

## PERIOD POVERTY, PIONEERS AND LAGGARDS. CASE STUDY: SCOTLAND AND NEW ZEALAND VS ROMANIA

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**Abstract:** This article explores the topic of period poverty, a global phenomenon affecting roughly 500 million (Marshall & Norman, 2022; Michel et al., 2022; Miller et al., 2024; Parkinson et al., 2024) out of the 1.8-1.9 billion menstruating women worldwide (Dave et al., 2022; Mendonça Carneiro, 2021; Miller et al., 2024), with a negative impact on health, education, self-esteem and equality between the two sexes. The study starts from a theoretical perspective that highlights the link between limited access to menstrual products, menstrual stigmatisation and socio-economic inequalities. The objective of the research is to analyse the structural barriers that hinder the fight against period poverty and to identify effective ways to improve the accessibility of menstrual hygiene products, with a focus on their subsidization. This article employs the comparative case study method, comparing the approaches in Scotland and New Zealand, pioneer countries in implementing top-down public policies, with Romania's situation, where bottom-up initiatives remain limited. The sources used throughout this article include the academic literature, government reports and data provided by non-governmental organisations. The main conclusions underline the success of top-down public policies in tackling period poverty, highlighting the need to subsidise menstrual products and menstrual hygiene education. The article argues that integrated approaches involving governments, organisations and communities are essential to ensure universal access to the resources needed to manage menstruation in a dignified and healthy manner.

**Keywords:** period poverty, case study, Scotland, New Zealand, Romania.

**Résumé :** Cet article explore le thème de la pauvreté menstruelle, un phénomène mondial qui touche environ 500 millions de femmes sur les 1.8 à 1.9 milliard de femmes en âge d'avoir leurs règles dans le monde (Dave et al., 2022; Mendonça Carneiro, 2021; Miller et al., 2024) et qui a un impact négatif sur la santé, l'éducation, l'estime de soi et l'égalité entre les deux sexes. L'étude part d'une perspective théorique qui met en évidence le lien entre l'accès limité aux produits menstruels, la stigmatisation menstruelle et les inégalités socio-

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économiques. L'objectif de la recherche est d'analyser les barrières structurelles qui entravent la lutte contre la pauvreté menstruelle et d'identifier des moyens efficaces pour améliorer l'accessibilité des produits d'hygiène menstruelle, en mettant l'accent sur leur subvention. La méthodologie utilisée est celle d'une étude de cas, comparant les approches de l'Ecosse et de la Nouvelle-Zélande, pays pionniers dans la mise en œuvre de politiques publiques descendantes, avec la situation de la Roumanie, où les initiatives ascendantes restent limitées. Les sources utilisées sont la littérature académique limitée, les rapports gouvernementaux et les données fournies par les organisations non gouvernementales. Les principales conclusions soulignent le succès des politiques publiques descendantes dans la lutte contre la pauvreté menstruelle, en insistant sur la nécessité de subventionner les produits menstruels et l'éducation à l'hygiène menstruelle. L'article soutient que des approches intégrées impliquant les gouvernements, les organisations et les communautés sont essentielles pour garantir un accès universel aux ressources nécessaires pour gérer les menstruations de manière digne et saine.

**Mots-clés :** pauvreté menstruelle, étude de cas, Écosse, Nouvelle-Zélande, Roumanie.

**Rezumat:** Acest articol explorează tema sărăciei menstruale, un fenomen global care afectează aproximativ 500 de milioane din cele între 1.8 și 1.9 miliarde de femei de vârstă fertilă (Dave et al., 2022; Mendonça Carneiro, 2021; Miller et al., 2024), având un impact negativ asupra sănătății, educației, stimei de sine și egalității dintre cele două sexe. Studiul pornește de la o perspectivă teoretică care evidențiază legătura dintre accesul limitat la produsele menstruale, stigmatizarea menstruației și inegalitățile socioeconomice. Obiectivul cercetării este de a analiza barierele structurale care împiedică combaterea sărăciei menstruale și de a identifica metode eficiente pentru îmbunătățirea accesibilității produselor de igienă menstruală, cu accent pe subvenționarea acestora. Metodologia utilizată este cea a studiului de caz, comparând abordările din Scoția și Noua Zeelandă, țări-pionier în implementarea politicilor publice de tip top-down, cu situația din România, unde inițiativele bottom-up rămân limitate. Sursele includ literatura academică, rapoarte guvernamentale și date oferite de organizații neguvernamentale. Principalele concluzii subliniază succesul politicilor publice de tip top-down în combaterea sărăciei menstruale, evidențiind necesitatea subvenționării produselor menstruale și a educației privind igiena menstruală. Articolul susține că abordări integrate, care implică guverne, organizații și comunități, sunt esențiale pentru asigurarea accesului universal la resursele necesare gestionării menstruației într-o manieră demnă și sănătoasă.

**Cuvinte-cheie:** sărăcie menstruală, studiu de caz, Scoția, Noua Zeelandă, România.

## 1. Introduction: Background on period poverty

Even though menstruation is a natural biological process that occurs monthly in the lives of an estimated 1.8-1.9 billion women worldwide (Dave et al., 2022; Mendonça Carneiro, 2021; Miller et al., 2024), period poverty and menstrual hygiene are pressing global issues that impact women's health, education, self-esteem and equality, affecting hundreds of millions of women around the world, including in developed countries. Lack of access to menstrual products affects not only women's health and well-being but also their educational opportunities, perpetuating gender inequality. The stigma associated with menstruation can be eliminated by raising awareness, promoting access to affordable and sustainable

menstrual products and supporting policy reforms. Through targeted campaigns and partnerships, health marketers can also improve menstrual hygiene education, ensuring that women and girls everywhere have all the knowledge and resources they need to manage their menstruation safely and with confidence (Miller et al., 2024; Parkinson et al., 2024).

## **2. Methodology and objectives**

This article uses the case study method, implementing a multiple case design and using the comparative synthesis technique to analyse the evolution and differences in the fight against period poverty in Scotland and New Zealand – two pioneers in this area – and Romania, a European Union Member State that has largely lagged behind global efforts to combat period poverty. In Romania, academic articles and studies on this topic are almost entirely lacking, hence the main limitation of this article. This case study aims to reveal the structural barriers that prevent improving women's quality of life concerning their health. It also aims to identify effective methods for better accessibility of menstrual hygiene products, and the primary method identified is subsidising menstrual products.

## **3. Review of the academic literature on period poverty**

Approximately 52 percent of women, representing 26 percent of the global population, are of reproductive age. Most of them have monthly menstrual cycles lasting between two and seven days. Menstruation is a regular and integral part of life, and menstrual hygiene is fundamental to women's dignity and well-being, as it is an important part of the basic hygiene, sanitation and reproductive health services to which every woman should be entitled. Thanks to the courage and innovation of individuals and organisations engaged in pioneering work on poverty and menstrual hygiene, the level of knowledge and interest in this global issue is steadily increasing (Parkinson et al., 2024). A critical problem faced by at least 500 million women worldwide every month (Marshall & Norman, 2022; Michel et al., 2022; Miller et al., 2024; Parkinson et al., 2024), period poverty is defined as lack of access to menstrual products, sanitation, education and information (Marshall & Norman, 2022; Parkinson et al., 2024). The most common problems faced by women affected by period poverty relate to the affordability and accessibility of menstrual products, shame and fear of shame, cultural alienation, and lack of supplies and sanitation (Michel et al., 2022; Parkinson et al., 2024).

When menstruation takes them by surprise, without having menstrual products on hand or even the possibility to buy them, many women are forced to improvise, using, depending on the level of development of the milieu and the country of origin, napkins, paper towels, toilet paper, socks, torn pieces of old blankets and mattresses, chicken feathers, old rags, dirty kitchen sponges, newspapers, mud or even cow dung (Michel et al., 2022; Parkinson et al., 2024; Tull, 2019). Smells and leakage become a challenge (Lansbury Hall, 2021; Michel et al., 2022; Parkinson et al., 2024; Tull, 2019), and for schoolgirls and students, these

negative experiences of menstruation can lead to discomfort, distraction, absenteeism, or even dropping out of school and university (Michel et al., 2022; Parkinson et al., 2024; Tull, 2019). Those who resort to dropping out have difficulty entering the labour market, and even if they eventually manage to get a job, it will often be a low-paid one that does not offer financial security and long-term stability, predisposing them to socio-economic poverty (Michel et al., 2022; Parkinson et al., 2024). The health consequences of period poverty are also severe. The use of unsafe alternatives, or not using any of them at all, can cause both infections, such as urinary or reproductive tract infections, and more serious health consequences, such as toxic shock syndrome or even cervical cancer (Dave et al., 2022). There is also a clear link between poor menstrual hygiene and serious reproductive health problems (Mendonça Carneiro, 2021; Parkinson et al., 2024; Tull, 2019). The negative psychological aspects that period poverty fosters, such as shame, anxiety, depression and low self-esteem should not be overlooked either, given that they further hinder the well-being and active social participation of affected women (Dave et al., 2022; Parkinson et al., 2024; Tull, 2019). Nevertheless, the use of alternative products in extreme need is considered acceptable by most women, given that most public bathrooms do not offer free menstrual hygiene products (Dave et al., 2022).

In developed countries, period poverty also affects educational outcomes. For example, some US college students report having to choose between buying food or menstrual products, which affects their ability to focus on their studies and fully enjoy the benefits generally associated with student life (Parkinson et al., 2024). Furthermore, 14 percent of US students reported experiencing period poverty in the last year, while 10 percent report experiencing it every month (Marshall & Norman, 2022; Michel et al., 2022). Cultural stigma and taboos around menstruation exacerbate period poverty since menstruation is still considered dirty or shameful in many of the world's cultures. This not only isolates women but also exposes them to both physical dangers and risks to their health (Lansbury Hall, 2021; Miller et al., 2024; Parkinson et al., 2024; Tull, 2019). Although stigmatisation may be less severe in developed countries, it continues to persist in various forms, hampering, for example, essential conversations in everyday life, conversations between patients and healthcare providers, as well as conversations between policy-makers (Marshall & Norman, 2022; Miller et al., 2024). Taboos around menstrual discussions prevent the openness and policy changes so necessary to tackle period poverty effectively. The lack of comprehensive menstrual education equates to a lack of preparation of young women for their menstrual cycles, which compounds the problem (Parkinson et al., 2024). Moreover, in the same developed countries, there is also a normalisation of dysmenorrhea, caused both by misunderstanding and inadequate sharing of menstrual experiences and by the fact that patients are not taken seriously when they report or raise questions about the pain they experience around or during their menstrual cycle (Marshall & Norman, 2022).

In recent years, the presence of a menstrual activism movement has become increasingly noticeable, with, for example, health professionals, researchers, influencers, non-governmental organisations and political decision-makers using class consciousness to promote and support practical initiatives to combat period poverty and help alleviate the challenges faced by marginalised women. The energy and persistence of grassroots campaigns have prompted local, regional, national and even international responses to period poverty (Parkinson et al., 2024). However, a considerable challenge that stands in the way of addressing this problem is the chronic lack of tools, methods, data and research on period poverty, which has so far been largely ignored by academia (Tull, 2019). There is a clear need to step up academic efforts in period poverty research, and improving data collection is also essential to end this problem. A better academic understanding of period poverty leads to better allocation and utilisation of resources, meaning that future research will be better tailored to the most vulnerable. Alongside academic efforts, menstrual education encourages women to take responsibility for their menstrual health and enables communities to move towards a better understanding and destigmatisation of this natural process (Casola et al., 2022; Parkinson et al., 2024).

Menstrual hygiene products such as tampons and sanitary pads are indispensable for women. The industry that produces them generates billions of dollars annually (Dave et al., 2022). Since the average menstrual cycle lasts up to a week a month for about 40 years, an average woman usually experiences about 480 menstrual cycles over a cumulative period of about seven years. During this time, she may buy up to about 17,000 menstrual hygiene products, costing between two and five thousand dollars, depending on her preference for the products themselves (Dave et al., 2022; Miller et al., 2024). Moreover, women face additional financial difficulties caused by taxes imposed by the countries in which they live on menstrual products, often considered “luxury products” (Marshall & Norman, 2022); and if this was not enough, menstrual hygiene products are also affected by so-called “pink taxes”, which refer to the unjustified increase in the prices of “luxury products” which are primarily targeted at women, these being two of the factors that are representative of the inequality between the two sexes (Miller et al., 2024). This inequality is further exacerbated by the fact that the same countries do not over-tax products aimed at men, such as condoms or erectile dysfunction drugs (Dave et al., 2022).

#### **4. Case study: Scotland and New Zealand vs Romania**

The following two sections explore three distinct national case studies – Scotland, New Zealand, and Romania – as illustrative examples of how period poverty can be addressed through either top-down or bottom-up approaches. Scotland and New Zealand serve as exemplars of the former, having taken decisive governmental action to ensure the free provision of menstrual hygiene products, particularly in public institutions such as schools and community centres. These countries demonstrate how national-level policy, underpinned by strong political

leadership and legislative support, can normalise access to menstrual products as a basic human right.

Scotland, in particular, made international headlines in 2020 when it became the first country in the world to pass legislation providing free menstrual products to anyone in need (Dave et al., 2022). This groundbreaking law was the result of sustained political advocacy and was built upon a prior initiative launched in 2018 to provide free menstrual products in all schools (Lansbury Hall, 2021). Similarly, New Zealand implemented a national programme in 2021 aimed at addressing the barriers period poverty creates for students, committing to providing free menstrual products in all schools and recognising the adverse impact that inadequate access can have on students' attendance and academic performance (Casola et al., 2022; Malatest International, 2023).

In contrast to the top-down models seen in Scotland and New Zealand, Romania exemplifies a bottom-up approach where progress has largely been driven by non-governmental organisations and community-led initiatives rather than national policy. Despite clear evidence of widespread period poverty in Romania – affecting an estimated one million women (Pe Stop Association, n.d.b) – progress at the national level has been slow and fragmented. Traditional cultural norms, limited sex education, and the legacy of Romania's communist past continue to hinder open discussion and policy development on menstruation (Rada, 2014). While efforts have been made to advocate for legislative change, including the submission of PL-x No. 372/2021 to the Romanian Parliament, such proposals have encountered resistance from the government and bureaucratic stagnation. Nevertheless, incremental progress is evident at the local level, where several district councils and educational institutions have launched pilot projects to distribute menstrual products in schools, often led or supported by civil society and student activism.

By comparing these three cases, the following two sections aim to shed light on the diverse institutional, cultural, and political conditions that shape the pursuit of menstrual equity across different national contexts. Scotland and New Zealand illustrate how sustained political will and comprehensive policy design can normalise menstrual product provision as a public good. At the same time, Romania's experience highlights the crucial role of grassroots movements in challenging stigma and addressing institutional gaps. Collectively, these examples offer valuable insights into the mechanisms through which period poverty can be addressed and the multifaceted nature of policy change in this area.

#### **4.1. Pioneers: Top-down approach in Scotland and New Zealand**

In November 2020, Scotland became the first country in the world to start providing free menstrual hygiene products to anyone in need (Dave et al., 2022). Labour MP Monica Lennon led efforts to issue the law on free menstrual products. The enactment of this law comes after Scotland also became the first country in the world to start providing free menstrual products to pupils in all schools starting in 2018 (Lansbury Hall, 2021). This rights-based legislation is grounded in six

fundamental principles: meeting individual needs, ensuring reasonable access, respecting dignity, promoting inclusivity, offering reasonable choice, and supporting environmental sustainability. These principles aim to eliminate period poverty without stigma, ensure accessibility for all and offer environmentally responsible product options (Scottish Government, 2022). While the legislation is robust, practices for implementing it include distributing free products through community centres, cultural venues, and pharmacies (Dave et al., 2022; Lansbury Hall, 2021); however, further evidence on outreach, public engagement, and accessibility logistics is limited.

New Zealand's approach also reflects a top-down policy model with a strong emphasis on equity and sustainability. In 2021, the government launched the *Ikura: Manaakitia te whare tangata – Period Products in Schools* programme, providing free menstrual products in all schools to address absenteeism due to period poverty (Casola et al., 2022; Malatest International, 2023). The initiative includes the option of reusable products to reduce environmental harm. A pilot study showed that 89% of students were satisfied with the reusable options, with more than half actively concerned about sustainability. These practices demonstrate effective alignment between policy and implementation, with wide student uptake and satisfaction (Malatest International, 2023).

Scotland and New Zealand offer two complementary yet distinct approaches to tackling period poverty through national policy. Scotland's strategy is deeply rooted in comprehensive legislation, establishing a rights-based framework supported by six guiding principles that prioritise dignity, accessibility, inclusivity, individual choice, and environmental responsibility. While the Scottish model emphasises universality and legal guarantees, practical implementation details remain less documented. In contrast, New Zealand's programme is more practice-oriented, focusing on schools as key sites for intervention. It combines social equity with environmental consciousness by offering both disposable and reusable products, with strong student engagement and satisfaction. Unlike Scotland's broader societal approach, New Zealand targets a specific population – i.e. schoolchildren – yet shows tangible outcomes in terms of uptake and sustainability awareness. Both models showcase effective state-led action but differ in scope: Scotland leads in legal innovation and universal access, while New Zealand excels in targeted delivery and measurable impact within educational settings.

#### **4.2. Laggard: Romania's bottom-up approach**

Compared to Scotland and New Zealand, where the issue of subsidising menstrual products had a top-down approach, in Romania, the situation is at the opposite pole, and the issue is being addressed in a bottom-up manner. It all started in January 2018, when a non-governmental organisation called the *Pe Stop Association* was founded, *pe stop* (literally *on stop*) being a popular Romanian slang for menstruation (c.f. English *on the rag*). The first action of this association was to distribute sanitary pads to homeless women in Bucharest's North Railway Station,

initially distributing only nine packs. Today, however, the association works with around a thousand beneficiaries every month, both in the capital and in rural areas. In addition to distributing menstrual products, *Pe Stop* also organises courses on hygiene, the body and consent. It is involved in the fight against poor living conditions and for “the right of all women to adequate menstrual hygiene products and information”. In its first six years of activity, the association has distributed over 27.500 packages of menstrual hygiene products all over Romania, had around 1.400 participants in its menstrual hygiene courses and supported 800 people with essential products during emergencies (Pe Stop Association, n.d.a). In the fall of 2022, the *Pe Stop Association* launched the *Dignity Network*, an extension of its Bucharest-based activity model nationwide. 900 women in 15 counties receive menstrual hygiene products every month, distributed by the 21 local teams of volunteers that make up the *Dignity Network* today (Pe Stop Association, n.d.b). As of 2023, Romanians can redirect 3.5 per cent of their income tax to the *Pe Stop Association* (Vasilescu, 2023).

In Romania, an estimated one million women face period poverty (Pe Stop Association, n.d.b). However, sex education (and, by extension, menstrual education) remains a taboo subject in its very traditionalist society, which is one of the legacies of the pre-1989 communist regime (Rada, 2014). In October 2020, the *Iele-Sânziene Association* launched a petition calling the authorities to legally address menstrual education and poverty, citing New Zealand as a model to follow. The petition was launched on 30 January 2021, and a month later, it had already gained support from ten other non-governmental organisations. On May 28 of the same year, on International Menstrual Hygiene Day, the association submitted the petition to the Ministry of Education and the Ministry of Health, followed by meetings with representatives of the two ministries in June (Iele-Sânziene Association, n.d). The petition’s greatest legislative triumph should have been *PL-x No. 372/2021*, a “draft law on facilitating access to education for young people from disadvantaged backgrounds and supporting some homeless people by granting a financial incentive for the purchase of hygiene products”, submitted to the Romanian Parliament on 15 September 2021, by 35 Members of the Parliament. Although it received a favourable opinion from the five committees to which it was sent, the Romanian Government issued a negative opinion at the time. The bill had remained in the drawers of the deputies since 26 September 2022, when the last amendments were submitted. However, the bill was initially adopted by the senators, albeit due to the overdue deadline for adoption (Romanian Chamber of Deputies, n.d).

In December 2021, the Local Council of Bucharest’s 6<sup>th</sup> District approved the first pilot project to make menstrual products available free of charge in its schools (Iele-Sânziene Association, n.d). Two months later, the Local Council of the 5<sup>th</sup> District also approved an identical pilot project (Iele-Sânziene Association, n.d). In April, local councillors in Popești-Leordeni, Ilfov County, rejected a similar project. After another two months, the Local Council of the 3<sup>rd</sup> District approved a similar pilot project, and two months later, the initiative was taken up by the Local



Council of the 4<sup>th</sup> District, where it was rejected (Iele-Sânziene Association, n.d). In November 2022, students from the “Grigore Ghica” National High School in Dorohoi, Botoşani County, started their pilot project, the first initiative launched by and at the level of a single high school (Iele-Sânziene Association, n.d). At the end of 2022, the Faculty of Political, Administrative and Communication Sciences of the “Babeş-Bolyai” University of Cluj-Napoca became the first faculty in the country to install menstrual hygiene dispensers in all student toilets (Lucuţ, 2022). The Deva Local Council, Hunedoara County, has also decided that starting May 2024, all schoolgirls in the municipality will have free access to menstrual hygiene products in the school medical cabinets (Deva City Hall and Local Council, 2024).

Romania illustrates a bottom-up, civil society-driven response to period poverty, marked by the activism of non-governmental organisations in the absence of substantial state intervention. While local pilot projects and legislative proposals indicate growing awareness and grassroots momentum, structural barriers – e.g. cultural taboos and limited governmental support – continue to impede nationwide reform. The Romanian case highlights the critical role of civic engagement in advancing menstrual equity in contexts where political will remains limited.

## **5. Conclusions**

When women do not have access to adequate menstrual hygiene products, this negatively affects their self-esteem, reducing their participation in education and employment. This article has explored the issue of period poverty and its influence on women, particularly in the case study countries of Scotland, New Zealand and Romania, highlighting both the structural inequalities and barriers to tackling period poverty and the fact that top-down public policies are more successful than bottom-up approaches in tackling period poverty. As we strive to create a world where every woman has access to the resources, education and support she needs to be healthy, we must address and overcome the barriers that currently limit us. As demonstrated throughout this article, implementing strategies to combat period poverty requires support from all community levels, from individuals and organisations to parliamentarians and governments, with subsidising menstrual products being the most effective and viable option. By ensuring free access to safe menstrual hygiene products, governments reduce gender inequality and improve women’s health. Serious government focus on the provision of menstrual products proactively empowers millions of women to take more control of their health (Dave et al., 2022; Marshall & Norman, 2022; Parkinson et al., 2024).

Fighting period poverty and improving menstrual hygiene through appropriate actions, such as providing free menstrual products, hygiene promotion, improved education and the implementation of supportive policies, are essential to promoting women’s health and gender equality. Prioritising menstrual health management within public health policies, educational settings and economic strategies can create a more inclusive society where menstruation is no longer a barrier to opportunity or well-being. These steps give women an extra

chance to live with dignity and reach their full potential. As these efforts intensify, health marketing can serve as a powerful tool to inform and inspire action that leads to sustainable improvements in the lives of women everywhere (Parkinson et al., 2024).

In conclusion, although menstruation is a natural biological process, women continue to encounter significant challenges stemming from its socio-economic impact on their livelihoods. Existing research on the intersections of poverty, menstrual hygiene, and educational disparities remains limited and insufficiently developed. While public policies can help to reduce the financial burden of menstrual products, policy-makers should pay more attention to reducing the stigmatisation of menstruation by normalising it as the basic biological fact that it is. Healthcare providers should also be better equipped to assess and address menstrual issues competently. This can be achieved by improving training in all health-related professional disciplines and integrating menstrual health and needs assessment into patient appointments and consultations. Menstrual health is a fundamental right of every woman. When women can manage their menstrual cycles in a dignified and accessible manner, their overall well-being and health, whether physical or mental, are enhanced (Miller et al., 2024).

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