years, conservatively. Others have estimated this cost over the lifespan for women up to $4,752 (Mah, 2019) or $5,040 (Montano, 2018), not including the additional cost a menstruator might incur constantly carrying sanitary products for themselves or others over the course of their lifetime. Although some of this cost is attributable to the products themselves, in most U.S. states, there is an additional sales tax applied to sanitary products, often called the “tampon tax” or the “pink tax”. This tax is an additional sales tax ranging from 4-10% in some states (Weiss-Wolf, 2020). Presently 30 states employ a “tampon tax” which costs an American menstruator an extra $100-$225 over the course of their lifetime (Epstein, 2021; Rodriguez, 2021). While the cost of sanitary products and their associated taxes may seem negligible at first glance, purchasing these items can amount to a considerable burden for lower-income Americans, and represents an unlawful inequality.  But the burdens that make up period poverty are not only financial.

 Many low-income menstruators, when faced with their period and the daunting cost associated with it, will often resort to harmful alternatives, including toilet paper or rags, in order to purchase other necessities. A 2017 study showed that 79% of non-homeless women were forced to resort to toilet paper or another makeshift alternative because their period started without an adequate hygiene product (Parrillo, 2017). In a cross-sectional study of low-income women in St. Louis, Missouri, 64% of the women interviewed were unable to afford menstrual hygiene supplies in the last year, and 50% of the women interviewed could not afford both food and menstrual hygiene products in the past year. Instead of buying menstrual products, these women reported using cloth, rags, tissues, toilet paper, paper towels, and even children’s diapers to manage their flow which, in addition to being suboptimal products, also incur their own additional costs (Kuhlmann, 2019). As expected, these substitutions can lead to negative health outcomes, including urinary tract infections, yeast infections, toxic shock syndrome (TSS) and contact dermatitis when used habitually (Parrillo, 2017; Manoj, 2017). Even in homeless shelters that offer free sanitary products, the amount offered is often too little per cycle to provide any real benefit (Parrillo, 2017).

 For such a widespread issue, discussions and policy proposals combatting these problems are scarce. Unfortunately, this is due to another burden affecting menstruators: stigma. Menstruation is an issue that many people prefer to leave unannounced. We will ball up tampons in our hand and bring entire purses to the bathroom lest someone see the pastel plastic covering our period product and use it to make inferences about our cleanliness, success (Moffat and Pickering, 2019), or mental state. This stigma impacts familial conversations, affecting a menstruator’s ability to participate in social, educational, or sexual activities in the future (Hall, 2021).  Indeed, there are many menstruators who, without adequate access to hygiene products, will be unable to go to school or work (Moffat and Pickering, 2019; Kuhlmann et al, 2019; Montano, 2018). This stigma also prevents productive conversations about menstrual health issues to policymakers, especially since many menstruators are historically underrepresented in legislatures (Montano, 2019; Shi, 2014) which significantly impacts the “window of opportunity” for potential policy change (Bardach, 2019). Ultimately, instead of bringing up issues like a dysfunctional sanitary dispensary or a lack of access to products in the home setting, menstruators will elect to ignore these issues, meaning we face a double burden of a failure to openly discuss our periods while also dealing with poorly maintained or absent infrastructure supports.

 There are some experts who believe that these inequalities in basic hygiene and the effects of the stigma associated with it are inherently unconstitutional according to United States Law. If states tax menstrual products while other necessities like prosthetics and Viagra are exempted, they could be violating the Equal Protection Clause of the constitution (Judd, 2017; Crawford and Waldman, 2021). Additionally, schools that fail to provide free menstrual products to students in need may be in violation of title IX’s goal of “equal access to education” regardless of sex (*Ibid*). At its most basic level, failing to provide menstrual hygiene products in public restrooms and taxing products essential to manage normal and unavoidable bodily functions amounts to egregious sexual discrimination (Montano, 2019; Crawford and Waldman, 2021). From these arguments, there is strong support for a dual-pronged policy that both removes the “pink tax” on menstrual hygiene products in all United States, in addition to the provision of free products in all public restrooms as these will not only resolve some unconstitutional sexual inequalities but will also allow menstruators greater access to school and workplaces and improve their overall health.

**The Counterargument**:

 While there are certainly many benefits to providing free menstrual products in public restrooms and removing the “pink tax”, there are also some practical concerns, especially associated with the financial impact on the United States economy and individual businesses. In 2019, The United States spent 10.9 billion dollars on feminine hygiene, more than any other country, as shown in **Figure 1** (Senn-Kalb, 2020). Removing taxes and requiring free menstrual products may reasonably concern policymakers and industry stakeholders alike in decreasing sales and revenue. Indeed, one recent study reported a 2% decrease in sales of sanitary products in Illinois after the repeal of their tampon tax, despite items being about 6% cheaper (Doris, 2021). However, some have argued that this supposed decrease is just a shift in the market, with menstruators instead buying more “luxury” products, including those with softer padding or better adhesive, instead of diminishing overall sales (Doris, 2021; Montano, 2019).

**Figure 1: In 2019, Americans Spent the Most on Feminine Hygiene by Revenue per Capita Compared to Other Countries**. Collected from the 2020 Feminine Hygiene Report from Statista (Senn-Kalb, 2021), U.S. citizens spent more on feminine hygiene products compared to citizens in all other countries, demonstrating how lucrative the feminine hygiene market is, especially in the United States.

 Others may argue that the government simply cannot afford to supply menstrual hygiene products with taxpayer money. Though this is concerning, estimates indicate this cost may be smaller than initially anticipated. In some private businesses who provide free menstrual products for their employees, this cost can be as low as $4.67 per female associate per year (Scaccia, 2016). While some private businesses have embraced this cost, there is also risk that some private businesses will reduce or eliminate access to their previously public restrooms in the face of these policies. Though private corporations and restaurants or cafés may not wish to tack on the cost of providing free menstrual products for the benefit of their menstruating employees or patrons, there is evidence to show that opening restrooms to the public will increase retail turnover and improve a business’ reputation (Montano, 2019).  Additionally, as argued earlier, providing free menstrual products can reduce absenteeism at work and school and could mean even greater productivity while also improving quality of life and reducing stigma (Montano, 2019). To recoup financial losses further, states could simply increase state taxes on items men and women are equally likely to purchase (Weiss-Wolf, 2020).

 Another counterargument is that menstruators may not actually use or benefit from the free and cheaper provision of menstrual products, even when governments provide them for free. In India, a country which provides free and subsidized menstrual products to its citizens, most women in a cross-sectional study still used products they privately purchased, rather than the government supply, which weren’t replaced as frequently as needed and were of lower quality than offered retail products (Surendran et al, 2021). Additionally, a study completed in Scotland, which in 2018 announced a policy to provide free menstrual products to people in need (Zipp et al, 2018), found that despite this provision, there remains a large stigma around menstrual health (Moffat and Pickering, 2019). A similar qualitative study in New York came to a similar conclusion, finding that even though homeless shelters are supposed to provide sanitary pads and tampons upon request, these products were often inconsistently available and unnecessarily regulated by community gatekeepers (Gruer et al, 2021). This, however, only emphasizes the need for continued efforts to improve hygiene equality. Policies advocating for menstrual hygiene are new and continued evaluation efforts are needed to ensure menstruators can access quality services to their benefit.

**Conclusion**:

 Though policymakers and menstruators alike may attempt to ignore the normal bodily functions affecting half the population, there are very real legal, financial, and public health consequences of inadequate menstrual care. To fairly provide for the menstruators of the United States, increase school and work attendance, and limit rashes and infections, a dual-pronged policy should be enacted that both eliminates the ‘tampon tax’ in the states that still use it, and requires the provision of free menstrual products in all public restrooms. While the costs associated with this policy may be burdensome for the government and feminine hygiene industry, the associated burden would be no more outrageous than the cost of free toilet paper and soap in each restroom and may increase productivity and revenue for businesses. These policy adjustments are important, urgent, felt by half the population, and should be non-controversial and easily solvable. In an age marked by progress, meeting necessities and ensuring equity and health for half the population can no longer be ignored. Period.

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1. I use the term “menstruators” to denote persons who menstruate to be as inclusive of trans and non-binary experiences as possible. However, I may instead use “women” when studies specifically refer to them in their papers. Nevertheless, these inequalities remain, disproportionately affecting pre and post transition trans-women and non-binary menstruators in addition to cis-gendered women. [↑](#footnote-ref-1)