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Experiences and perceptions of menstruation and menstrual poverty in România

Research Report

Laura Grünberg
Diana Elena Neaga
Corina Ilinca
Anca Nițâ

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Laura Grünberg
Diana Elena Neaga
Corina Ilinca
Anca Nițâ

Coordonator Alexandra Tănase

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I. Introduction

The current report presents topics related to problems associated with menstruation in Romania, analysed on the basis of a mixed research, both quantitative and qualitative. The research has been conducted at the request of the Pe Stop Association. The general objective of the research was to explore the perceptions related to menstruation among adult individuals in Romania. Data collection has been conducted between April-August 2025.

The research report named "Experiences and perceptions of menstruation and menstrual poverty in Romania" aims to offer a quantitative and qualitative data set useful to those in a position to develop future public policies regarding a less discussed topic in Romania until now: menstruation in general and menstrual poverty in particular. The starting premise is that beyond the biological component, social, economic, cultural and complex political phenomena, highly correlated with human rights matters (health, education, work) and gender equality, are also at play.

The Pe Stop Association, beneficiary and initiator of this study, is an organization whose projects and activities focus on the distribution of menstrual products, menstrual education and advocacy activities for the creation of useful public policy proposals for menstrual issues; more details available on the site of the organization (https://pestop.org/).

Given the data scarcity on the topic, this research intends to analyse aspects related to: perceptions and degree of information and education concerning menstruation; concrete day-to-day experiences of managing menstruation, with special focus on vulnerable people; access to products, services, infrastructure, facilities; myths about menstruation.

The general purpose of this research is a practical one. The Pe Stop Association, on the basis of the data and the information provided in this report, will generate a thematic informative guide dedicated to the general public and will propose specific future projects.

Apart from the accepted limitations of this report, the results confirm and at the same time complete and enrich the information provided by other research (for instance, the report of the Iele-Sânziene Association). Therefore, we consider the research effort initiated by the Pe Stop Association to offer a useful foundation of scientific knowledge on the basis of which future research and public policies in the field can be initiated.

The research team was composed of:

Laura Grünberg (coordinator), prof.univ. University of Bucharest, Faculty of Sociology and Social Work.;

Diana Elena Neaga (coordinator), conf.univ. Nicolae Titulescu University, Faculty of International Relations and Administration / associated professor, University of Bucharest;

Corina Ilinca (quantitative component coordinator), lector univ. habil. University of Bucharest, Faculty of Sociology and Social Work.;

Anca Niță (documentation drafting, secondary data analysis and qualitative research), doctoral student, University of Bucharest, Faculty of Sociology and Social Work.

Note: The present research has the ethical approval of the ethics committee of the University of Bucharest (according to request 245/03.06.2025, approved on 26.06.2025).

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II. Context: Menstruation and menstrual poverty: issues of public interest

II.1. Introduction

This research report is published in a unique context, not exactly favorable to gender equality, marked, on one hand, by drastic austerity measures imposed by the Romanian government in order to correct the budgetary deficit our country is facing. On the other hand, as anywhere else in the world, we are witnessing a revival of far-right movements which are far from friendly towards the rights and freedoms of people who menstruate. We have grounds on which to claim that, despite some obvious progress on the gender equality agenda, according to various research which shows that this is the case, the situation of people who menstruate in Romania may worsen (Băluță et al., 2011; Ghosh, 2013; Insarauto, 2021; UNAIDS, 2012; Blanton et al., 2019; Christley, 2022; Goetz & Mayer, 2023; Kantola, Lombardo, 2020). In a world marked by speculation, misinformation and manipulation we can preempt such predictions by consolidating a culture of valid scientific knowledge in the field, as a foundation for public policies and political responsibility.

The present report falls within the larger efforts of the feminist movement to document the diverse issues of people who menstruate in Romania, and, starting from here, to identify solutions and to demand political decisions which take them into account.

The topic of this research report is **menstruation, with special emphasis on aspects related to menstrual poverty** – a term defined by the United Nations as designing ***the incapacity of a person to afford and have access to menstrual products, hygiene and sanitation facilities, as well as education and information necessary to manage menstrual health*** (UN Women, 2025). It is therefore an approach agreed upon on an international level, within which the management of menstruation is claimed as a **basic human right**.

In the extension of this approach, the current report is based on 2 important premises: (1) menstruation is not only a biological event (exclusively tied to reproduction and the capacity to become a mother), but also a social event, with powerful political ramifications; (2) menstruation and menstrual poverty are phenomena found at the intersection of various social inequalities experienced by people who menstruate: economic precarity, gender-based discrimination, stigmatization, the lack of sexual education and of gender-sensitive public and private infrastructure.

II.2. Menstrual poverty – a global issue

Countries with different political, historical and economic contexts which are dealing with menstrual poverty in one form or another have aimed to and implemented various solutions in order to prevent and combat its effects. Organizations such as UNICEF or Plan International UK have conducted research related to menstrual poverty in different countries, and the results of these studies clearly show the need for policies on this subject. For example, the research conducted by Sommer and Mason (2021) shows that "approximately 500 million women and adolescents of reproductive age *are saying that they do not have everything they need in order to manage their own period*". Furthermore, a UNICEF study (2023) reveals that in 2022 there were almost 2 billion women who menstruate (15-49 years old), and a research from 2014 belonging to UN Human Rights acknowledged, for the first time, that the lack of menstrual health management together with menstrual stigma have a negative effect on gender equality (Plan International UK, 2018). Moreover, according to the data mentioned in the report by Plan International UK from 2018, approximately 20% of the girls from the rural areas of India abandon school after their first period; 70% of the girls from Malawi miss one to three days of school per month because of menstruation (more than they do because of malaria), and in Kenya there have been cases of girls who were beaten because they did not respect the instructions received during their physical education classes, out of fear of staining their pants (Plan International UK, 2018, 5).

When it comes to actions against menstrual poverty, there are various approaches at the global level. For instance, in countries from the global South, managing menstruation and improving menstrual experiences are closely tied to one's access to water. Therefore, World Bank Group (2021) has developed a guide with resources,

with the aim of implementing some beneficial measures for menstrual health and hygiene, which are based on the development of infrastructure (access to drinkable water, sanitary infrastructure and hygiene). At the same time, the European Union and the United States of America (the global North) are putting emphasis on lowering or completely cutting taxes (pink/tampon tax) and on providing free menstrual products in schools.

In spite of the various approaches to combating and preventing menstrual poverty according to context, its social repercussions are present everywhere. The shame and stigma around menarche, but also around menstruation in general, are reflected in the fear of exposing one's menstrual status in public and of the eventual social sanctions from others. Social sanctions encompass jokes, ironies, prejudice, stereotypes, discrimination in various contexts such as family, school, workplace. The shame associated with menstruation is reflected in the way in which it is invisible in society and in the way in which it is internalized at the individual level (Patterson, 2014). The stigma, the shame and the lack of an education which deconstructs culturally perpetuated menstrual myths, as well as the school absenteeism generated by the monthly bleeding and the financial impossibility to procure the necessary products are everywhere. A study conducted by the Plan International UK team in the United Kingdom in 2017, in which 1000 girls and young women aged between 14 and 21 years of age participated shows that: 14% of the girls did not know what was happening to them on their first period; only 20% declared that they felt comfortable talking about menstruations with their teachers at school; 48% of the girls responded that they felt ashamed by their menstruation, and 15% encountered difficulties in buying menstrual hygiene products at some point (Plan International UK, 2018, 11, 43).

II.3. European perspectives concerning menstrual poverty

In the European Union, a recent report from the European Parliament shows that menstrual poverty, defined as the insufficient access to products and facilities for menstrual hygiene, impacts approximately 10% of the EU population that menstruates, with a higher prevalence among people with low income, refugees, young people, and disabled people (Lecerf, 2025, 1). At the same time, the European Parliament recognizes menstrual poverty as a gender equality issue and requires is Member States to develop policies which should guarantee wider access to menstrual products and to introduce concrete initiatives in order to combat menstrual poverty (Lecerf, 2025), tax reforms being among the policy instruments considered efficient in tackling menstrual health. Thus, the EU facilitates access to menstrual hygiene products by reviewing the EU Directive concerning the VAT, which introduces a better flexibility for the member states in applying reduced or zero VAT rates for sanitary products destined for people who menstruate, reclassifying them as essential goods instead of luxury goods (Lecerf, 2025, 1). Such decisions are however left at the discretion of the states, and therefore EU practices stay varied. Consider the following examples:

a) EU member states with zeroVAT for tampons/pads: Ireland has maintained a zero VAT rate for a long time, for menstrual products, even before applying EU rules regarding VAT attunement; Cyprus has applied a zero VAT rate for a range of essential products, including menstrual hygiene products such as tampons and pads, starting with 31 October 2023; Malta has eliminated the VAT for menstrual products starting with January 2025. The zero rate is applied to medical accessories related to the treatment of gynaecological cancers as well (Lecerf, 2025, 4-5).

b) Member states with reduced VAT rates for tampons/pads. Starting with 1 January 2025, the VAT rate for pads in Finland dropped from 25,5% to 14%; Spain, Poland and Luxemburg took measures in order to reduce VAT between 3% and 5%; in Germany, the 17% VAT for menstrual hygiene products was reduced to 7% after they were included in category of necessity goods in 2020; in 2021, Austria reduces the feminine hygiene VAT from 20% to 10%; in Italy, the 2022 budgetary law reduces the VAT from 22% to 10% for pads and tampons; starting with 2023, Italy has a 5% rate for feminine hygiene products (Lecerf, 2025, 4-5).

In the European Union, taxation and public health remain national prerogatives, with the European Commission underlining the role of the member states in solving the issue and the fact that menstrual poverty is not an explicit priority in the financing programs of the EU. There are some funds which have indirectly supported initiatives in this domain, among which we name the Erasmus+ Program, traditionally focusing on education and youth, but which has financed projects such as "Empowerment through Menstrual Health Education" and "MENSY

– Menstruation: Empowerment and Sustainability". Moreover, the European Social Fund+ (ESF+), with a budget of 142,7 billion € for 2021-2027, offers opportunities for supporting menstrual health initiatives. The ESF+ rulebook establishes specific funding levels for social inclusion, food aid and base material assistance for the most disadvantaged, which includes initiatives that address menstrual poverty (Lecerf, 2025).

The differences between the various EU member states are not found only in the taxation policies, but also in aspects related to access and buying power. In this sense, starting from the data provided by PlushCare, the Friedrich Ebert Stiftung organization (2024) analyzed the menstrual costs among people with menstruation in Eastern Europe, concluding that they work three times more in order to ensure their monthly menstrual products. In order to cover these products' monthly cost (approximately 42 lei), the people who menstruate from Western Europe need to work, on average, less than an hour. By contrast, in Eastern Europe, the necessary time varies significantly: in Romania, the average is 3,1 hours, in Hungary and Slovenia, the average is 3,3 hours, in Bulgaria it is approximately 3,6 hours, and in the Republic of Moldova it is approximately 5,7 hours (Apostolescu, 2024).

This brief overview shows that the interest for the issue of menstrual poverty, at least at an European level, is growing. During the documentation period for this report we have identified other initiatives at the public policy level at the international and national level which should be mentioned here. In Portugal, for instance, people who were medically diagnosed with endometriosis and adenomyosis received the right to up to three days of monthly paid leave, and to 36 days a year respectively. Spain, on the other hand, has also regulated paid menstrual leave for up to 3 days, for people with endometriosis (la Iglesia Aza and Solymosi-Szekeres, 2025). Such best practices of the type of those briefly presented here should be well documented in the future and adapted and/or replicated in Romania as well.

II.4. Menstrual poverty in Romania

In Romania, menstrual poverty is a subject of public interest which is far too little addressed, researched and understood by the very institutions which have an important role in solving the issues associated with it. At the moment, there are no official data and statistics regarding menstrual poverty. In the reports realized internationally by the aforementioned organizations we did not find any information regarding the situation in Romania. However, a series of initiatives connected to those taken by other European countries in the field and a series of data produced especially through some specialized NGOs (Pe Stop, Iele-Sânziene) can be mentioned as a general framework for the data in this research report.

For example, in December 2025, the Senate of Romania has adopted an amendment to the Labor Code which states that people diagnosed with endometriosis, medically confirmed as a chronic disease, benefit from one paid leave day monthly, on request, during their period, on the basis of a recommendation from a specialized doctor. These days count towards seniority and they are supported by the employer's salary fund, the employer is to be partially compensated by the National Insurance Fund for Social Health Insurance (the Senate of Romania, 2025).

At the same time, as a downside, Ilinca Ghiza's (local councilor, the Municipality of Braşov) proposal from 2025 should be mentioned – she proposed that three educational establishments should offer free menstrual products, and this was not well received by the local press, which mocked such a project: "*In a Braşov where everything has already been solved, from kindergartens to potholes, USR councilor Ilinca Ghiza makes a grand entrance with… free pads!*". The way in which Ilinca Ghiza's initiative was presented in the article written by Nikol Grigoroiu in the online publication Transilvania 365 is an indicator of the stigma menstruation is still associated with in the Romanian society, but also an indicator of the way in which certain interests of the people who menstruate are marginalized and ridiculed.

A similar case is the one initiated by teacher Emil Moise, who asked for a provision in the school policy through which pads should be provided, for free, in all the student bathrooms in the Agricultural high school "Dr. C. Angelescu" from Buzău (Moise, 2024, 1). Emil Moise describes the resistance this proposal was met with in great detail, including by the school board, which opposed the initiative, even if the students supported the proposal (447 students). Moreover, a survey among 162 girls identified this need, and the County committee for equality of

opportunity from 29 May 2023 made a ruling through which it recommended that all educational establishments in the county should ensure pads in the students' bathrooms (Moise, 2023). As a result of teacher Moise's perseverance, the Agricultural high school "Dr. C. Angelescu" from Buzău became the first Romanian educational establishment where free pads are distributed. This best practice model remained an isolated case, which proves that despite legal proceedings, menstruation remains invisible at the public policy level in Romania, often being only a joking and irony matter.

From a larger historical and political perspective, there has never been any consistent concern in Romania towards what we could sociologically consider the institution of menstruation, that is, towards the norms, media representation, educational policies, workplace policies and discursive practices regarding menstruation. During the communist regime, for instance, menstrual products were never produced nor imported; instead, they were obtained through informal networks accessible to socio-economically privileged people (Niță, 2023). In the absence of such products, people who menstruated used cotton wool, if they found it in stores, gauze, if they knew people who worked in hospitals, and as a last resort they manufactured menstrual products at home, out of old bedsheets and towels (Niță, 2023).

The difficulties related to menstruation do not stop at the lack of products; instead, they are often accompanied by the lack of truthful information about menstruation. Without sexual education, myths are perpetuated, and with them, the stigma and the invisibility of some topics which are related to the health of the people who menstruate, and, consequently, to public health. The support infrastructure which can make this experience be lived with dignity is just as important, and by this we mean access to running water, sewage systems, electrical energy and accessible and correspondingly adapted toilets. The lack of or the inequality in accessing those utilities can become a form of "infrastructural violence" which perpetuates marginalization and social exclusion (Alexandru, 2024, 15). According to the data provided by the National Institute of Statistics, in the year 2024, only 60,7% of the resident population of Romania was connected to the sewage systems (2025 b), while 77,6% of the resident population benefitted from access to the public water supply system (INS, 2025 a). Therefore, we could say that approximately one-third of the country's population is at risk of infrastructural violence, women being particularly vulnerable due to their traditional roles (domestic and care work), but also from the perspective of the particular needs regarding ensuring hygiene and comfort while menstruating.

As we have already stated, at this moment, in Romania, there are no official data and statistics regarding menstrual poverty, except for the information and initiatives coming from specialized associations which are active in the field. It is estimated that in Romania there are a million people affected by menstrual poverty (Constantin, n.d.). The Iele-Sânziene Association published a survey about the existence of pads in schools in 2024. Even though the research is not representative at a national level, it offers relevant information regarding the perceptions of young people aged between 11 and 19 years on shame and the stereotypes associated with menstruation, access to menstrual products and menstrual education. 2007 people who menstruate participated in the study: 27% said that they had difficulty in affording menstrual hygiene products at least once; 79,1% considered that managing their periods at school is not easy/at hand; 82,2% said that they would not want to be at school when they get their periods; 62,43% said that they can confidently manage their periods at school. The main reasons were the price of the menstrual products and the fact that there are no menstrual products at school, the space where they spend large parts of their days and weeks. Moreover, 55,08% of the young people who responded said that they did not have access to information about menstruation/the menstrual cycle at school; 97,1% believe that menstrual products should be free in schools, and 95,3% consider that menstrual products are just as important as toilet paper and soap (Constantin, 2024).

The same research draws attention to the fact that the school environment is not a space where menstruation is experimented with dignity: 56,64% of the respondents said that society teaches people to be ashamed of menstruation; 51,66% considered that at a social level, menstruation is negatively associated with something dirty/shameful; 80,9% felt the need to hide products of menstrual hygiene at least once, in order not to be seen by peers or teachers; 66,71% felt shame for their periods at school at least once (Constantin, 2024).

These numbers point out the inequalities that people who menstruate deal with and the unsafe nature of the school environment, which make governmental interventions not only necessary, but also urgent, especially in the context of the existence of some concrete proposals in this sense. For instance, in 2021, the Iele-Sânziene

Association launched a petition for free pads in schools which gathered over 40.000 signatures. In the same year, deputy Oana Țoiu, alongside other non-governmental organizations, among which the Pe Stop Association and the Iele-Sânziene Association, submitted the PL-x nr. 372/2021 draft law regarding the support of young people from disadvantaged backgrounds and of homeless people by offering an incentive for hygiene products, including pads. The project was adopted by the Senate on 14 September 2021, with amendments for, among others, installing free pads dispensers in secondary public educational establishments being submitted later. Currently, the initiative has not yet received the report from the permanent commissions of the Chamber of Deputies (Camera Deputaților a României, 2021).

There are initiatives in this regard launched by school students (The Ghica College Gender Equality Club from Dorohoi, The Students' County Council Prahova) and university students (The UB Political Sciences Students' Association). At the local level, for instance, in districts 3 and 6 in Bucharest free pads dispensers were installed in a few schools (Partenie, 2025). The high school in Buzău remains, as mentioned before, a best practice model in this regard. Furthermore, in October 2024, the draft law proposed by senator Adina Săniuță concerning the lowering of the VAT from 19% to 9% for menstrual products passed the Senate. The Draft law does not only focus on reducing the VAT for menstrual products, but also for other hygiene products, such as baby wipes and diapers and adult diapers (Camera Deputaților, 2024). At the time of writing this study, the status of the PL-x nr. 576/2024 draft law regarding the completion of the Fiscal Code is: sent for report to the permanent commissions of the Chamber of Deputies (Camera Deputaților, 2024). From October 2024 until the present, January 2026, the project has only received one favorable opinion, on 23.10.2024, from the Human Rights, Cults and National Minorities' Problems Commission (Camera Deputaților, 2024).

This overview of the global, European and national level concern regarding the understanding of the menstrual poverty phenomenon and finding optimal prevention combat strategies represented the starting point for the elaboration of this research report. The research and the secondary data analysis formed the basis of the elaboration of the research instruments, enabling the understanding of the menstrual poverty phenomenon, of the dynamic and diversity of its approach on a theoretical and practical level. In this way, the research partially responds to a pressing need for data regarding the interests of the people who menstruate in general, and menstrual poverty in particular.

III. Research methodology

III.1. Objectives

The research has followed: the exploration of the ways in which menstruation is experienced; the exploration of the degree of information and education regarding menstruation; the level of access to menstrual products; perceptions and myths regarding the menstrual experience. The medical history, as well as the relevant socio-demographic profiles, especially to the situations of menstrual poverty, are characteristics which have also been investigated.

III.2. Data collection

The study was designed based on a mixed methodology in order to outline the phenomenon of menstrual poverty in Romania. The target group consisted of adults who menstruate. The main focus was placed on the quantitative component which was based on a semi-structured questionnaire meant to investigate the degree of information regarding aspects related to menstruation and the perception of various aspects related to the subject of the research. The quantitative study was complemented by a qualitative component which consisted of a series of semi-structured interviews with people who found themselves in situations of menstrual poverty, as well as a set of questions addressed to some institutions relevant for the subject. The underpinnings of the development of the research instruments were a documentation and a preliminary secondary data analysis.

III.3. Research instruments

- **The questionnaire:** 1558 questionnaires were completed during the following period - 01.05.2025 - 31.08.2025. The report was compiled based on the valid answers received for each question. The respondents were identified according to the snowball method, through the Pe Stop Association, which, through its volunteer network, carried out the collection of quantitative data through the identification of individuals and, where appropriate, offered support to the respondents for the completion of the forms. The sample also depended on the local level volunteers, who supported the collection of data by sharing the invitation to participate online, as well as in person. The sample is not probabilistic, the study explores the difficulties associated with menstruation among various social categories, as it can be observed from the socio-demographic profiles of the respondents. The subjects approached in this research were related to defining menstruation and poverty in this context, shame and menstrual precarity, various associated socio-economic and psychological issues, the products, the infrastructure and the existing menstrual policies, as well as the associated rights and gender inequalities.
- **The semi-structured interviews:** five complementary interviews were conducted with women affected by menstrual poverty, in order to nuance and clarify aspects from the quantitative research.
- **A list of questions:** has also been sent to some institution whose activity was relevant to the subject of this research: public authorities and NGOs. 10 such institutions were targeted, out of which only 5 responded to our inquiry. .

The research instruments can be found in the appendixes of this report.

III.4. Methodological limitations

The questionnaire was primarily distributed online, which represents a limitation by providing access to digitalized people especially. The research team was aware of this limitation and made efforts in order to promote

the form on-site as well, with in person data collection. Thus, a smaller sample ensued, which covers the people who have never used a computer or the internet and who do not have a smartphone. We also mention that, on the whole, the sample was dependent on the coverage and distribution area of the Pe Stop organization.

IV. Results. Data analysis – The quantitative component

IV.1.1. Socio-demographic data/ The respondents' profile for the quantitative research

The analyzed data come from 1558 completed questionnaires, out of which between 1530 and 1551 respondents provided valid answers for the socio-demographic variables analyzed. The vast majority are of feminine gender (99%), young, with an average age of 29 years. As for the type of their place of residence, a significant percentage of the respondents lives in the urban area, especially in Bucharest (42%), followed by cities (25%) and county capitals (16%). The rural area is represented to a lesser degree, through respondents from communes (9%) and villages (7%). The geographical county distribution indicates a higher concentration in Bucharest and in the counties with great urban centers (Cluj, Ilfov, Braşov, Timiş, Iaşi), an aspect influenced by the "snowball" sampling method and by the action network of the Pe Stop Association.

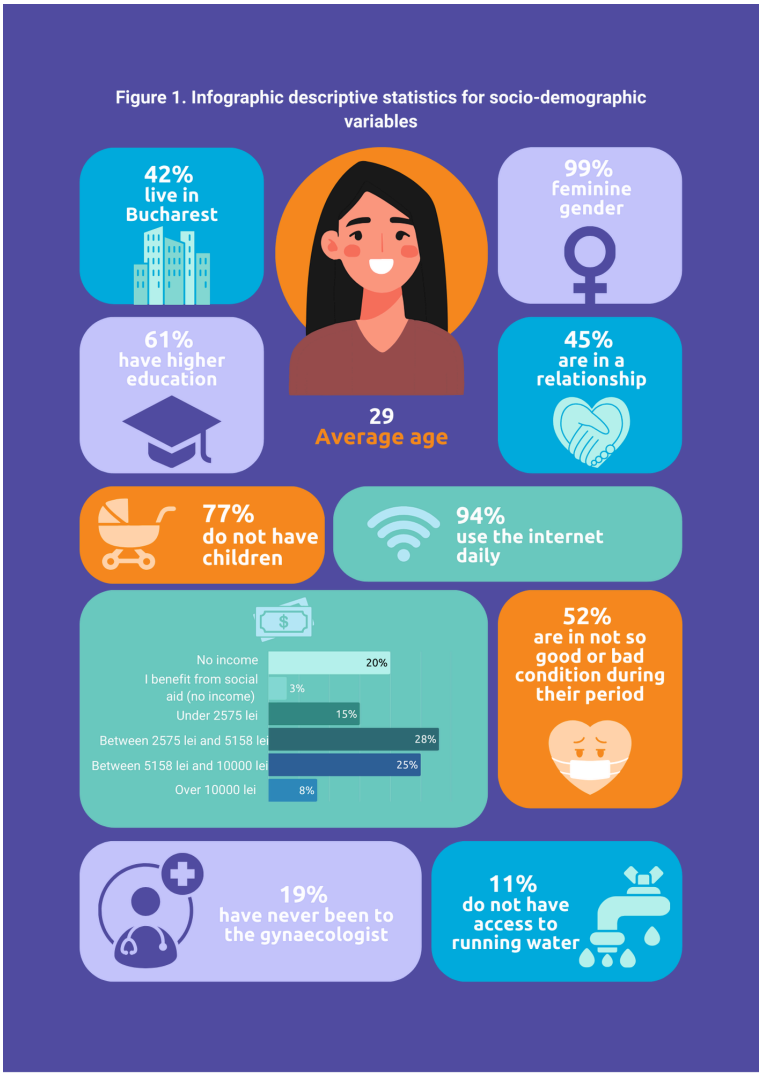
With regards to the level of education, the majority of the respondents have higher education, including postgraduate studies (61%), followed by those with high school education of professional school education (27%). The percentage of respondents with a low level of education (primary or secondary school) is more reduced, cumulating approximately 13%. This distribution reflects, on the one hand, a better accessibility of completing the questionnaires for people with a higher educational level, and, on the other hand, the specificity of the networks through which the research instrument was distributed. In terms of income, the distribution indicates an important diversity of economic situations. Approximately 38% of the respondents have a low income or no income (no income, social welfare beneficiaries or below minimum wage). At the same time, a significant percentage falls between 2575 and 10000 lei, and 8% declared incomes of over 10000 lei. This result emphasizes that, even though the sample includes an important number of people with high education levels and average or high income , categories exposed to the risk of menstrual poverty are also represented, either through reduced income, or through economic instability.

From the perspective of marital status, most of the respondents are in a relationship (45%) or unmarried (27%), while 21% are married. The majority do not have children (77%), and the rest have one or two children. The analysis of access technology indicates a high level of digitalization among the sample: 94% use the internet daily, 94% own a smartphone and over 92% have used a computer or a laptop before the study. Still, it is relevant that a reduced but significant percentage declare that they never used the internet or a computer, which proves that the face to face data collection efforts contributed to the inclusion of some people in situations of digital vulnerability.

Over half of the women consider that during their period their health status is "not too good" (35%) or even "bad" (17%). Almost 20% of them never went to a gynecological exam. 11% of them do not have access to running warm water (around 170).

This is, broadly, the socio-demographic profile on which the following quantitative analyses were conducted (for statistical details, see the tables in Appendix 4).

FIGURE 1. INFOGRAPHIC DESCRIPTIVE STATISTICS FOR SOCIO-DEMOGRAPHIC VARIABLES

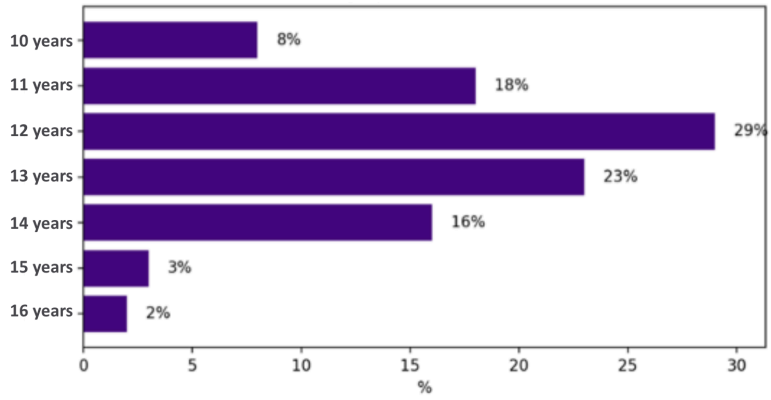


IV.1.2. MENSTRUATION (PERSONAL EXPERIENCES)

First period – age and place

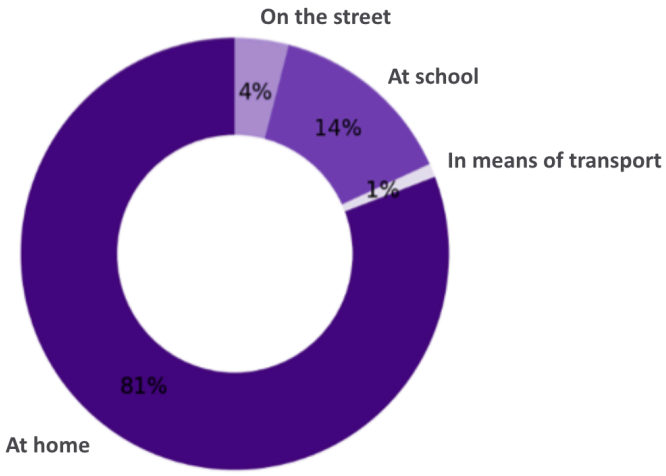
The average age for the first period of the respondents was between 11 and 13 years (70%); only 8% of them had their first period at 10 years old. Home is the place where the vast majority of the people who menstruate experienced their first period (81%), while for 14% of them, the place of this first experience was the school.

FIGURE 2. FIRST PERIOD – AGE



Number of answers: 1529

FIGURE 3. FIRST PERIOD – PLACE

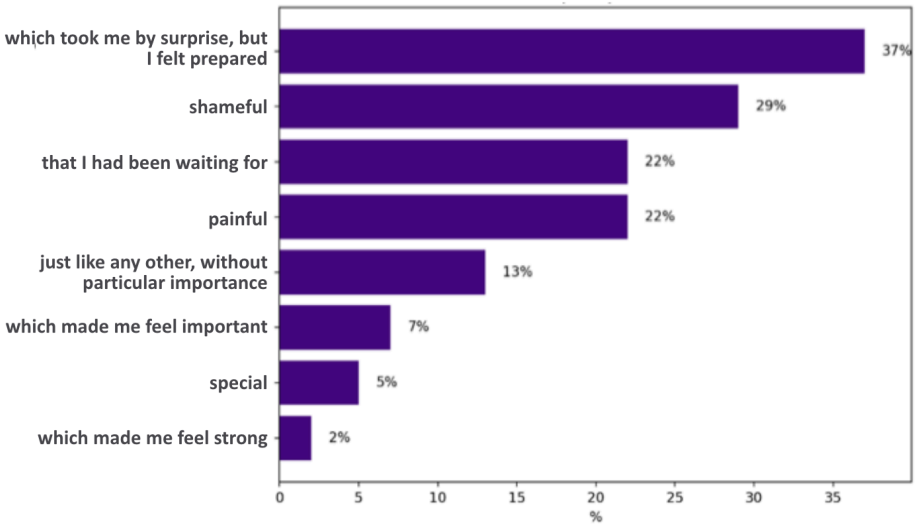


Number of answers: 1424

Perceptions of the first period

The first period was, for many people from the sample, a moment which took them by **surprise**, but still feeling prepared for it (37%), in the sense that they knew that something like this had to happen to them "at some point", naturally. Quite a lot of them consider this moment to be **shameful** (29%) and/or **painful** (22%). It is worth emphasizing that **shame appears more often than physical pain** in their collective memory. Very few considered that their first period was a special moment (5%) or one which made them feel strong (2%) or even special (7%). As it follows from other data in this research, it seems that a culture of shame is perpetuated in relation to this fundamental experience which marks the physical, emotional and social maturity of the people who menstruate.

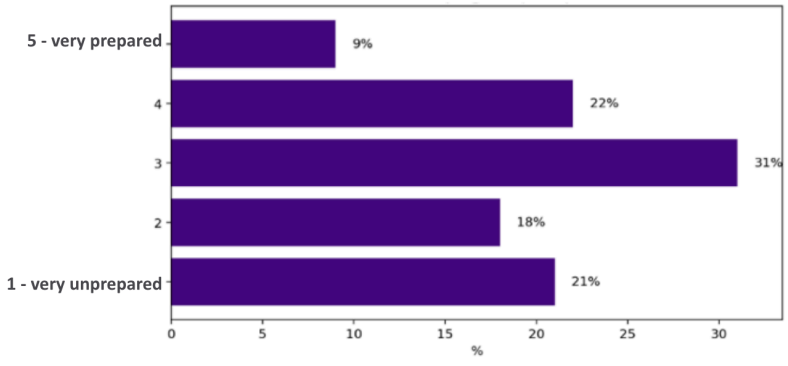
FIGURE 4. THE FIRST PERIOD WAS A MOMENT (MULTIPLE ANSWERS POSSIBLE)



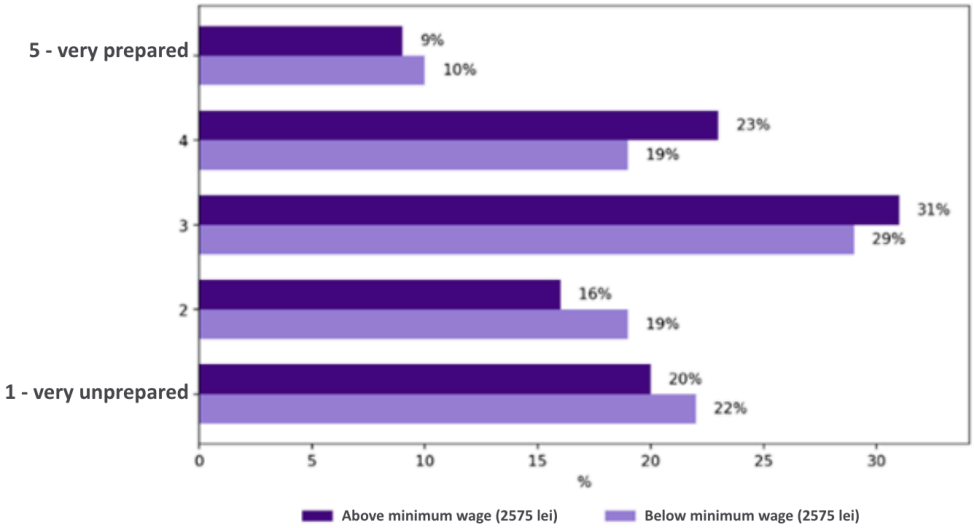
The perceived level of preparedness for the first menstrual experience

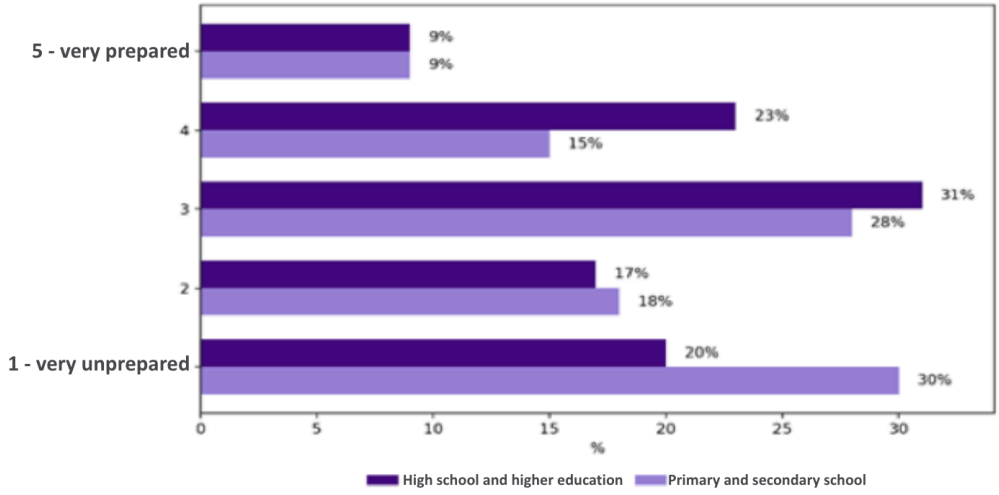
In terms of the level of preparedness for the experience of menarche, 31% state that they had a **medium level of preparedness,** the percentage of those declaring that they were very unprepared or unprepared (39%) being slightly higher than those who consider that they were very prepared/prepared (31%). Income does not make a difference in these perceptions. What is interesting is that people with an above average level of education did not declare themselves to be "very prepared" for this first experience (9%), but rather "prepared".

FIGURE 5. HOW PREPARED DID YOU FEEL FOR YOUR FIRST PERIOD ON A SCALE OF 1 TO 5, WHERE 1 MEANS VERY UNPREPARED AND 5 MEANS VERY PREPARED (TOTAL, DEPENDING ON EDUCATION AND INCOME)



Number of answers: 1547

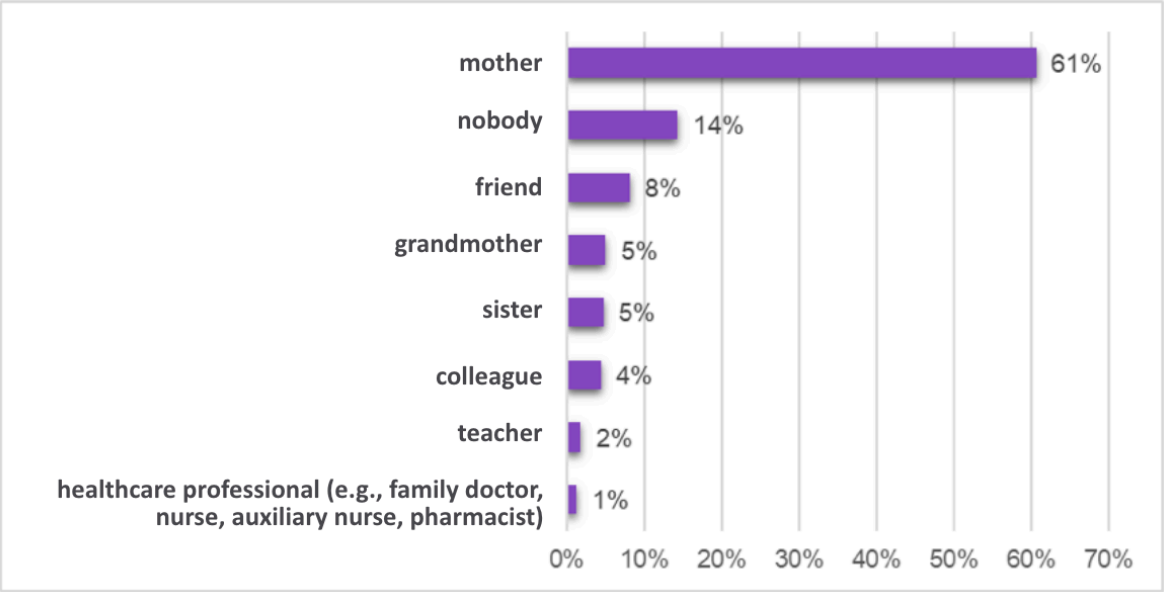




Who do people talk to about their first period

The mother is by far the main person the majority talked to **before their first period** about this subject (61%). Only 2% declared that they talked to a teacher, and only 1% with a doctor. This is a finding which will be observed in other data in this questionnaire: **the quasi-absence of formative/informative support from the school and/or the healthcare professionals**. It is to be noticed (and we could comment – concerning) that **14% of the respondents (approximately 207 people)** declared that **they did not talk to anybody**. For them, their first period, an important milestone of their lives, was kept in secret and lived in loneliness.

FIGURE 6. WHO IS THE FIRST PERSON YOU TALKED TO ABOUT THIS SUBJECT BEFORE YOUR FIRST PERIOD?

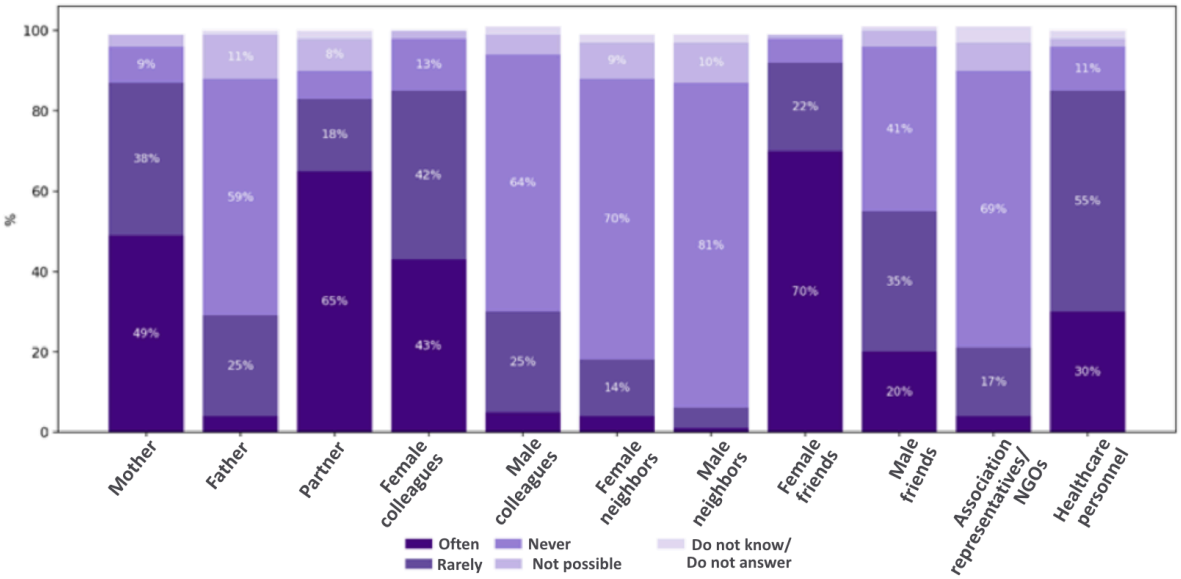


Number of answers: 1486

Who do people talk to about this subject in their day to day life

In their day to day life, people who menstruate talk about this subject first and foremost with **the people in their lives who menstruate: moms, colleagues, friends**. Men, whether they are relatives, colleagues, or friends, are not usually present in the dialogues and communication on these subjects. 55% declared that they rarely talk to doctors, 11% claimed that they never talk to them. With reference to NGOs, only 4% declare that they often talk to the representatives of these associations vs. 69% who said that they never had such a discussion.

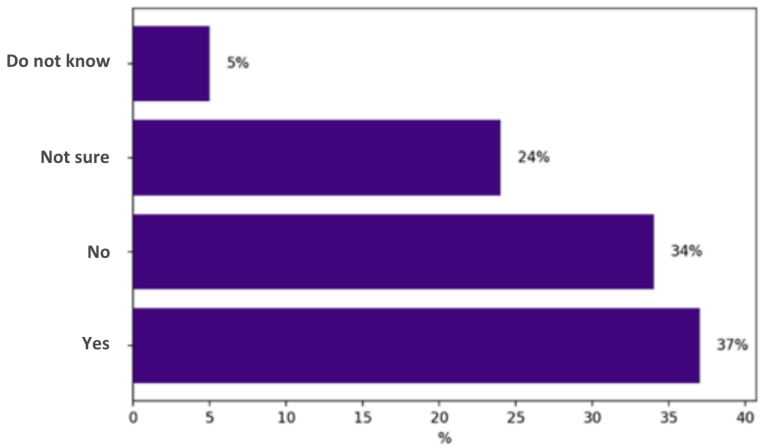
FIGURE 7. WHO DO YOU CURRENTLY TALK TO ABOUT THIS EXPERIENCE?



Changes perceived in life after the moment of the first period

Generally, the study shows that there is a lack of exercise in reflecting and knowing one's body in the context of changes brought about by the first period. The vast majority is either not sure that something has changed after this first experience (24%), or they even consider that nothing has changed (34%), only 37% realizing now, after the passing of time, that they went through profound physical, psychological, emotional changes, or that such changes took place.

FIGURE 8. DID ANYTHING IN PARTICULAR CHANGE IN YOUR LIFE AFTER THE MOMENT OF YOUR FIRST PERIOD?



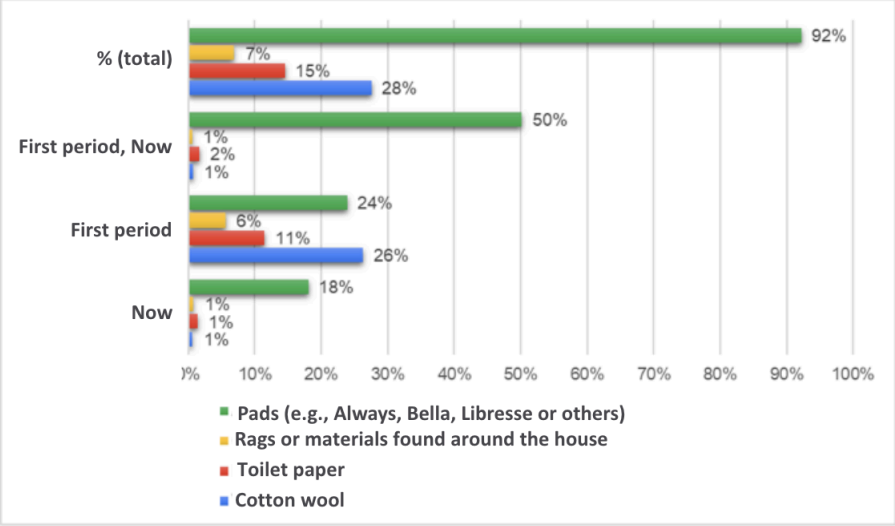
Number of answers: 1548

Menstrual products used

In terms of the use of menstrual products, a change over time can be observed. If cotton wool, toilet paper or even rags appear as having been used in the past, on the first menstrual cycle, now pads are much more present. Income or education do not make a significant statistical difference. **Note the large number of respondents (the average age of the sample being that of 29 years!) who declared that they used cotton wool (26%), toilet paper (11%) or rags and other materials (6%) on their first menstrual cycle.** The percentages of respondents who declared that they used on their first menstrual cycle and presently still use the following menstrual products: cotton wool – 1%, toilet paper – 2%, rags – 1 %, and pads – 50%. These numbers indicate either that, on average, less than two decades ago (if their average age on their first period was 12-13 years), the menstrual products supply (pads, tampons) was still limited, or that this event took them by surprise. There are generations of people who did not have access to quality products (besides the urban-rural difference or income). Thus, their first experiences, about which many say they were shameful, were lived without being prepared and without having someone to talk to.

FIGURE 9. MENSTRUAL PRODUCTS USED ON THE FIRST PERIOD/USED NOW (GENERAL)

	Cotton wool	Toilet paper	Rags or materials found around the house	Pads (for example, Always, Bella, Libresse or others)
Now	1%	1%	1%	18%
First period	26%	11%	6%	24%
First period, now	1%	2%	1%	50%
% use (total)	28%	15%	7%	92%



Note: the percentages are calculated based on the total of 1558 possible respondents.

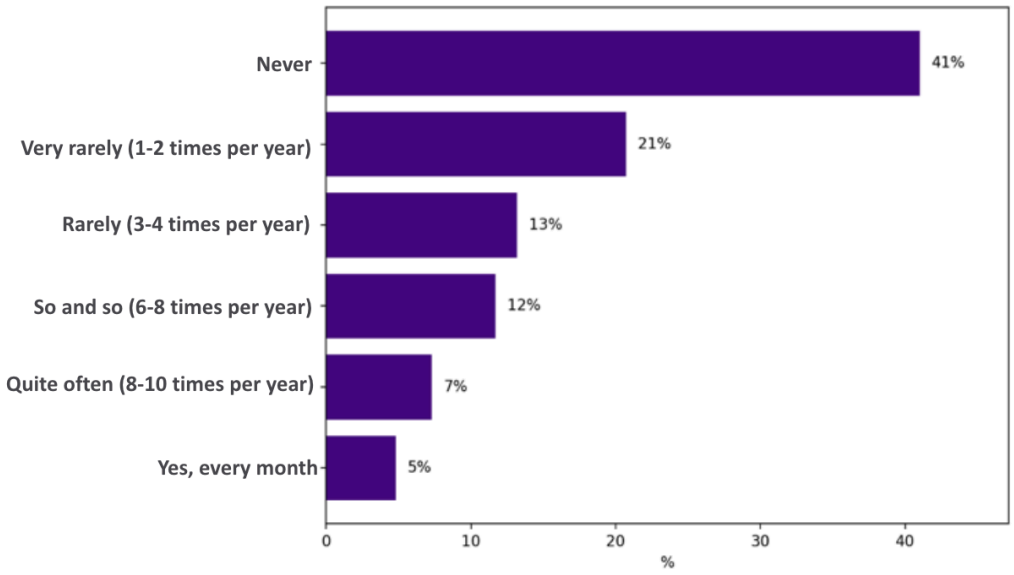
Note: Besides these answers, there was one other person who declared that they now use the menstrual cup, soap for intimate hygiene, warmth pads (patches), electrical pillows. No respondent checked the menstrual disc option. The painkillers were reported by 4 people on their first menstrual cycle and 5 people now. The warm water packs/warm water recipients for pain were used by 2 people on their first menstrual cycle and 3 people now. The limited use of these products which can raise the level of comfort during oneţs period may be an indicator of the lack of education on the subject and, therefore, of a lack of knowledge

regarding these products, but it can also be a precarity indicator, which more accurately shows that women only use the strictly necessary products on their period – pads, although, as we will see from the data presented below, the experience is described as being a deeply uncomfortable one, with many restrictions and with a huge need for support.

Difficulties on the first menstrual cycle

41% of the respondents declared that they never miss school/work because of the physical, psychological and emotional issues caused by menstruation. 5% declared that they miss school/work every month, 7% quite often, approximately 8-10 times a year, and 12% miss school/work 6-8 times a year for this very reason. The situation is not any different when the numbers are analyzed broken down by education level or income. By cumulating these last percentages (24%) – it can be observed that the menstrual period is correlated with **school/workplace absenteeism**, with almost every month bringing absences. To what extent these absences are formally or informally motivated is another discussion useful for understanding the issue related to the impact of menstruation on the educational and professional path of the people who menstruate, but also for identifying support measures.

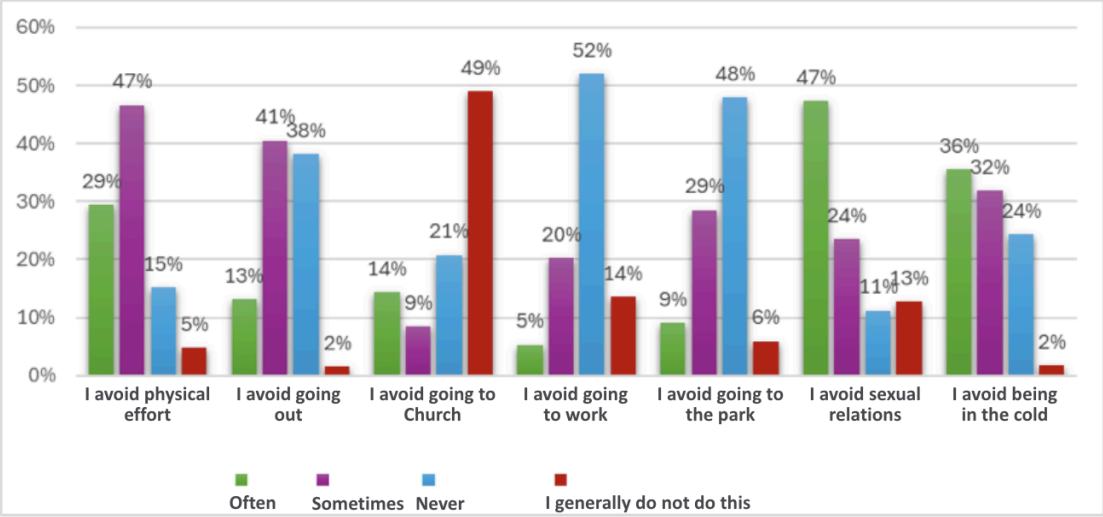
FIGURE 10. DO YOU OFTEN MISS SCHOOL/WORK WHEN YOU ARE ON YOUR PERIOD:



Number of answers: 1538

Many women **avoid sexual relations** (often or sometimes - 70.9%), **avoid staying in the cold** (often or sometimes - 67.4%), **avoid physical effort** (often or sometimes - 76%) or avoid going out (often or sometimes - 53%).

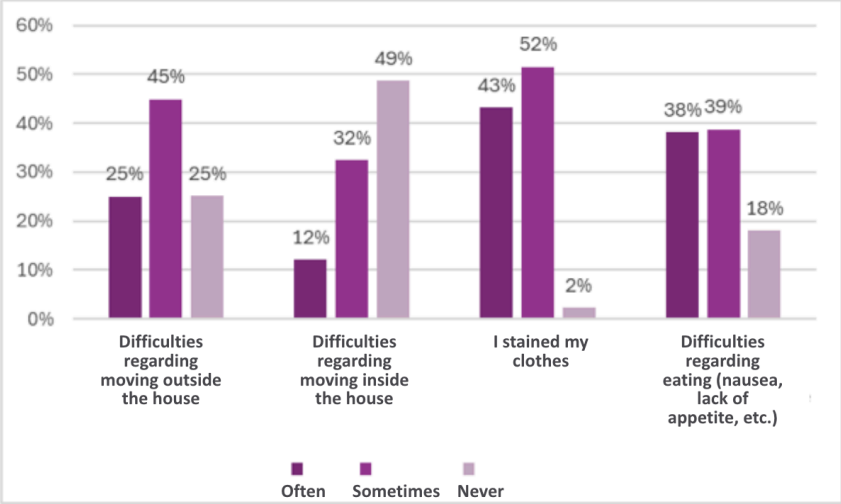
FIGURE 11. WHEN YOU ARE ON YOUR PERIOD:



	Often	Sometimes	Never	I generally do not do this
I avoid physical effort	29.4%	46.6%	15.2%	4.8%
I avoid going out	13.2%	40.5%	38.1%	1.5%
I avoid going to church	14.3%	8.5%	20.8%	48.9%
I avoid going to work	5.3%	20.2%	52.0%	13.5%
I avoid going to the park	9.1%	28.5%	48.0%	5.9%
I avoid sexual relations	47.3%	23.6%	11.2%	12.7%
I avoid being in the cold	35.5%	31.9%	24.4%	1.7%

On the other hand, many people declared that they stained their clothes (often 43.2%, sometimes 51.5%) and that they experienced nausea, vomiting or a lack of appetite (often 38.2% and sometimes 38.7%).

FIGURE 12. ON YOUR PERIOD, HOW OFTEN HAVE YOU DEALT WITH THE FOLLOWING SITUATIONS:

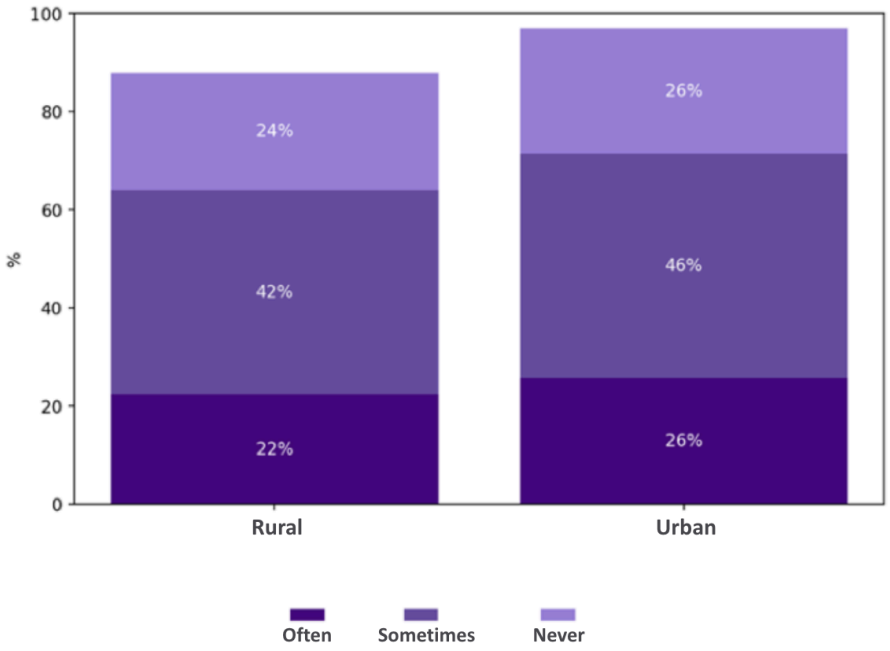


	Often	Sometimes	Never
Difficulties regarding moving outside the house	25.0%	44.9%	25.2%
Difficulties regarding moving inside the house	12.1%	32.4%	48.7%
I stained my clothes	43.2%	51.5%	2.3%
Difficulties regarding eating (nausea, lack of appetite, etc.)	38.2%	38.7%	18.0%

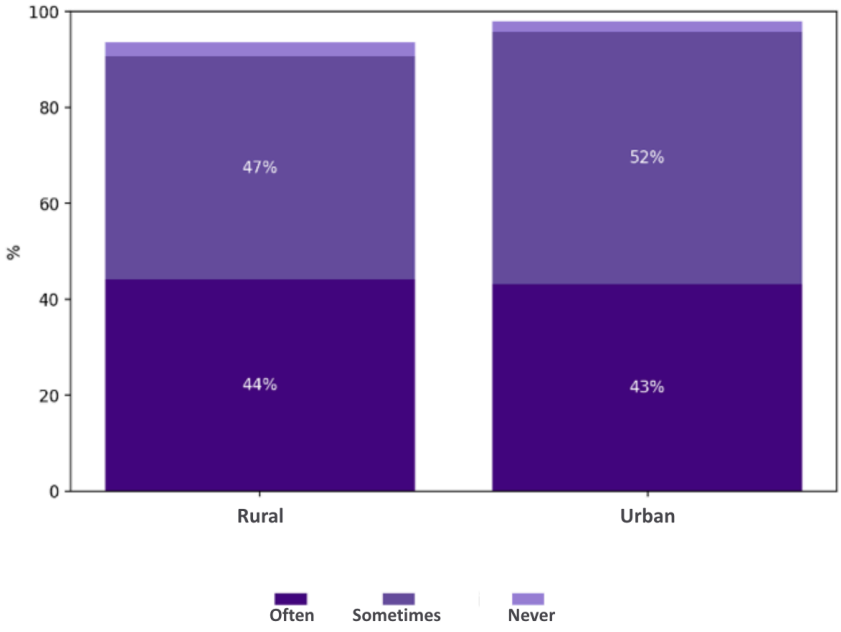
There is a series of **obvious constraints** related to the day to day life felt by the respondents when they are on their period. Moreover, slight differences can be observed between the rural area and the urban area: people with menstruation in the cities deal with difficulties regarding moving outside the house more frequently, as well as with the situation of staining their clothes.

FIGURE 13. ON YOUR PERIOD, HOW OFTEN HAVE YOU DEALT WITH THE FOLLOWING SITUATIONS (RURAL-URBAN):

Difficulties regarding moving outside the house (rural-urban):



I stained my clothes (rural-urban):



IV.1.3. Degree of information/ education on the topic

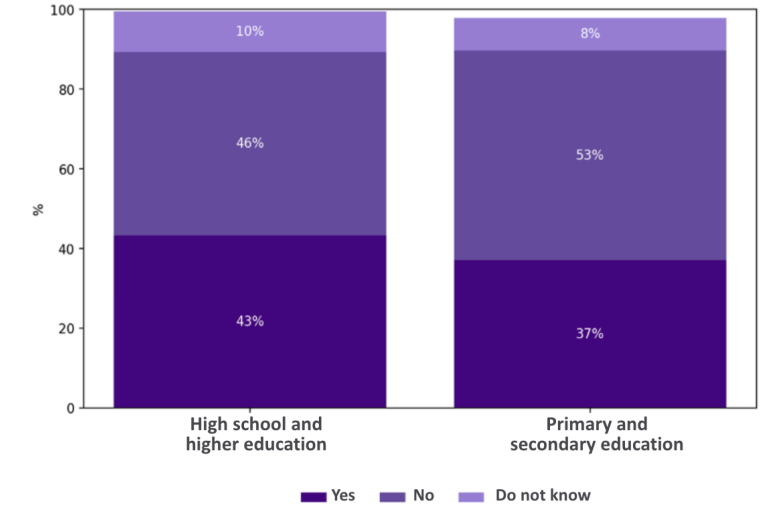
General degree of information

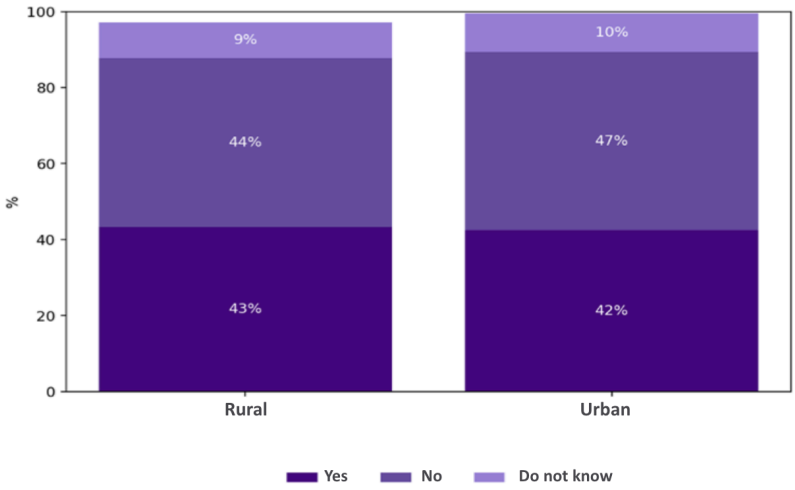
Almost half of the people who menstruate who responded considered that they did not have enough information regarding this experience (over 46%), without major differences between the urban-rural areas. Somehow sensitive are the statistics for the education variable, in the sense that the people who have a high level of education considered that they did not have enough information to a higher extent.

Figure 14. On your first period, did you have enough information regarding this experience?

42.4% Yes
46.5% No
10.1% I do not know

Rural-urban and education graph: On your first period, did you have enough information regarding this experience?





The information/education source: from mothers to social media

The first information about menstruation first came from mothers (over 54%), followed by other close relatives – other people who menstruate, followed by colleagues or friends. Over time, the mothers' role significantly decreases, the female colleagues'/friends' role remains somewhat constant, but an important change happens – a massive expertise transfer to the online space (internet, social media, influencers). The majority declare that they presently get their information from these sources (50% internet, 33.8 % social media, 10% influencers). The healthcare professionals also become more important as an information source (40% compared to 3.3% lon the first period). It is therefore important to analyze the role of the virtual space in informing/forming people who menstruate on the subjects related to the issue of menstruation (largely, we would say, on sexual education topics) from the perspective of the quality and the validity of this information.

FIGURE 15. WHERE DID YOU FIRST FIND OUT ABOUT MENSTRUATION? WHERE DO YOU CURRENTLY AND PRIMARILY GET YOUR INFORMATION ABOUT MENSTRUATION/THE MENSTRUAL CYCLE

	First time	Currently
Mother	54.3%	2.8%
Father	2.2%	0.2%
Other relatives (sisters, grandmothers)	16.0%	3.5%
Friends	15.6%	20.1%
Colleagues	18.2%	6.1%
The internet	4.2%	50.0%
TV	3.8%	3.1%
Social media	2.6%	33.8%
Influencers	0.8%	10.1%
Headteacher	4.2%	0.4%
Teacher	5.5%	0.4%
Pharmacist	0.6%	6.8%
Healthcare professional	3.3%	40.2%
Psychologist	0.8%	4.1%
Representatives of the brands which produce menstrual products	11.6%	5.7%
NGOs/associations representatives	4%	15.2%
Books	5.4%	17.1%

Information regarding best practice in the domain

As for the degree of information regarding the best practice in other countries, it can be observed that, on the whole, there is a high degree of knowledge, with percentages of over 40% positive answers to all of the questions related to the degree of familiarity with various initiatives and best practice in the domain. The level of information update is lower. A low knowledge level also appears regarding the existence of special disposal recipients for such products (54% do not know), the existence of environmentally friendly pads (22% do not know), as well as regarding the fact that there are countries where pads are free in schools/at the workplace (39%). A high level of education and the urban area determine an increase of the degree of knowledge of this information.

Figure 16. Did you know that the following exist? (general values)

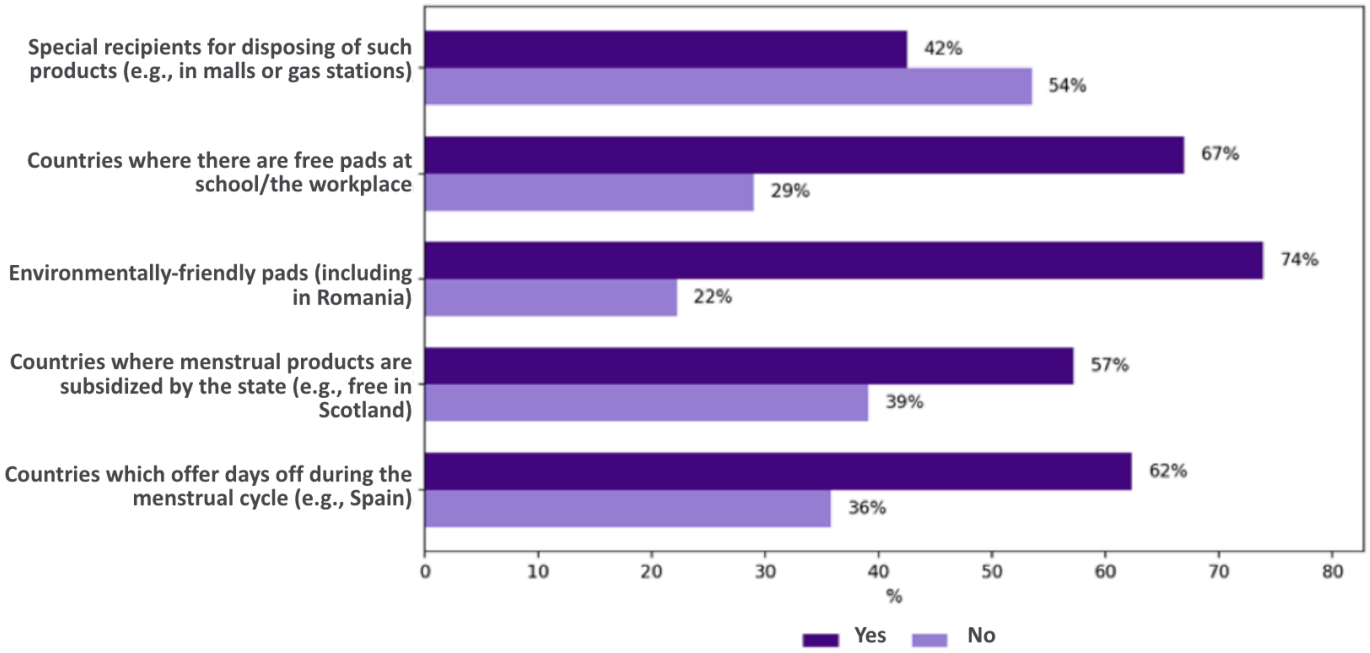


Figure 17. Level of knowledge based on education. Did you know that the following exist…

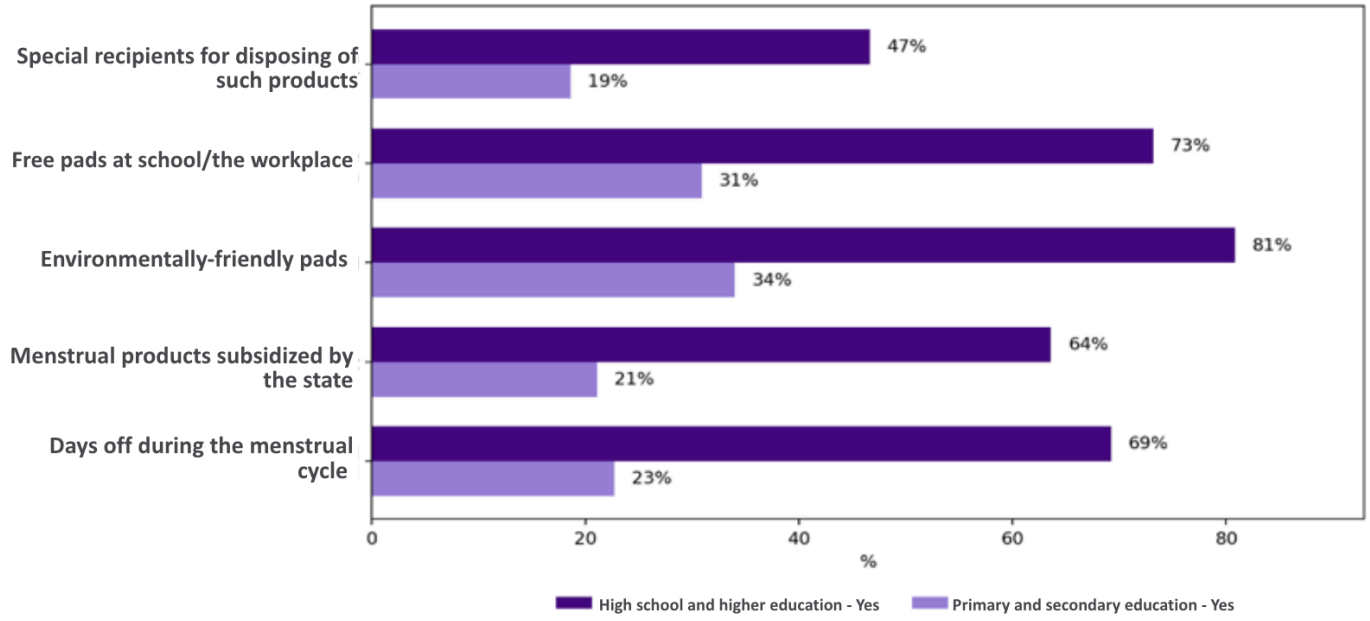
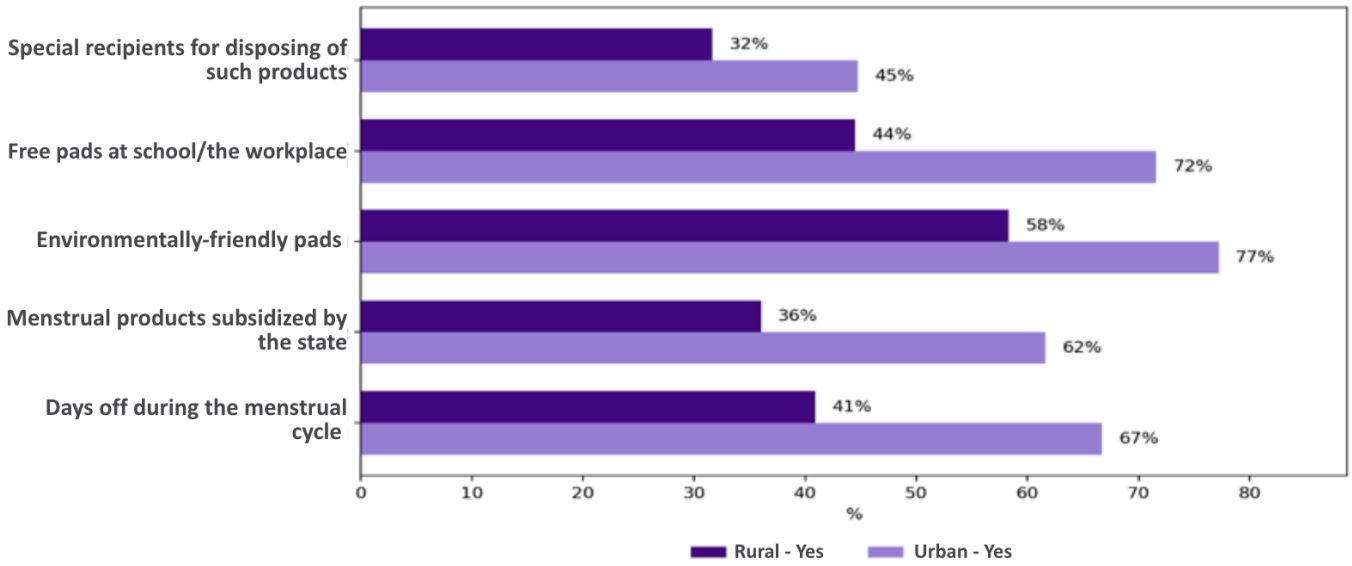


FIGURE 18. LEVEL OF KNOWLEDGE REGARDING VARIOUS SPECIFIC MEASURES DEPENDING ON THE PLACE OF RESIDENCE

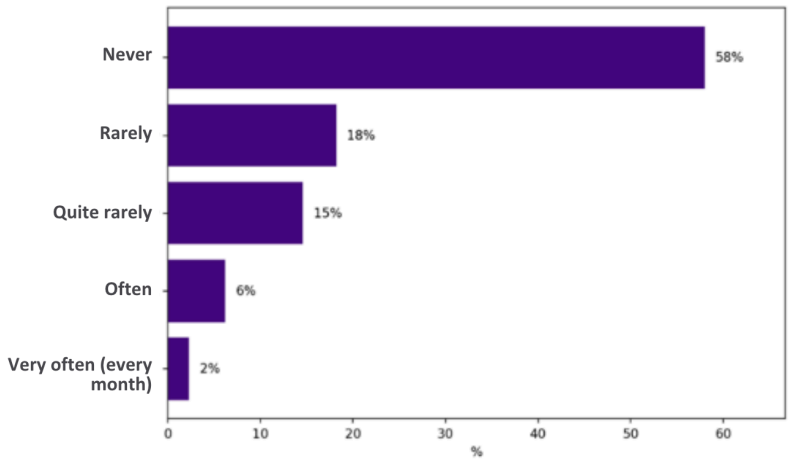


IV.1.4. Access to menstrual products

The aspects related to menstrual poverty were tasted in the quantitative research through a batch of questions dedicated to the access to menstrual products and another batch regarding the necessary infrastructure for this experience to be lived with dignity. We also underline the fact that the research is based on a convenience sample which did not imply the collection of data from people who were particularly at risk of menstrual poverty. These aspects offer a particular data analysis and interpretation framework. On one hand, this is about the fact that access to menstrual products ensures satisfying a basic need, and any form of precarity related to this aspect needs to represent a warning signal. On the other hand, we emphasize the fact that the precarity associated to menstruation is experimented in a context described by an assembly of taboos related to sexuality, to norms of shame and to stigmatization processes, which contribute to the invisibility of the scarcity experiences and to particular difficulties in managing these forms of deprivation. Moreover, the fact that menstruation remains a problem preponderantly discussed among people who menstruate (see the analysis above) places the subject in a marginal area of the public and political agenda, limiting its acknowledgement as a legitimate social issue, moreso in a patriarchal context. All of these are in fact strong arguments in favor of dedicating particular attention even to the little figures resulting from this research, arguments for understanding menstrual poverty as a public issue and, in consequence, for bringing in the foreground the role the state should have in facilitating access to a dignified life for female and male citizens.

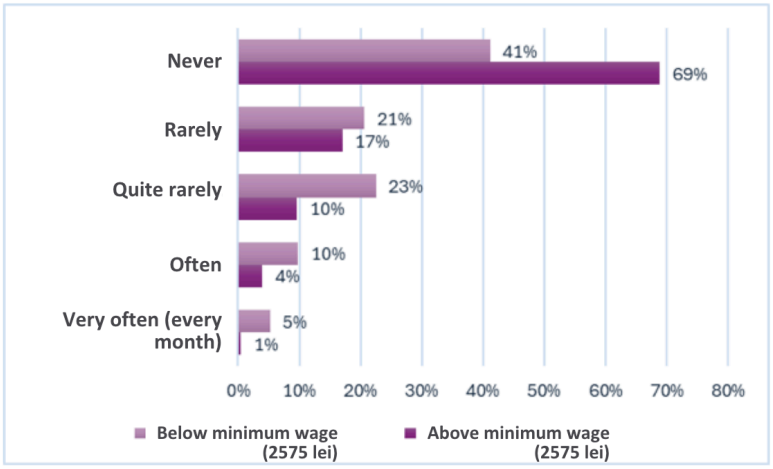
Over 40% of the respondents were confronted at least once with difficulties in ensuring monthly menstrual products, approximately 8% of these declaring that they have such difficulties often (6,2%) and very often (2,3%), meaning almost every month. We reiterate here that the fact that the profile of the respondents is not that of a vulnerable group; moreover, 77% of the respondents do not have children, which leads us to believe that the real level of menstrual precarity is, in fact, higher than the one reflected in these data, given that high risk groups (people with low income, with children or from marginalized environments) are underrepresented in the sample.

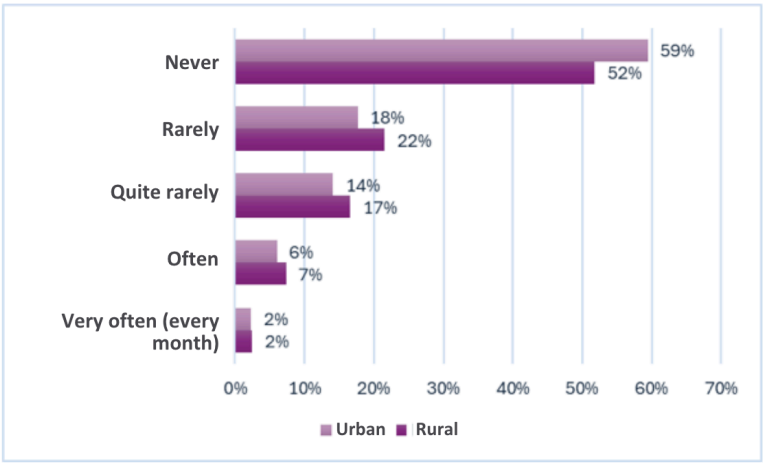
Figure 19. Difficulties in ensuring menstrual products



The income category is a relevant variable for the analysis. Thus, if 1% of the people whose income is above the minimum wage very often experienced difficulties in ensuring menstrual products (every month), the percentage reaches 5% for the category of the respondents whose income is below the minimum wage. Furthermore, if, out of those from the above minimum wage category, 69% of them declared that they never have difficulties, for the category with income below the minimum wage, the percentage drops to 41% of the respondents. We mention that the rural-urban distinction emphasizes less significant differences.

Figure 20. Difficulties in ensuring menstrual products depending on income and place of residence





To what extent are the following menstrual products accessible to you?

The most accessible menstrual products are the classical pads (approximately 80% of the respondents) and internal tampons (approximately 43% of the respondents), while perfume-free pads are less mentioned (approximately 39%), cotton pads (approximately 30%) and menstrual underwear (approximately 15%). At the same time, approximately 60% of the respondents declared that cotton wool is not a product they take into account while on their period.

FIGURE 21. TO WHAT EXTENT ARE THE FOLLOWING MENSTRUAL PRODUCTS ACCESSIBLE FOR YOU?

	To a great extent	Neither to a great extent, nor to a small extent	To a small extent	Does not apply
Cotton wool	20.9%	5.2%	5.2%	58.6%
Pads (for instance, Always, Bella, Libresse)	80.4%	8.0%	4.0%	4.5%
Perfume-free pads	38.7%	18.5%	15.2%	17.7%
Cotton pads (for instance, Illa)	29.4%	17.9%	19.7%	23.4%
Menstrual underwear	14.7%	11.4%	20.8%	43.2%
Internal tampons	43.7%	9.4%	8.1%	29.7%

The income variable emphasizes the fact that generic pads are the most accessible with small variations according to income, while an income above the minimum wage determines access to more diverse and better quality products . 47% of the respondents whose income is above the minimum wage declared that perfume-free pads are accessible to them, while only 26% of those with incomes under the minimum wage responded similarly. The observation applies to cotton pads and to menstrual underwear. The correlation with the place of residence is less valid, the data showing that income is the relevant variable in diversified access to menstrual hygiene products.

FIGURE 22. LEVEL OF ACCESS TO VARIOUS KINDS OF MENSTRUAL PRODUCTS DEPENDING ON INCOME

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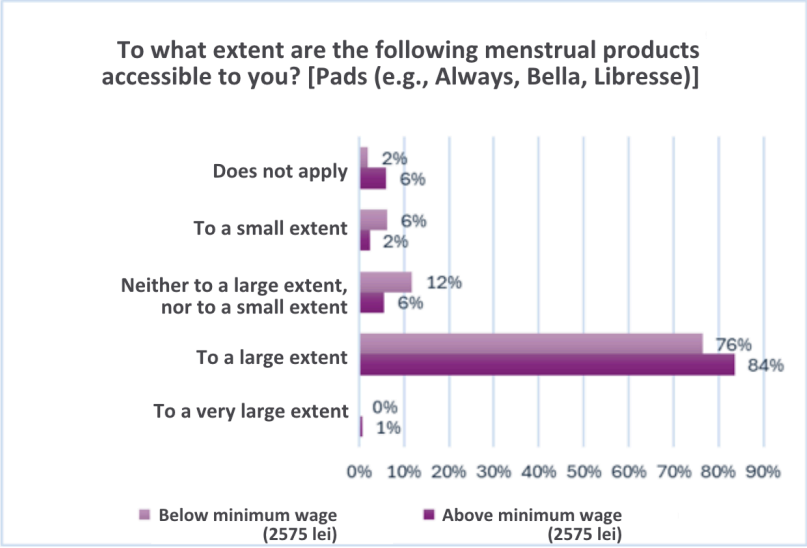
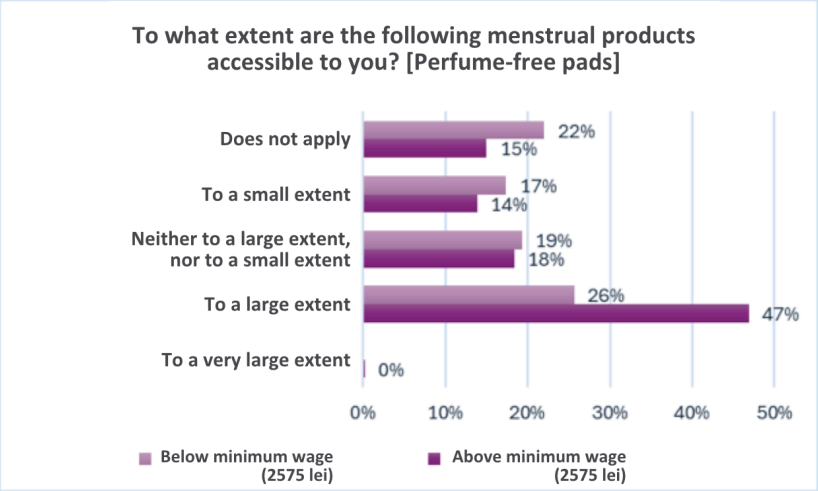

To what extent are the following menstrual products accessible to you? [Pads (e.g., Always, Bella, Libresse)]
Does not apply
2%
6%
To a small extent
6%
2%
Neither to a large extent, nor to a small extent
12%
6%
To a large extent
76%
84%
To a very large extent
0%
1%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90%
Below minimum wage (2575 lei)
Above minimum wage (2575 lei)


To what extent are the following menstrual products accessible to you? [Perfume-free pads]
Does not apply
22%
15%
To a small extent
17%
14%
Neither to a large extent, nor to a small extent
19%
18%
To a large extent
26%
47%
To a very large extent
0%
0% 10% 20% 30% 40% 50%
Below minimum wage (2575 lei)
Above minimum wage (2575 lei)

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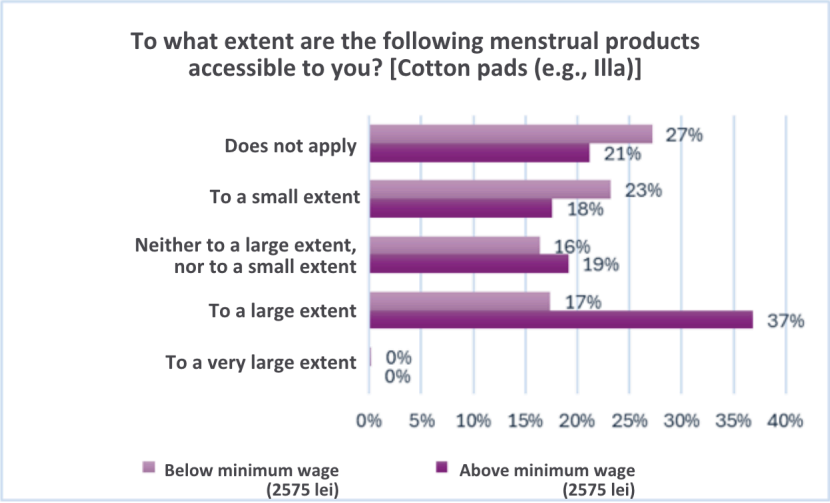
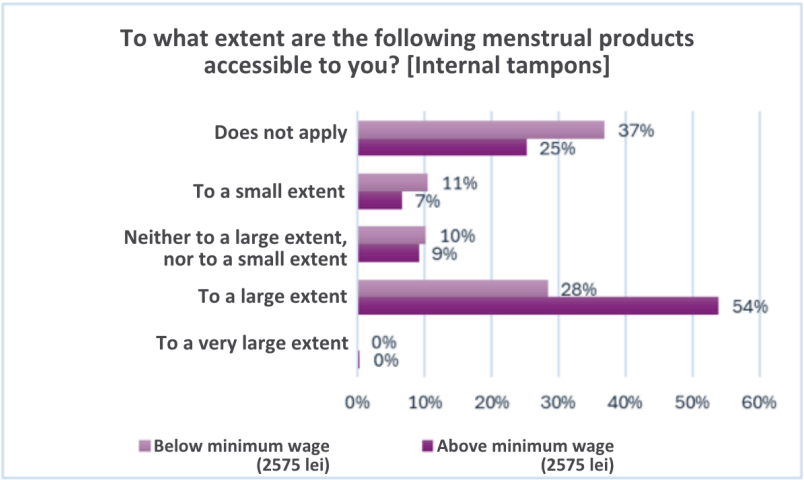
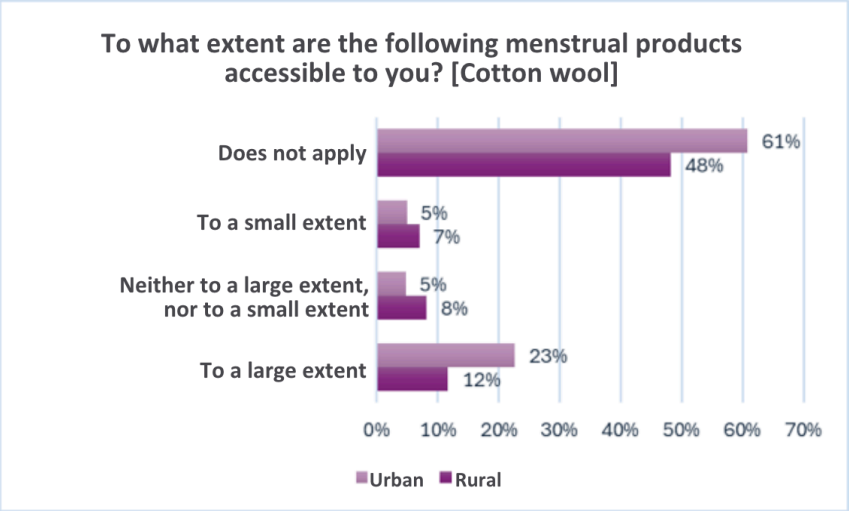

To what extent are the following menstrual products accessible to you? [Cotton pads (e.g., Illa)]
Does not apply
27%
21%
To a small extent
23%
18%
Neither to a large extent, nor to a small extent
16%
19%
To a large extent
17%
37%
To a very large extent
0%
0%
0% 5% 10% 15% 20% 25% 30% 35% 40%
Below minimum wage (2575 lei)
Above minimum wage (2575 lei)

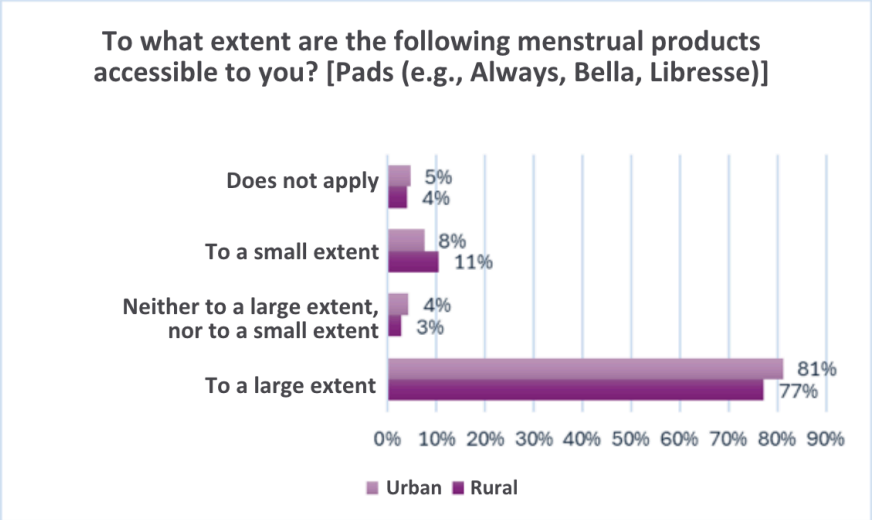

To what extent are the following menstrual products accessible to you? [Menstrual underwear]
Does not apply
45%
42%
To a small extent
23%
19%
Neither to a large extent, nor to a small extent
9%
13%
To a large extent
8%
19%
To a very large extent
0%
0%
0% 10% 20% 30% 40% 50%
Below minimum wage (2575 lei)
Above minimum wage (2575 lei)


To what extent are the following menstrual products accessible to you? [Internal tampons]
Does not apply
37%
25%
To a small extent
11%
7%
Neither to a large extent, nor to a small extent
10%
9%
To a large extent
28%
54%
To a very large extent
0%
0%
0% 10% 20% 30% 40% 50% 60%
Below minimum wage (2575 lei)
Above minimum wage (2575 lei)

The correlation with the place of residence is less valid, the data emphasizing the fact that income is the relevant variable in accessing diversified menstrual hygiene products.

FIGURE 23. LEVEL OF ACCESS TO VARIOUS KINDS OF MENSTRUAL PRODUCTS DEPENDING ON PLACE OF RESIDENCE





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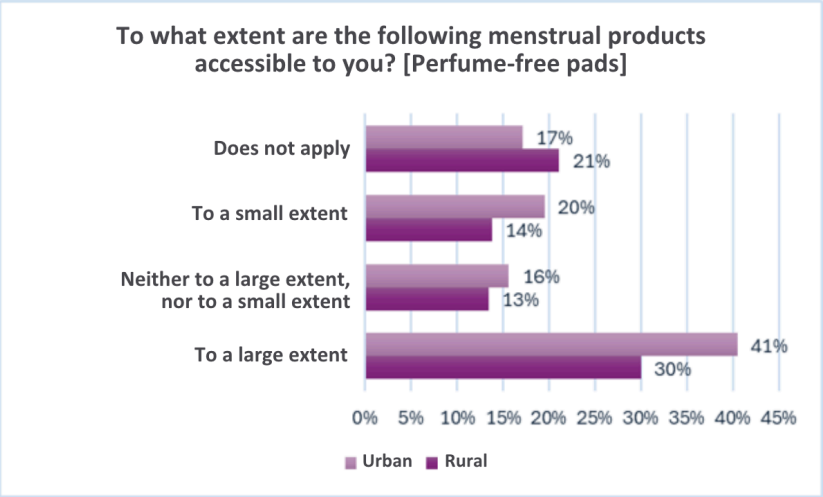
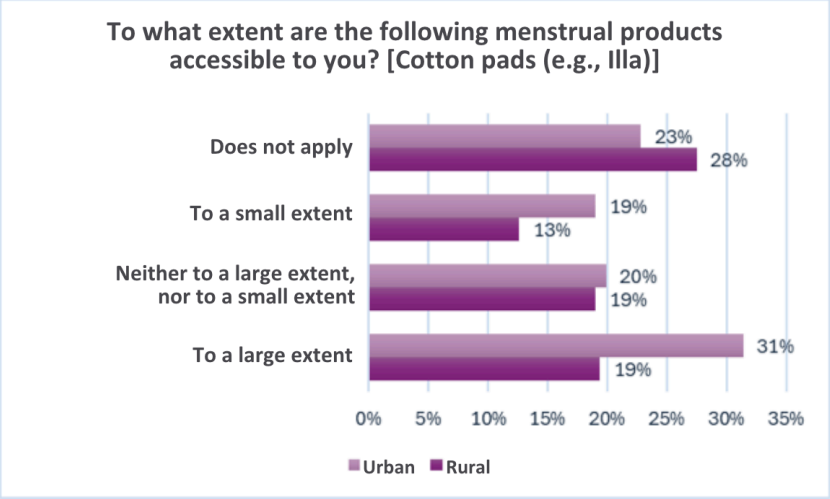
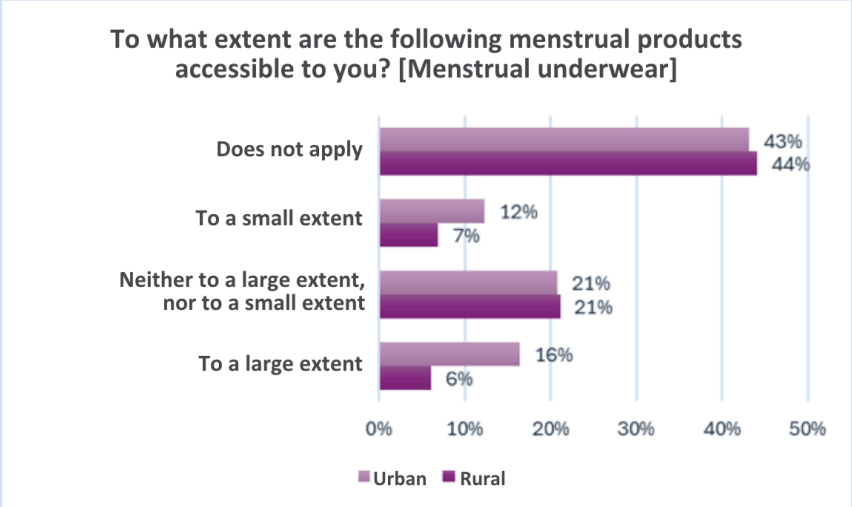

To what extent are the following menstrual products accessible to you? [Perfume-free pads]
Does not apply
17%
21%
To a small extent
20%
14%
Neither to a large extent, nor to a small extent
16%
13%
To a large extent
41%
30%
0% 5% 10% 15% 20% 25% 30% 35% 40% 45%
Urban
Rural


To what extent are the following menstrual products accessible to you? [Cotton pads (e.g., Illa)]
Does not apply
23%
28%
To a small extent
19%
13%
Neither to a large extent, nor to a small extent
20%
19%
To a large extent
31%
19%
0% 5% 10% 15% 20% 25% 30% 35%
Urban
Rural


To what extent are the following menstrual products accessible to you? [Menstrual underwear]
Does not apply
43%
44%
To a small extent
12%
7%
Neither to a large extent, nor to a small extent
21%
21%
To a large extent
16%
6%
0% 10% 20% 30% 40% 50%
Urban
Rural

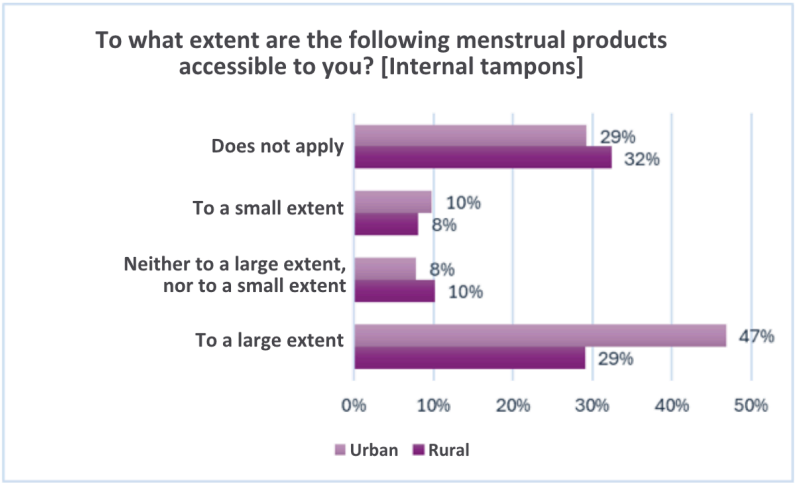
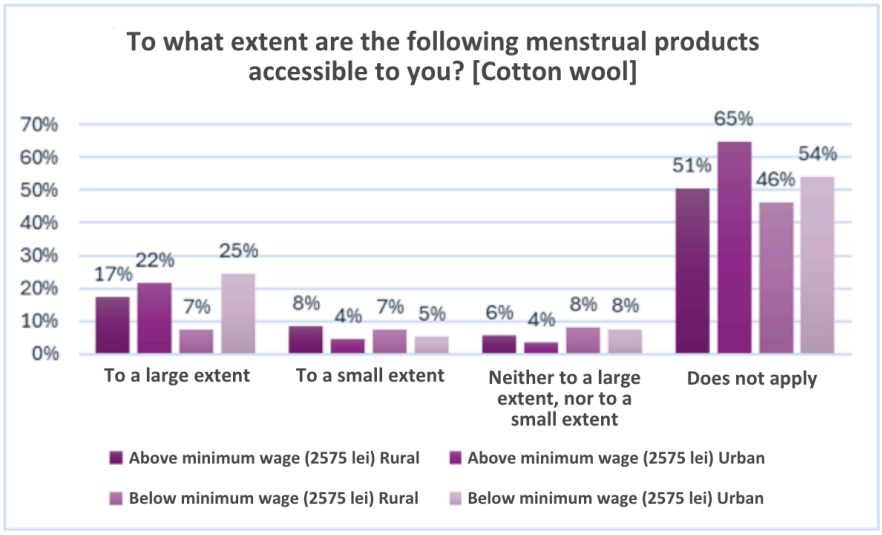
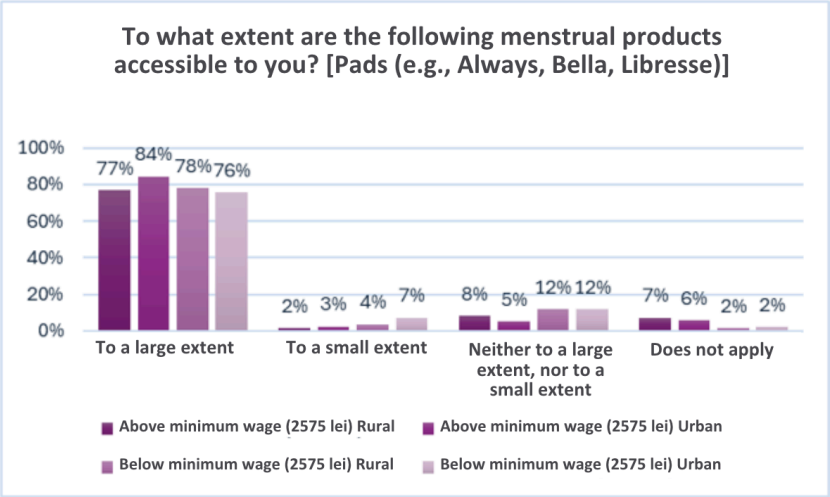
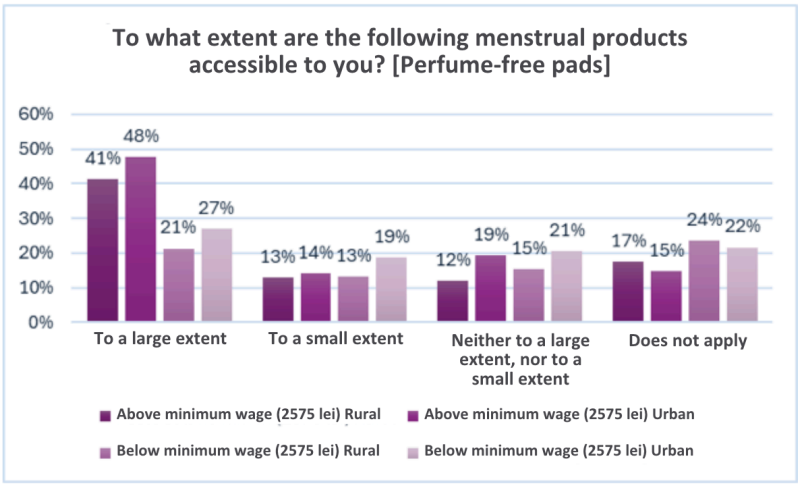


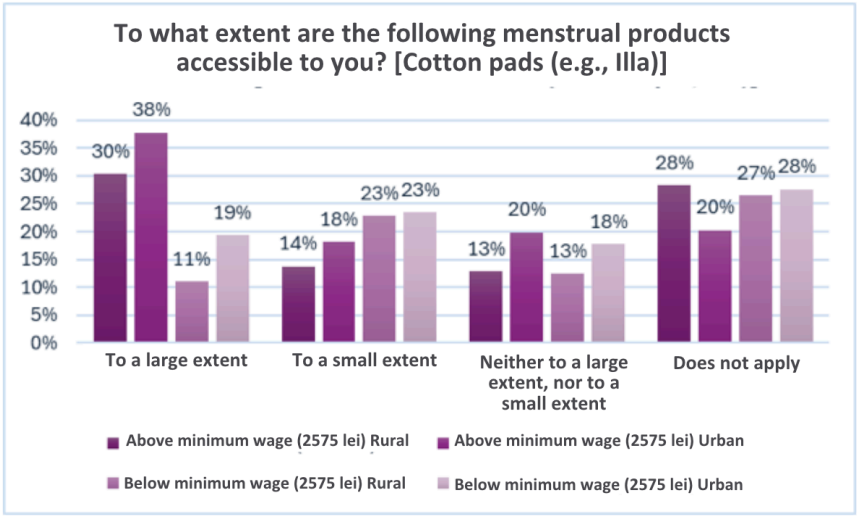
FIGURE 24. LEVEL OF ACCESS TO VARIOUS KINDS OF MENSTRUAL PRODUCTS DEPENDING ON INCOME AND PLACE OF RESIDENCE

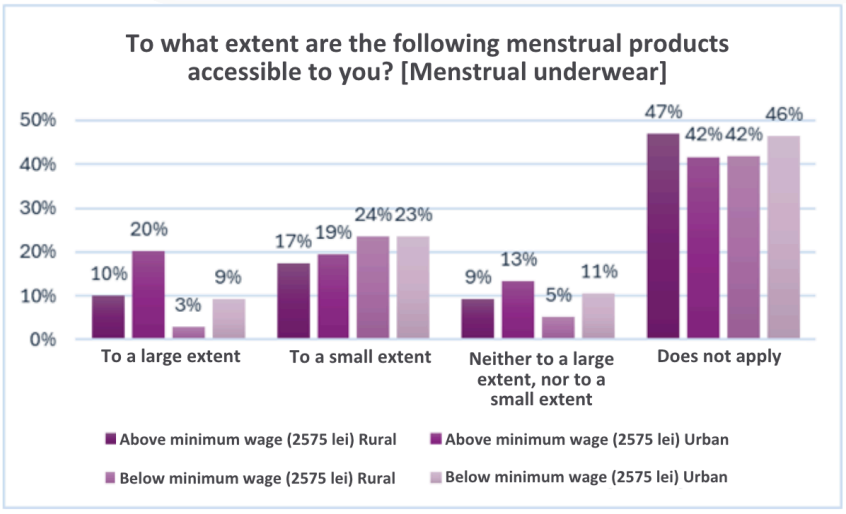


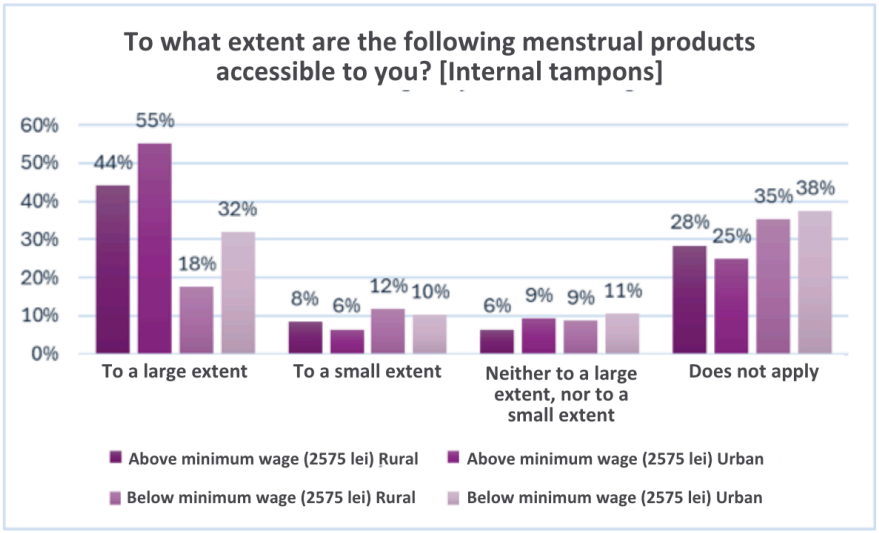
pe stop


To what extent are the following menstrual products accessible to you? [Pads (e.g., Always, Bella, Libresse)]
100%
80%
60%
40%
20%
0%
77%
84%
78%
76%
2%
3%
4%
7%
8%
5%
12%
12%
7%
6%
2%
2%
To a large extent
To a small extent
Neither to a large extent, nor to a small extent
Does not apply
Above minimum wage (2575 lei) Rural
Above minimum wage (2575 lei) Urban
Below minimum wage (2575 lei) Rural
Below minimum wage (2575 lei) Urban


To what extent are the following menstrual products accessible to you? [Perfume-free pads]
60%
50%
40%
30%
20%
10%
0%
41%
48%
21%
27%
13%
14%
13%
19%
12%
19%
15%
21%
17%
15%
24%
22%
To a large extent
To a small extent
Neither to a large extent, nor to a small extent
Does not apply
Above minimum wage (2575 lei) Rural
Above minimum wage (2575 lei) Urban
Below minimum wage (2575 lei) Rural
Below minimum wage (2575 lei) Urban


To what extent are the following menstrual products accessible to you? [Cotton pads (e.g., Illa)]
40%
35%
30%
25%
20%
15%
10%
5%
0%
30%
38%
11%
19%
14%
18%
23%
23%
13%
20%
13%
18%
28%
20%
27%
28%
To a large extent
To a small extent
Neither to a large extent, nor to a small extent
Does not apply
Above minimum wage (2575 lei) Rural
Above minimum wage (2575 lei) Urban
Below minimum wage (2575 lei) Rural
Below minimum wage (2575 lei) Urban





Menstrual precarity – more than a private matter

In difficult situations, friends (18%) or family (14%) are the main factors of support mentioned. A smaller percentage of the respondents declared that they resort to strategies which indicate a more pronounced economic precarity, more exactly 3,2% of them borrow money. It is important to point out here that 10% of the people who said that they improvise by using other materials are, on one hand, a warning signal regarding hygiene and health matters, but also a possible clue regarding the stigma, the shame, and the privacy this experience is associated with.

The correlation with variables such as the place of residence, the level of income and the level of education show us that, in rural areas, for the respondents with primary and secondary education levels and with low income the problem has a higher level of privacy and is managed especially within the family or by resorting to the use of improvised products. For the people who menstruate in the urban areas, with income above the minimum wage and with high school level education or higher education, friends acquire a more important role in offering support. Therefore, we can identify a sort of transfer of the issue from the individual and the domestic sphere (of the family) to the area of interest of the people who menstruate, a transfer which we consider has a potential of politicization.

FIGURE 25. WHAT DO YOU DO THE MOST OFTEN WHEN YOU DO NOT HAVE ACCESS TO THE NECESSARY MENSTRUAL PRODUCTS?

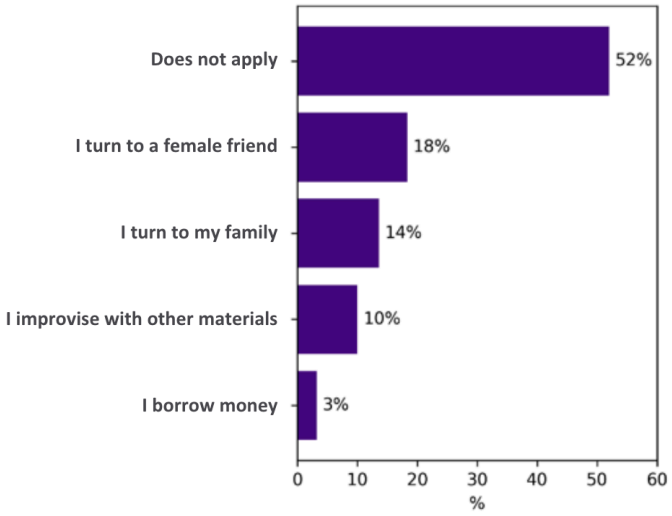
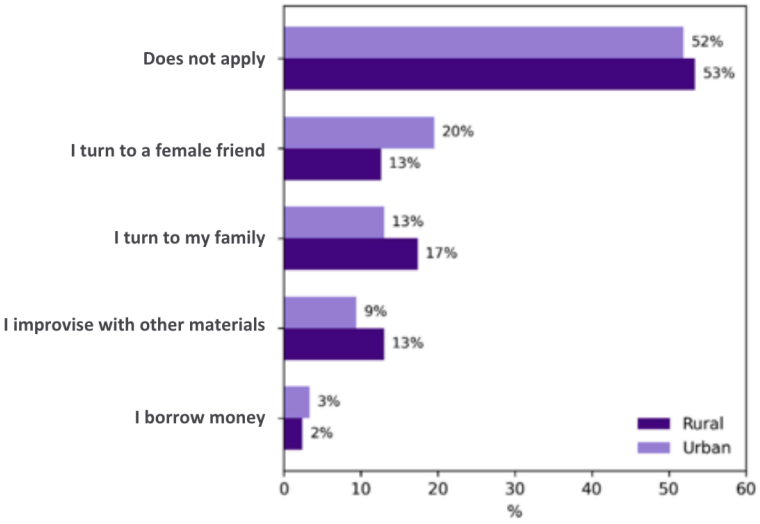
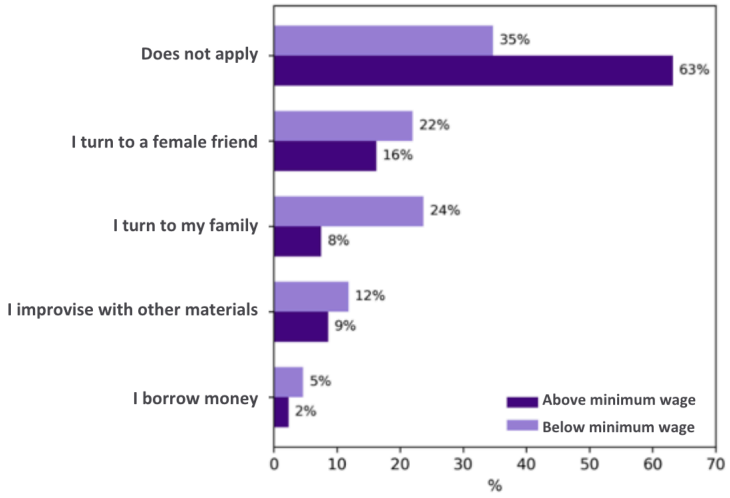


FIGURE 26. WHAT DO YOU DO THE MOST OFTEN WHEN YOU DO NOT HAVE ACCESS TO THE NECESSARY MENSTRUAL PRODUCTS? – DEPENDING ON INCOME AND PLACE OF RESIDENCE

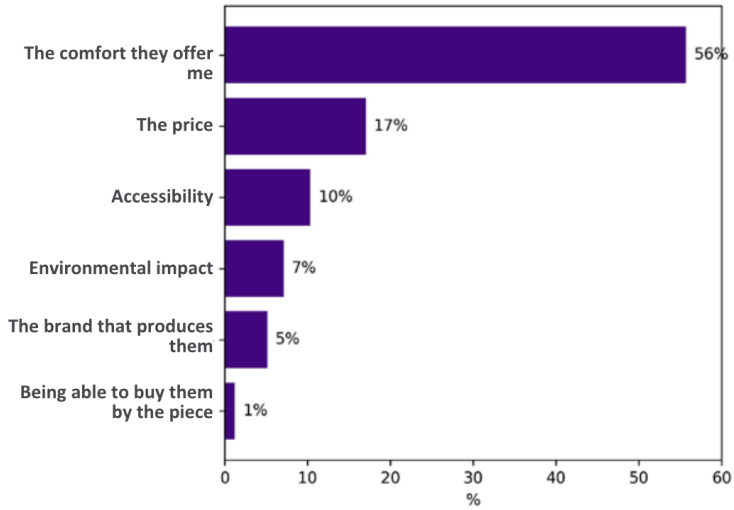




What is <u>the most important</u> criterion according to which you choose menstrual products?

Comfort is the most important criterion when choosing menstrual products for more than half of the respondents. However, considering that we are referring to a basic need whose inadequate fulfillment entails a particular form of stigmatization, vulnerability, and even isolation, the fact that 17% of respondents stated that price is the most important selection criterion brings to light another manifestation of the precarious way in which many people who menstruate still experience menstruation.

FIGURE 27. WHAT IS <u>THE MOST IMPORTANT</u> CRITERION ACCORDING TO WHICH YOU CHOOSE MENSTRUAL PRODUCTS?

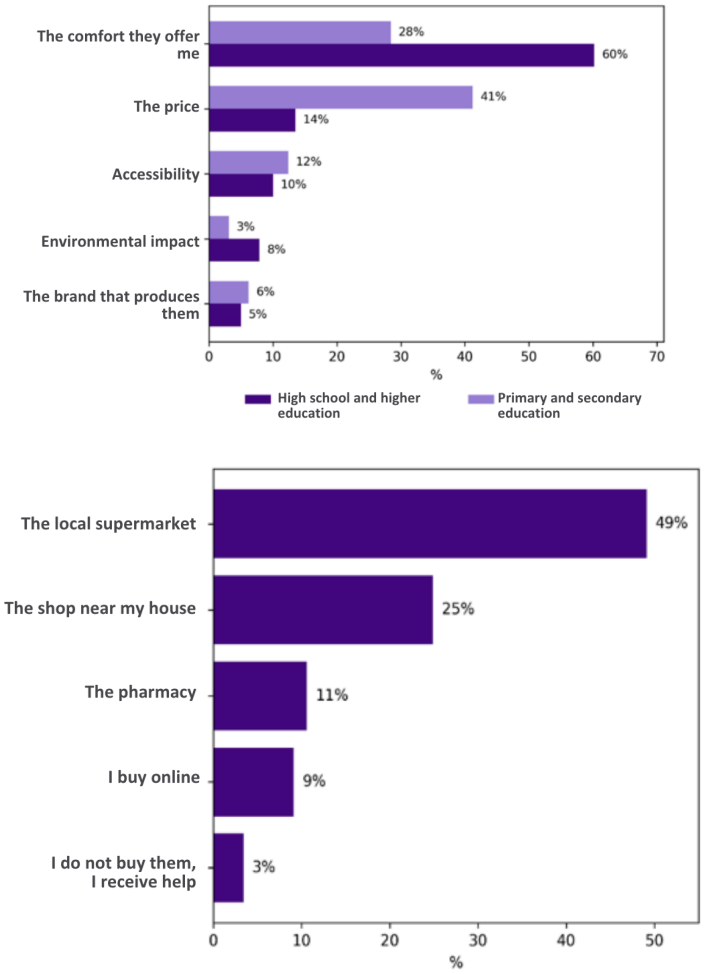


Number of answers: 1503

Price – the most important choice criterion for 41% of the respondents with primary and secondary education levels

Interestingly, the data changes in correlation with the level of education, but not to the same extent when correlated with income and place of residence. Thus, in relation to rural-urban variables and income levels, the most important criteria, in order of mention, are comfort, price, and accessibility (in the sense of "I buy what I find in stores"). When intersected with the level of education, for respondents with primary and lower secondary education, the ranking shifts and price becomes the main selection criterion for 41% of them.

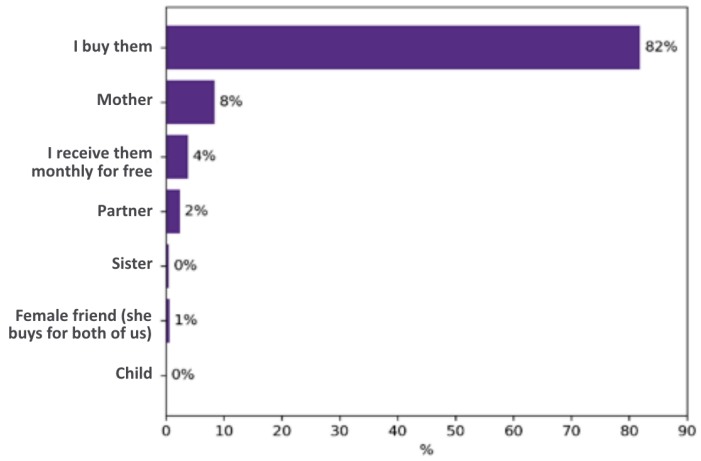
FIGURE 28. THE CRITERION OF CHOICE DEPENDING ON THE EDUCATION LEVEL AND THE SOURCES FOR ACCESSING THE PRODUCTS



Traditional retail channels predominate as places for purchasing menstrual products, especially local supermarkets (49,1%) and convenience stores (24,9%). No significant differences were recorded based on place of residence or income level. This result can also be interpreted as indicating a relatively uniform availability of

menstrual products within the basic commercial infrastructure. Relevant percentages also point to the existence of alternative access strategies, such as pharmacies (10,6%) or online orders (9,1%).

FIGURE 29. THE PERSON WHO PRIMARILY BUYS THE PRODUCTS



Who buys the menstrual products you use the most often?
81.9% I buy them
8.4% Mother
2.4% Partner
0.6% Female friend (she buys for both of us)
0.1% Child
0.5% Sister

3.8% I receive them monthly for free*

The fact that 81,9% buy their menstrual products on their own indicates an almost exclusively individual responsibility in managing menstruation and reconfirms **the privacy associated with this experience**. Familial or couple support is limited. At the same time, access to free menstrual products remains low - 3,8%.

**The percentage of the respondents who declared that they benefit from menstrual products distributed for free (3,8%) should be interpreted with caution, given that the collection of data was realized by the Pe Stop Association through its own networks. Considering that the organization carries out menstrual products distribution activities to its beneficiaries, it is probable that this percentage is overestimated within the sample, and at the level of the general population, constant access to free menstrual products is significantly more reduced.*

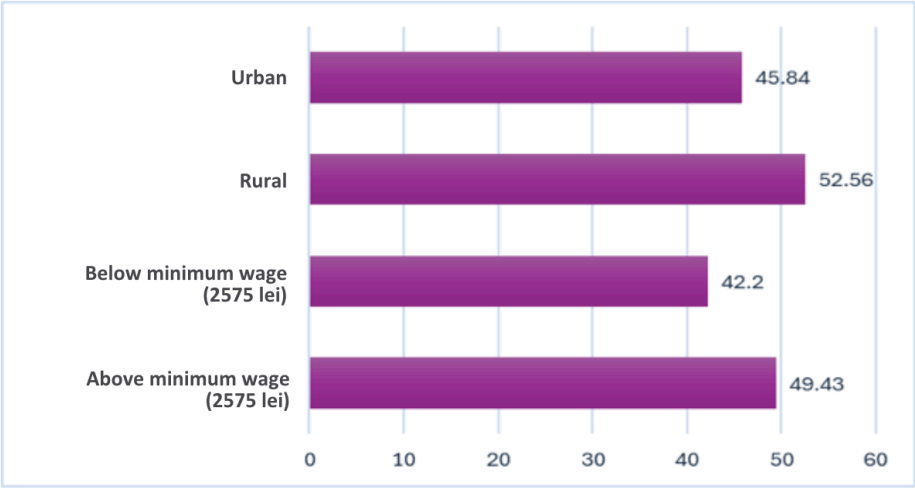
Average monthly cost of menstrual products

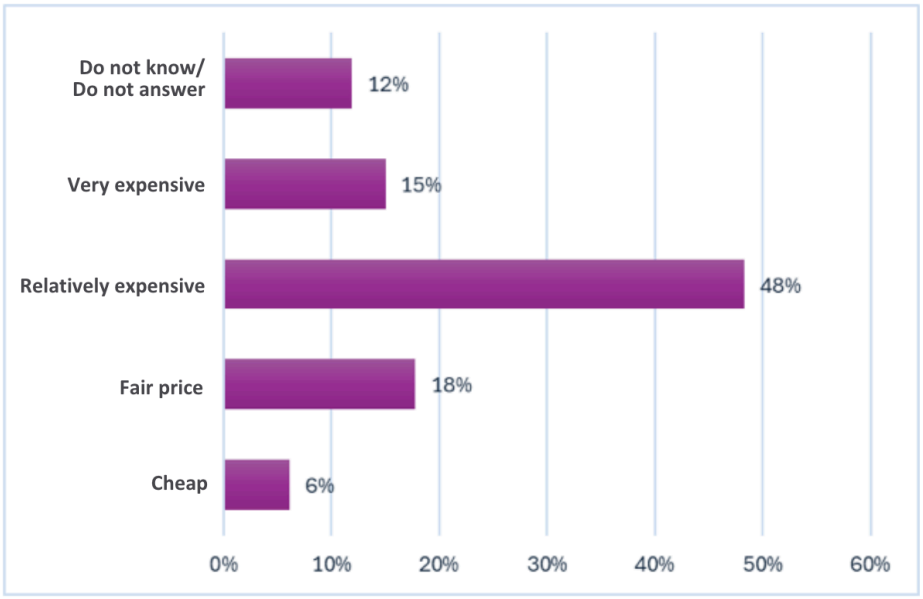
FIGURE 30. HOW MUCH DO MENSTRUAL PRODUCTS COST YOU PER MONTH (APPROXIMATELY, IN LEI)?

N	Valid	1358
	Missing cases	198
Average		46.8
Standard deviation		37.5
Minimum		0
Maximum		500

The average monthly cost of menstrual products is 46,8 lei, with slight variations across income categories. Thus, respondents with incomes above the minimum wage spend on average 3 lei more per month on menstrual products compared to those with incomes below the minimum wage. These data may suggest that the need for menstrual products is relatively constant, and the ability to adjust consumption based on income is limited. This aspect can represent a disproportionate burden for respondents with lower incomes. Higher costs are also observed for individuals in rural areas, who spend on average 52,56 lei per month on menstrual products, while costs amount to 45,84 lei for respondents in urban areas. These differences may reflect a more limited product supply, higher transportation costs, lack of more affordable alternatives, or the existence of territorial inequalities in accessing menstrual products, which can contribute to exacerbating menstrual poverty in rural areas.

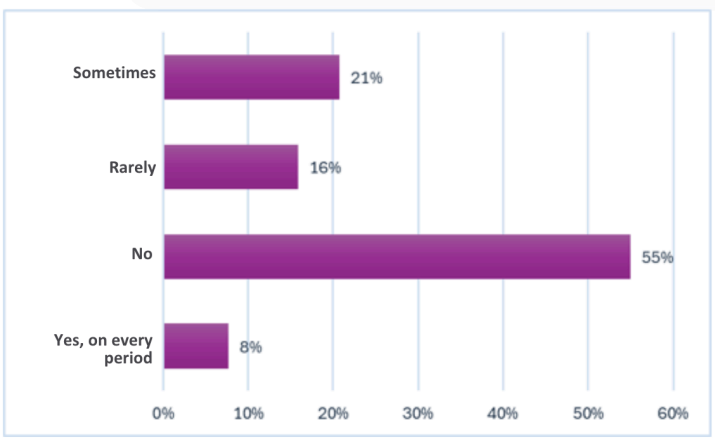
FIGURE 31. AVERAGE MONTHLY COST DEPENDING ON INCOME AND PLACE OF RESIDENCE AND COST EVALUATION





At the same time, this cost is appreciated as being relatively high by a significant percentage of the respondents. **Almost two things among them (63%) appreciate the monthly cost of menstrual products as being relatively expensive (48%) or very expensive (15%)**. Only 6% of the respondents consider it cheap, and 18% fair. This perception is relevant especially in the context of a relatively constant average monthly cost, independent from the income levels, which suggests that menstrual products represent an inevitable expense, difficult to adjust.

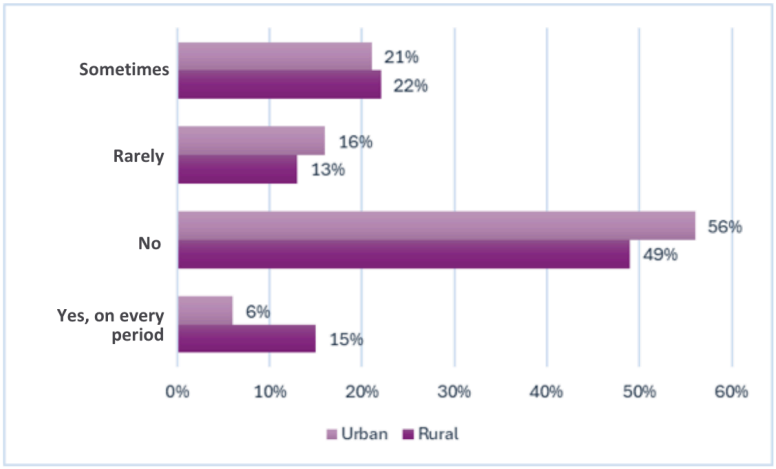
FIGURE 32. DO YOU CHANGE THE USED PRODUCT (PAD, TAMPON, COTTON WOOL) MORE RARELY THAN YOU NEED TO, IN ORDER TO SAVE MONEY?

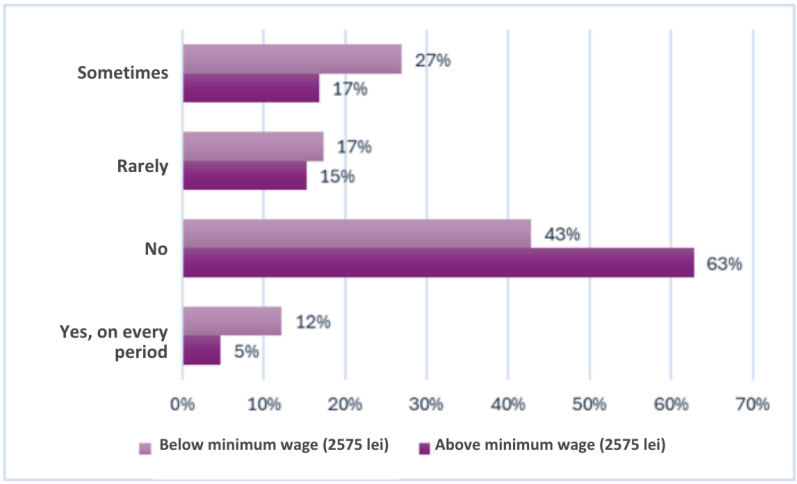


The perception of the cost of menstrual products as being high is also reflected in the behaviors means to reduce expenses. Thus, almost one third of the respondents **(29%) declared that they change the menstrual**

product they use more rarely than they need to, in order to save money, either on every period (8%), or occasionally (21%). This kind of behavior indicates the existence of some financial constraints which directly influence their manner of managing menstruation and which may have negative implications on their personal health and dignity. In this context, the fact that the majority of the respondents (63%) perceive the costs as being relatively expensive or very expensive suggests that menstrual precarity does not manifest itself only through a total lack of products, but also through an insufficient or inadequate use of them, as an adaptation strategy to financial pressure.

FIGURE 33. CHANGING PRODUCTS MORE RARELY DEPENDING ON PLACE OF RESIDENCE AND INCOME



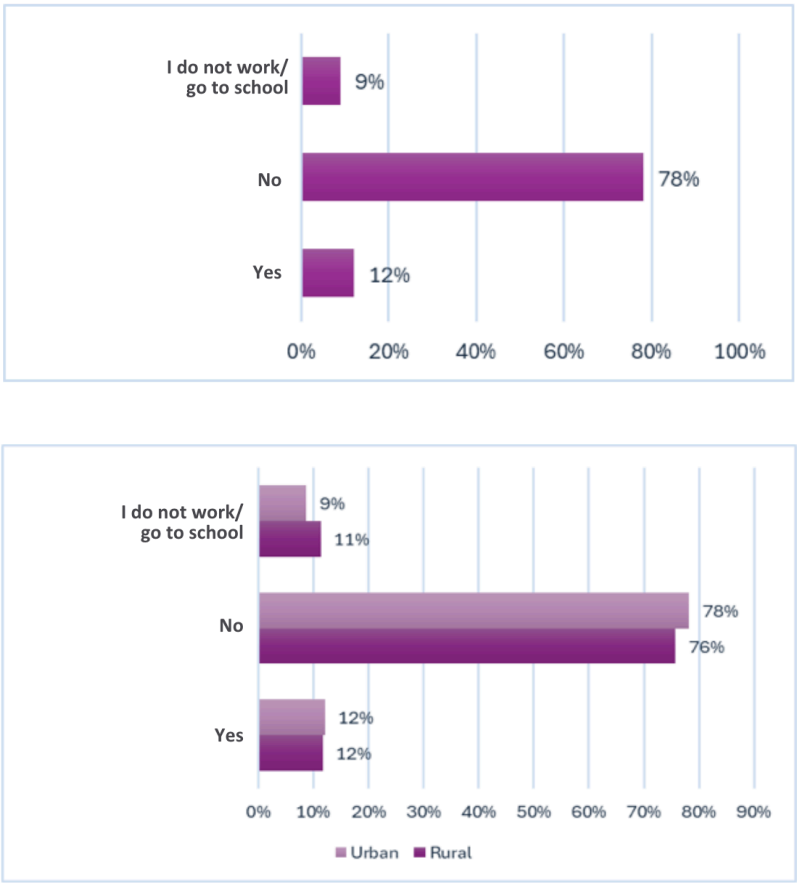


The disaggregated analysis emphasizes significant differences in the adjustment behaviors of using menstrual products based on the place of residence and income levels. Thus, the people who menstruate from the rural area report changing their menstrual products more rarely due to financial reasons in a higher proportion: 15% of them declared that they do this on every period, compared to only 6% of the respondents from the urban area. At the same time, the percentage of those who stated that they never resort to this strategy is significantly smaller in the rural area (49%) than in the urban area (56%).

Similar differences can be observed according to income. The respondents whose income is below the minimum wage are more exposed to financial constraints, 12% of them declaring that they change menstrual products more rarely on every period, compared to only 5% among the people who menstruate whose income is above the minimum wage. Moreover, only 43% of the people who menstruate with incomes below the minimum wage claimed that they never do such adjustments, compared to 63% of those with higher incomes.

Access to menstrual products in the workplace/school/public places

FIGURE 34. DO YOU HAVE MENSTRUAL PRODUCTS IN THE BATHROOM OF YOUR SCHOOL/WORKPLACE? (TOTAL AND DEPENDING ON PLACE OF RESIDENCE)



Only 12% of the respondents reported that they had access to menstrual products in the bathrooms of their workplace or school. **An overwhelming majority, 78%, declared that such products are not available to them and there are no variations across the rural-urban dimension. These numbers indicate a very low accessibility of menstrual products in public work or educational spaces. We draw attention to the fact that the lack of such products can generate uncomfortable situations or even absenteeism, just like other research shows (Plan International, 2018).**

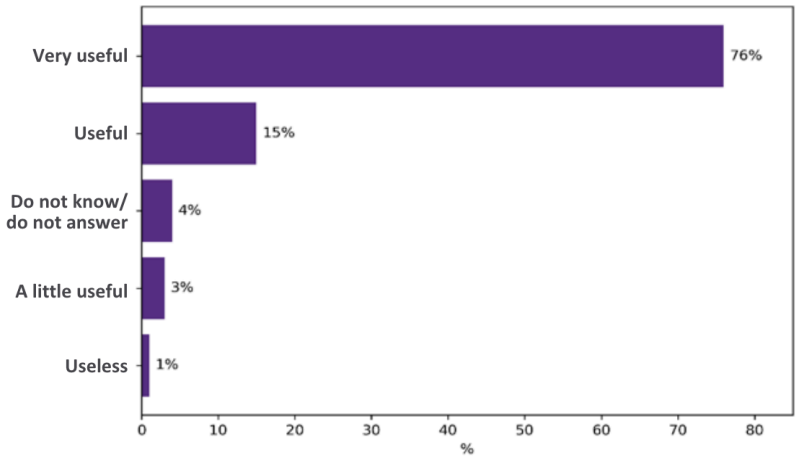
FIGURE 35. HOW OFTEN DID YOU FIND MENSTRUAL PRODUCTS IN PUBLIC PLACES?

	[In restaurants/bars/teahouse]	[At the library]	[In the public bathroom]	[In malls]	[At the cinema/theatre]	[At the social canteen]	[At the day center]
Often	7%	1%	3%	4%	1%	0%	2%
Very rarely	0%	0%	0%	0%	0%	0%	0%
Nevel	41%	73%	78%	75%	79%	51%	46%
Not the case	5%	14%	6%	5%	6%	37%	39%
Rarely	44%	6%	9%	11%	8%	5%	6%

Using a free day motivated by the menstrual period

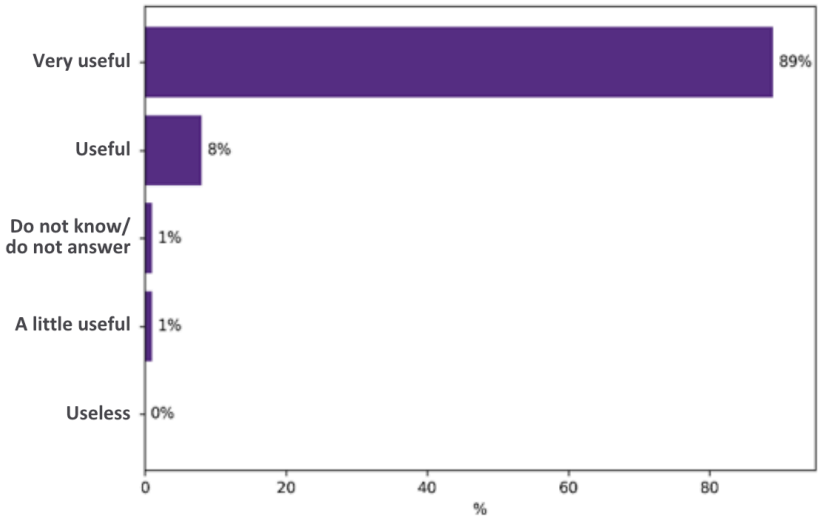
The overwhelming majority of the respondents, 91%, consider that a free day motivated by the menstrual period would be beneficial, 76% even consider it very useful. These data show the need for support regarding the menstrual experience and they suggest that the implementation of such a measure could improve the comfort of the people who menstruate.

FIGURE 36. TAKING A DAY OFF MOTIVATED BY THE MENSTRUAL PERIOD



Free access to menstrual products

FIGURE 37. TO WHAT EXTENT DO YOU FIND THE ACCESS TO FREE MENSTRUAL PRODUCTS USEFUL?



Number of answers: 1547

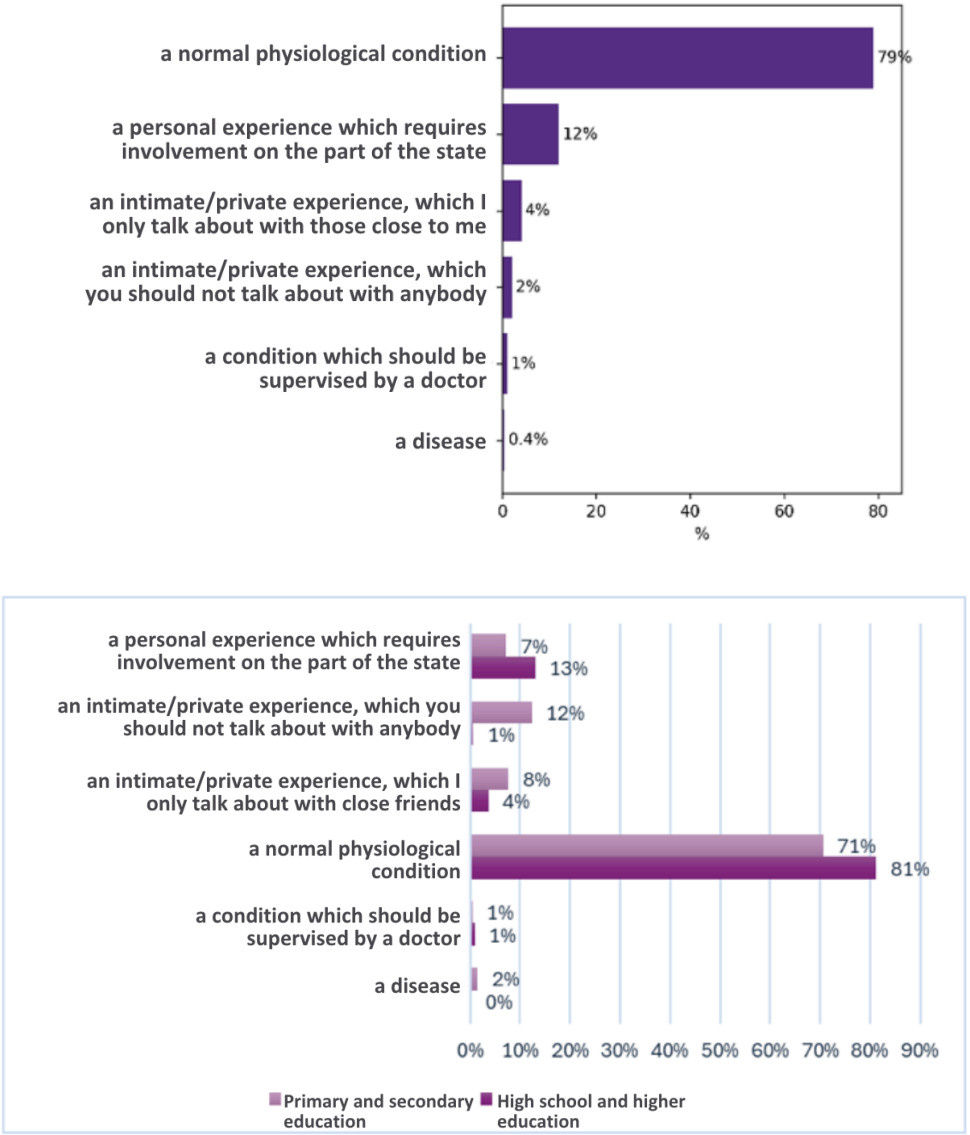
The overwhelming majority of respondents also consider free access to menstrual products to be very useful - 89% and useful - 8%, indicating near-unanimous acceptance of the importance of a public policy that facilitates access to such products. Two additional data points, collected to complement the overall picture of needs generated by the experience of menstruation, through an analytical framework focused on access to various types of products, services, and policies, relate to the difficulty of accessing menstrual products and reporting their cost to personal income. From this perspective, 24% of respondents agreed with the statement "access to menstrual products is difficult", while 33% provided a response of the type "neither nor". Additionally, 58% of the respondents agreed with the statement that "menstrual products are expensive," with only 9% disagreeing with this statement, which also offers us clear information regarding the need for policies.

The data reveal a gap between **lived reality and needs**. On one hand, we are dealing with limited access to menstrual products in public spaces, their high cost, and difficulties in obtaining the necessary products, but a clear perception of the usefulness of some measures that would facilitate access. We can interpret these findings with certainty as reflecting the need for public policies that facilitate access to menstrual products (lower costs or free distribution), and ensure a certain level of comfort (a day off) necessary for experiencing menstruation with dignity. These results highlight that menstrual products are also perceived not as an optional benefit, but as a basic necessity, with a direct impact on the quality of life of the people who menstruate.

IV.1.5. Perceptions of the menstrual experience

79% of the respondents correctly consider menstruation to be a normal physiological condition, but only 12% believe that menstruation is a personal experience which requires involvement on the part of the state/authorities. Therefore, **menstruation is perceived more as a personal experience and less as a social and/or political issue**, which shows a low degree of politicization. Education remains, in this case as well, a factor with the potential to reduce stigma and to shift the experience from the private sphere into the political and policy sphere.

Figure 38. What do you think menstruation is first and foremost? (total and depending on education level)



Menstruation is for many of the respondents a normal experience (49%), but it is also a normalization of pain (72%), of worry (38%), of disadvantage (31%), even of isolation (17%). Moreover, the normal experience of menstruation is associated with dirtiness for 35% of the respondents, but also with shame (14%) and with pressure (20%). Conversely, only 10% associated the experience with power, 14% with solidarity and with joy (only 4%). The experience of menstruation, normal and painful, is also about maturity for 34% of the respondents. We underline the fact that this question offered the possibility of multiple answers and we believe it offers a well-rounded image of the way in which the interviewees live this experience. And the image is one of **acceptance and normalization of pain, disadvantage, shame, isolation, dirtiness and pressure**, not by chance an image which reflects more encompassing experiences of the people who menstruate in society and, if we think about it, among others, it reflects the double workday, domestic and gender violence, sexist and misogynistic attitudes, gender-based discrimination, aspects related to maternity, the feminization of poverty etc.

FIGURE 39. WHAT WORDS DO YOU ASSOCIATE MENSTRUATION WITH (MULTIPLE ANSWERS POSSIBLE)

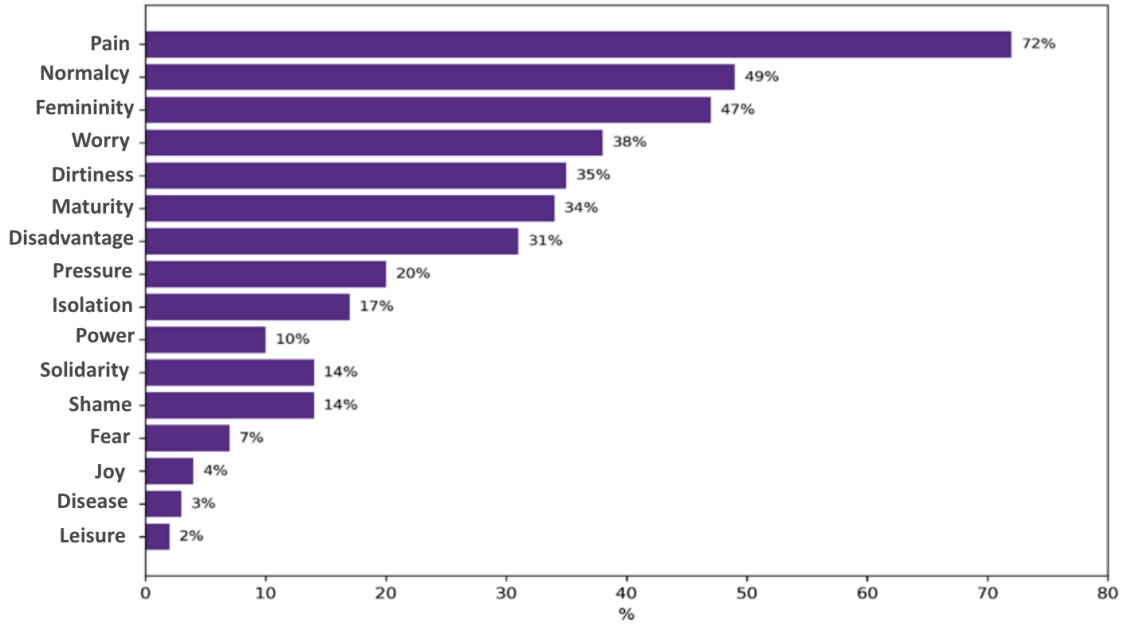
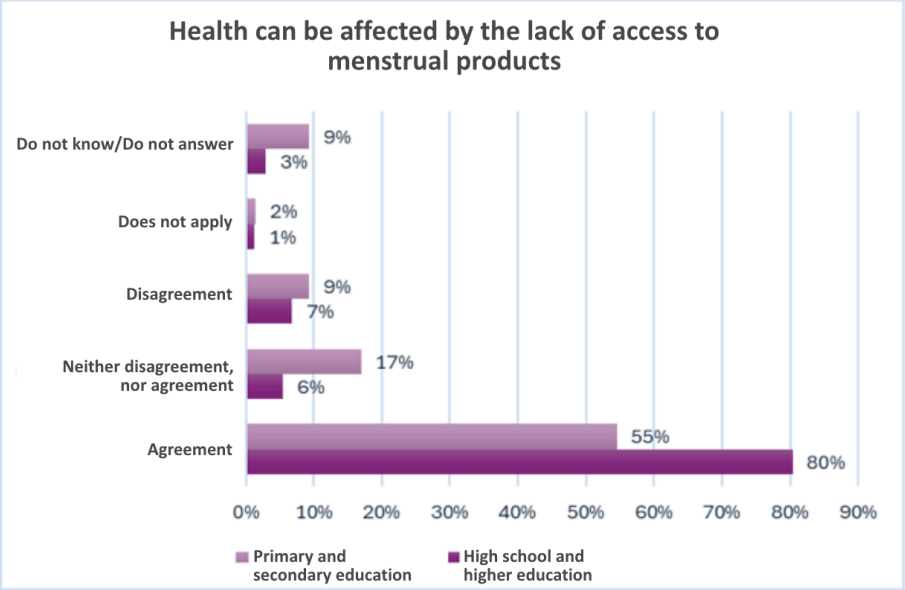


FIGURE 40. PLEASE TELL US TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS:

	Disagreement	Neither disagreement, nor agreement	Agreement	I do not know/ I won't answer	Does not apply
It is difficult to talk about the menstrual experience with parents	39%	31%	23%	2%	4%
It is difficult to talk about the menstrual experience with men	22%	31%	39%	2%	3%
It is difficult to talk about menstruation with female friends	78%	10%	5%	1%	2%
It is difficult to talk about menstruation at school	21%	27%	31%	2%	15%
It is difficult to talk about menstruation at work	24%	28%	29%	3%	12%
Access to necessary menstrual products is difficult	31%	33%	24%	2%	5%
Menstrual products are expensive	9%	24%	58%	2%	2%
The menstrual period is difficult for a person	7%	19%	67%	2%	1%
Health can be affected by the lack of access to menstrual products/education	7%	7%	77%	4%	1%
Menstruation is a private aspect of a person	18%	40%	36%	2%	1%

The difficult (67% agreement), painful, shameful, disadvantaged experience of menstruation,which pressures and isolates, remains an issue which is difficult to discuss with parents (23% agreement), men (39%), at school (31%) and at work (29%), the main people with whom it can be shared being female friends (78% - disagree that it is difficult to talk to female friends about menstruation). The privacy of living this experience results from the data presented above, to which is added the fact that menstruation is considered a private aspect of a person by 36% of the respondents. Moreover, the fact that school is not perceived as a safe space for discussing menstruation is profoundly problematic and it is caused, we believe, mainly by the lack of sexual education in the Romanian education system and by the insufficient integration of the gender perspective in education, which upholds the stigmatization and lack of support for pupils.

FIGURE 41. THE PERCEPTION OF THE EFFECT OF THE LACK OF MENSTRUAL PRODUCTS ON HEALTH DEPENDING ON THE LEVEL OF EDUCATION



Certainly, the respondents are aware that the lack of access to menstrual products can affect health, 77% of the participants in the study stating this fact. It is important to underline here, as we did above, that correlation with education offers us a different image. More exactly, while 80% of the respondents with high school level education and higher education agree with the claim that health can be affected by lack of access to menstrual products, only 55% of those with primary and secondary level education agree. These data reaffirm the role of education as an essential factor in understanding the link between menstruation and health and they highlight the way in which a lack of adequate information can lead to the minimization of the risks associated with insufficient access to menstrual products. In this context, the absence of sexual education from the education system contributes to the perpetuation of inequalities and to the vulnerabilization of the people with a lower level of education.

FIGURE 42. PLEASE TELL US TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS:

	Disagreement	Neither disagreement, nor agreement	Agreement	I do not know/ I won't answer
I can easily find a trashcan to dispose of used menstrual products./ rural-urban	15%	30%	15%	3%
I prefer not to ask for help/talk to anybody during my menstrual period.	48%	30%	17%	2%
My female friends/colleagues help me during my menstrual period.	15%	30%	48%	2%
My partner helps me during my menstrual period.	11%	14%	58%	12%
My male friends/colleagues help me during my menstrual period.	43%	28%	13%	11%
I believe I should receive emotional support during my menstrual period.	11%	25%	56%	3%
I believe I should receive financial support during my menstrual period./ income	20%	32%	37%	6%
I depend on my family's money when I have to buy menstrual products.	56%	13%	22%	5%

Following the analysis above, other data highlight the strictly private character of the menstrual experience and the way in which support is sought after or offered almost exclusively in closed circles. Although 17% of the respondents prefer not to ask for help or to talk to anybody during their menstrual period, support, when it exists, mainly comes from female friends or colleagues (48%) and from partners (58%), while the involvement of male colleagues or friends remains marginal (13%). This distribution indicates that menstruation continues to be managed in a private, limited space, modeled by social norms and stigmatization. At the same time, over half of the respondents consider that they should receive emotional support during this period (56%), and 37% show the need for financial support, which contrasts with the private character of the experience. Furthermore, the fact that 22% depend on their family's money in order to buy menstrual products reflects a lack of autonomy in managing this experience, amplifying the vulnerability associated with menstruation. Therefore, the privacy of menstruation, doubled by stigma and economic dependencies, limits the access to adequate emotional support and transforms a normal biological experience into one managed under conditions of vulnerability and inequality.

IV.1.6. Myths about menstruation

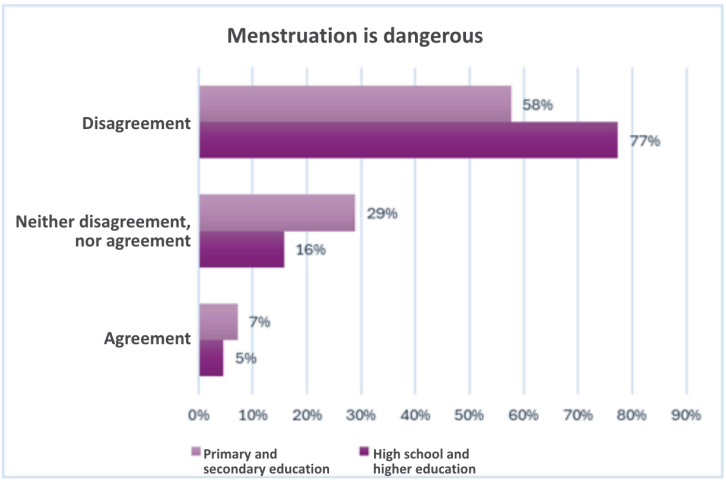
The data show that the respondents deny the majority of the myths and prejudice related to menstruation, which indicates an informed stance on this experience. 5% consider that menstruation is dangerous, 1% see it as a sin, and 7% believe that people with menstruation are dirty during this period. Perceptions such as hysteria (10%) or irrationality (7%) are rejected by the majority of the respondents as well. Moreover, only 9% agree with religious interdictions, such as being prohibited to go to church. At the same time, this informed stance does not eliminate the practical vulnerability of the menstrual experience. As previously stated, many of the answers indicate real difficulties related to pain, isolation, social pressure, the lack of emotional or financial support and the dependence on others for menstrual products. Thus, even if the stigma and the myths are contested, the lived experience remains within the sphere of vulnerability.

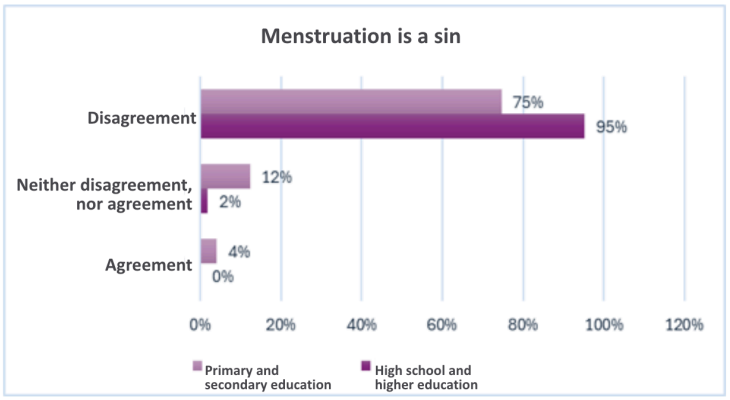
By correlating the answers with **the level of education**, significant differences can be observed: respondents with primary and secondary level education have more conservative or myth-filled perceptions compared to those with high school education and higher education. For instance, for the statement "menstruation is dangerous" the percentage is 7% vs. 5%; "menstruation is a sin" 4% vs. 0%; "women are dirty" 31% vs. 3%; "women are hysterical" 29% vs. 7%; "women are irrational" 25% vs. 4%; "you are not allowed to go to church" 32% vs. 6%. **These differences underline the role of education in building an informed perspective and in reducing erroneous beliefs**.

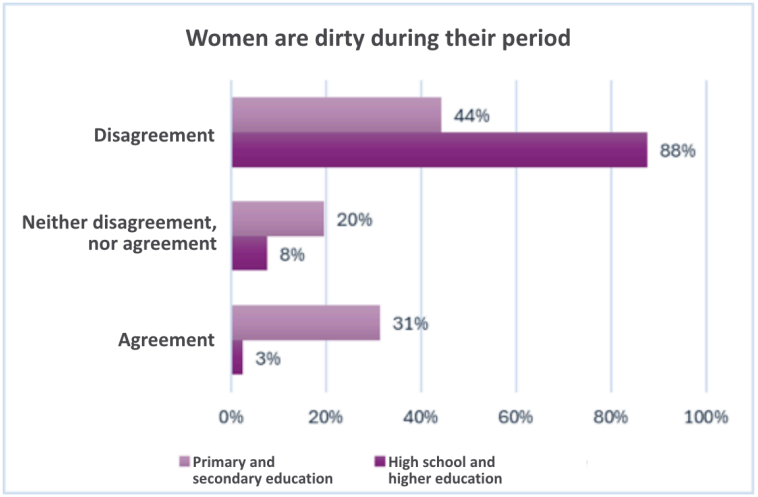
Figure 43. Myths about menstruation. Please tell us to what extent do you agree with the following statements:

	Disagreement	Neither agreement, nor disagreement	Agreement
Menstruation is dangerous	74%	17%	5%
Menstruation is a sin	92%	3%	1%
Women are dirty during their period	81%	9%	7%
Women are hysterical during their period	69%	18%	10%
Women are irrational during their period	73%	16%	7%
Women are vulnerable during their period	20%	27%	50%
You are not allowed to go to Church during your period	77%	11%	9%

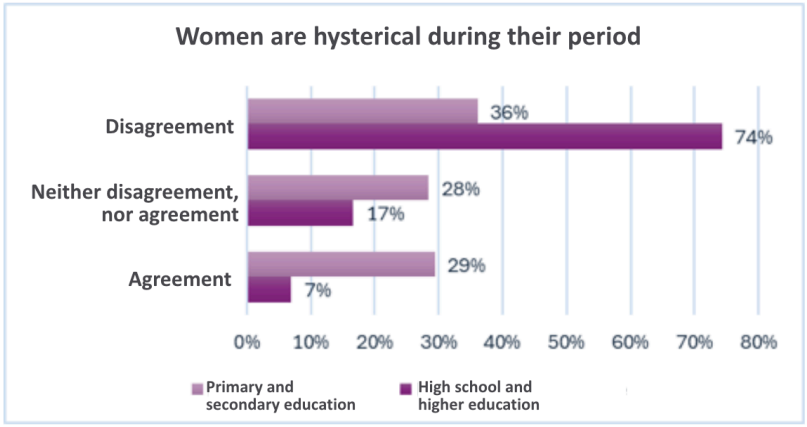
FIGURE 44. MYTHS ABOUT MENSTRUATION DEPENDING ON EDUCATION LEVEL

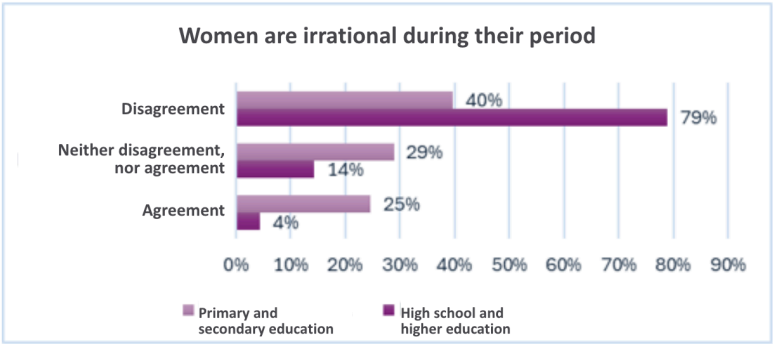


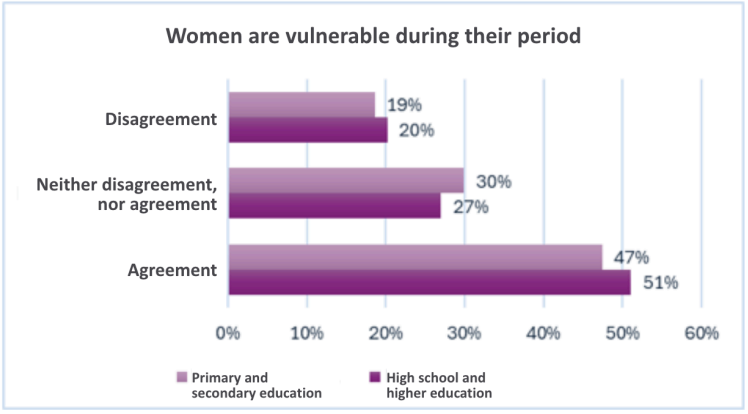




pe stop


Women are hysterical during their period
Disagreement
Neither disagreement, nor agreement
Agreement
36%
74%
28%
17%
29%
7%
0%
10%
20%
30%
40%
50%
60%
70%
80%
Primary and secondary education
High school and higher education


Women are irrational during their period
Disagreement
Neither disagreement, nor agreement
Agreement
40%
79%
29%
14%
25%
4%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
Primary and secondary education
High school and higher education


Women are vulnerable during their period
Disagreement
Neither disagreement, nor agreement
Agreement
19%
20%
30%
27%
47%
51%
0%
10%
20%
30%
40%
50%
60%
Primary and secondary education
High school and higher education

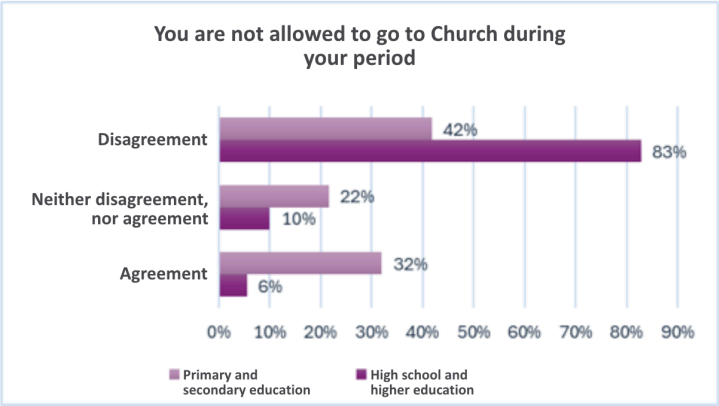
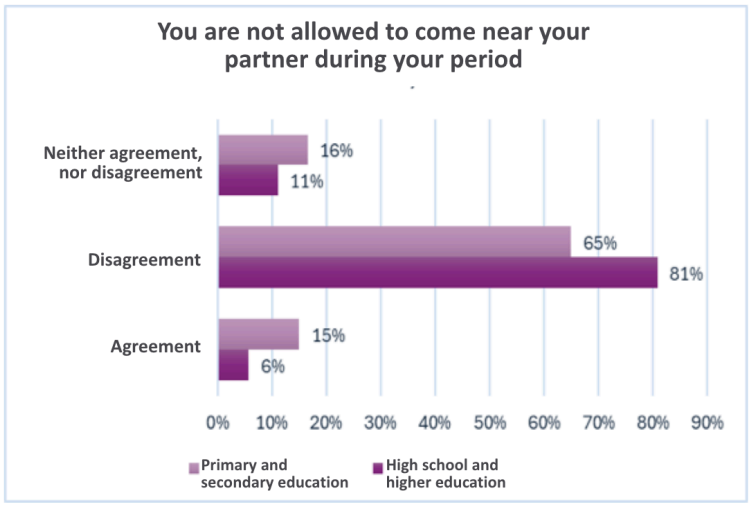


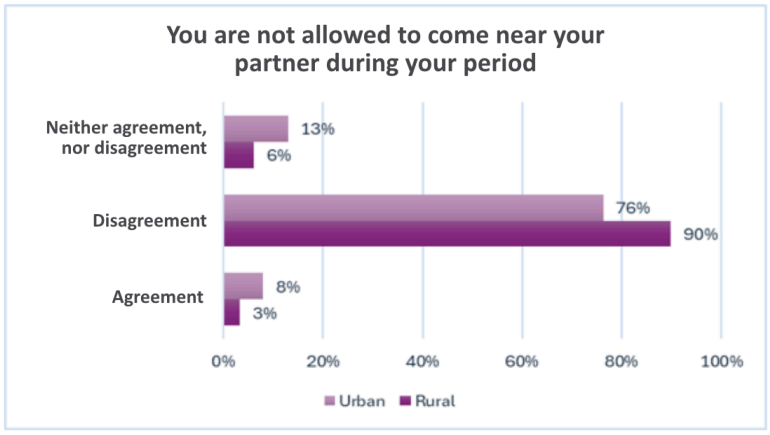
FIGURE 45. OTHER MYTHS ABOUT MENSTRUATION. PLEASE TELL US TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS:

	Disagreement	Neither agreement, nor disagreement	Agreement
You are not allowed to go near your partner during menstruation	80%	12%	7%
Women are not allowed to use internal tampons if they are virgins	75%	15%	9%
It is not advisable for women to sign documents during menstruation	92%	6%	2%
Women behave differently during their menstrual period	33%	38%	30%
Women are incapable of making decisions during menstruation	91%	7%	2%
Women are not allowed to touch certain foods during their menstruation because they are impure	93%	4%	3%

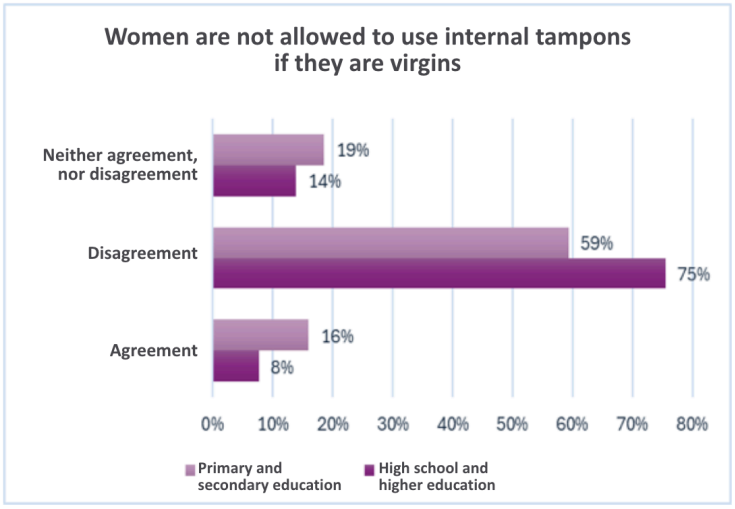
The additional data regarding traditional myths and restrictions associated with menstruation show a similar tendency: the respondents deny most erroneous beliefs, which confirms an informed and rational stance on menstruation. For instance, 7% agree that they should not go near their partner during menstruation, 9% consider that virgins should not use internal tampons, 2% believe that people who menstruate should not sign documents or that they cannot make decisions, and only 3% believe that certain foods are banned because of impurity. However, a higher percentage (30%) acknowledges that people who menstruate may **behave differently during their menstrual period**, which could indicate a realistic perception of the physiological and emotional effects. The data also show that the relevant differences are maintained both for education and between the urban and rural areas, which reconfirms the essential role of education in building an informed perspective on menstruation, but it also shows the persistence of some more conservative attitudes in the rural area.

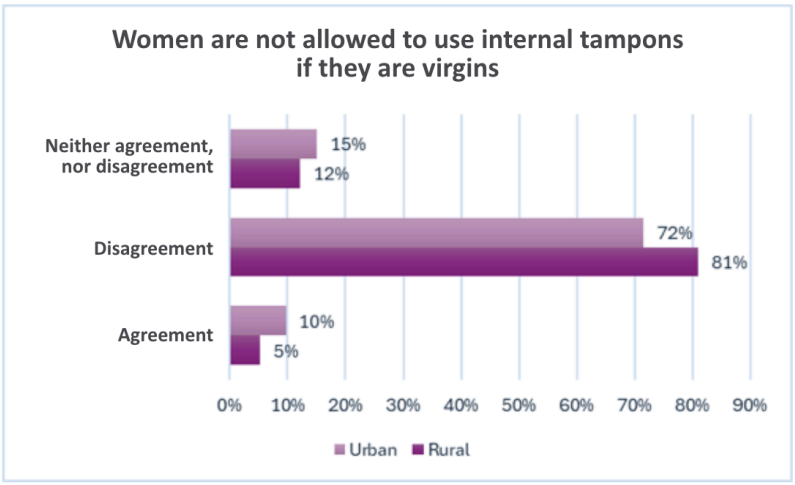
FIGURE 46. OTHER MYTHS ABOUT MENSTRUATION DEPENDING ON EDUCATION LEVEL



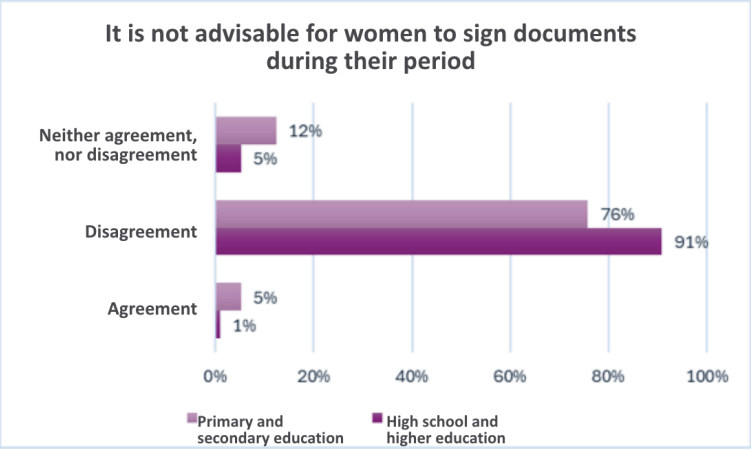


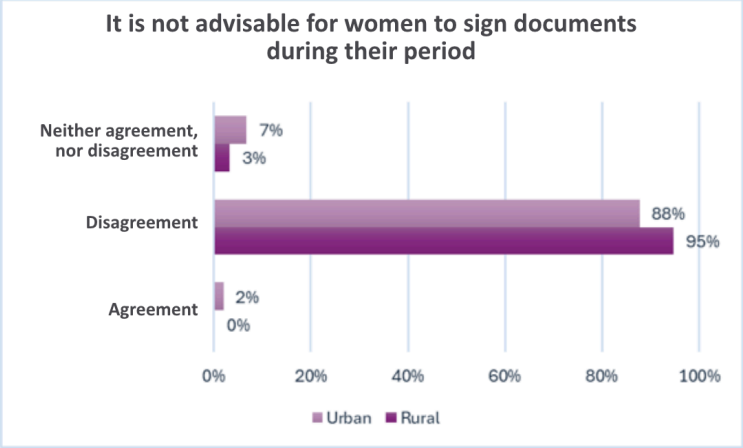
pe stop

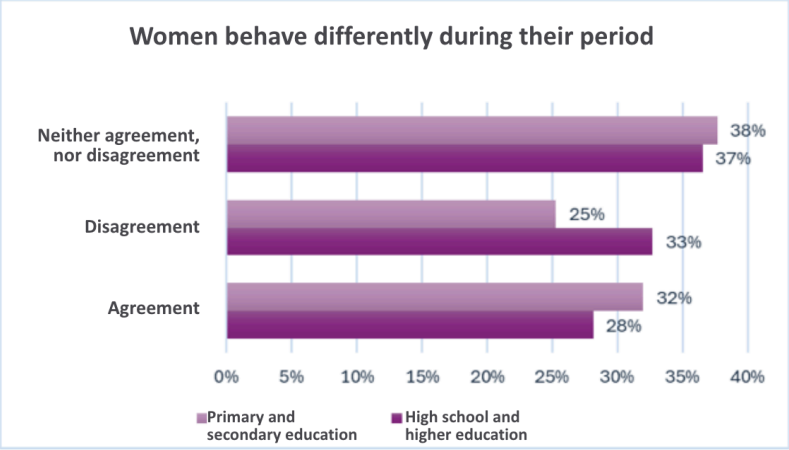

Women are not allowed to use internal tampons if they are virgins
Neither agreement, nor disagreement
Disagreement
Agreement
19%
14%
59%
75%
16%
8%
0%
10%
20%
30%
40%
50%
60%
70%
80%
Primary and secondary education
High school and higher education


Women are not allowed to use internal tampons if they are virgins
Neither agreement, nor disagreement
Disagreement
Agreement
15%
12%
72%
81%
10%
5%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
Urban
Rural

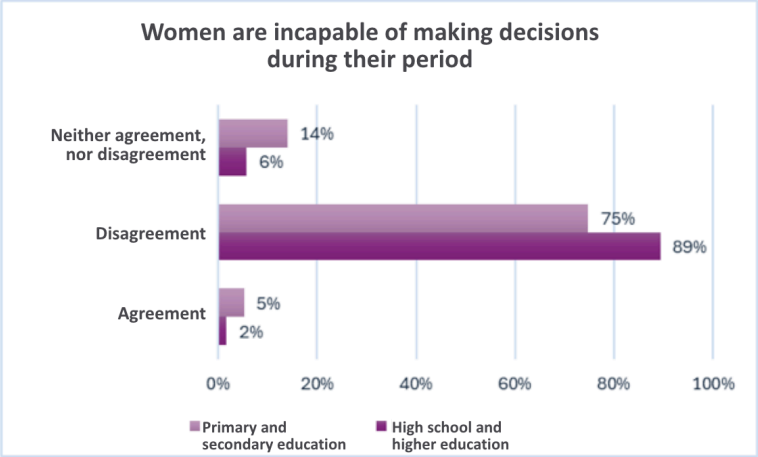
pe stop

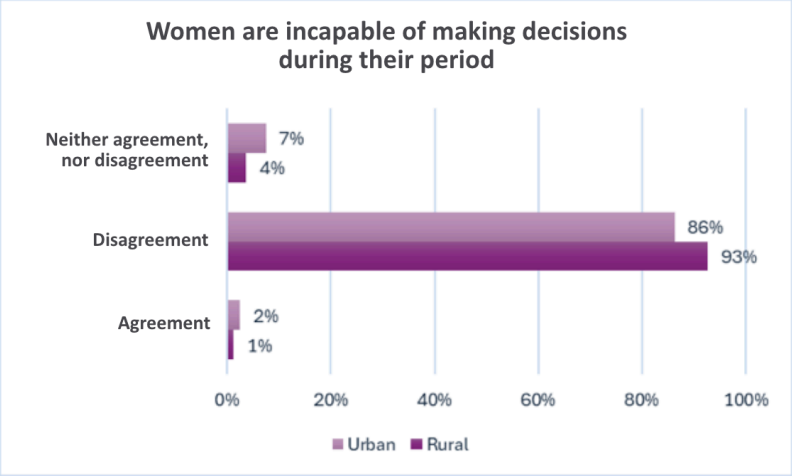

It is not advisable for women to sign documents during their period
Neither agreement, nor disagreement
12%
5%
Disagreement
76%
91%
Agreement
5%
1%
0%
20%
40%
60%
80%
100%
Primary and secondary education
High school and higher education

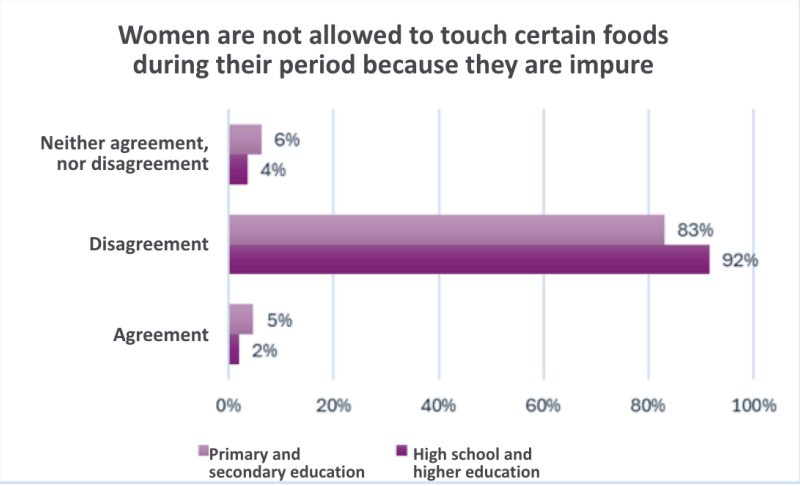

It is not advisable for women to sign documents during their period
Neither agreement, nor disagreement
7%
3%
Disagreement
88%
95%
Agreement
2%
0%
0%
20%
40%
60%
80%
100%
Urban
Rural


Women behave differently during their period
Neither agreement, nor disagreement
38%
37%
Disagreement
25%
33%
Agreement
32%
28%
0%
5%
10%
15%
20%
25%
30%
35%
40%
Primary and secondary education
High school and higher education

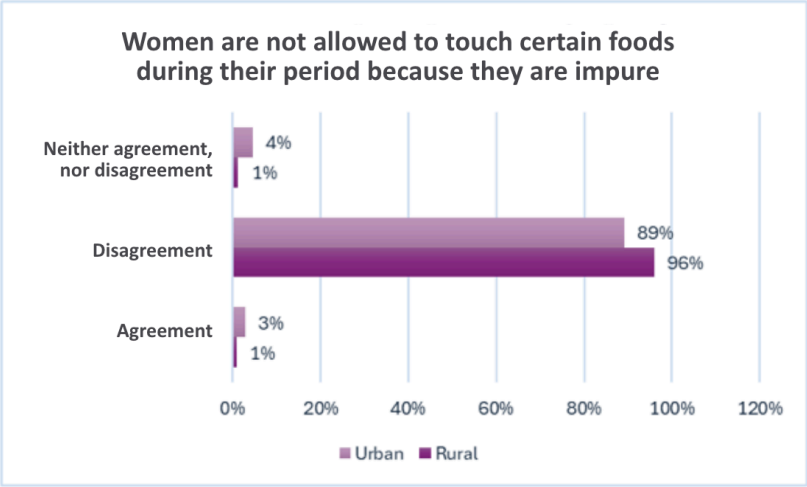
pe stop


Women are incapable of making decisions during their period
Neither agreement, nor disagreement
14%
6%
Disagreement
75%
89%
Agreement
5%
2%
0%
20%
40%
60%
80%
100%
Primary and secondary education
High school and higher education


Women are incapable of making decisions during their period
Neither agreement, nor disagreement
7%
4%
Disagreement
86%
93%
Agreement
2%
1%
0%
20%
40%
60%
80%
100%
Urban
Rural


Women are not allowed to touch certain foods during their period because they are impure
Neither agreement, nor disagreement
6%
4%
Disagreement
83%
92%
Agreement
5%
2%
0%
20%
40%
60%
80%
100%
Primary and secondary education
High school and higher education

pe stop


Women are not allowed to touch certain foods during their period because they are impure
Neither agreement, nor disagreement
4%
1%
Disagreement
89%
96%
Agreement
3%
1%
0%
20%
40%
60%
80%
100%
120%
Urban
Rural

pe stop

V. Results – Data analysis – The qualitative component

V.1. Experiences and perceptions related to menstruation - interviews with women in the area of menstrual poverty

Within this research, 5 interviews with women who experienced different forms of menstrual poverty throughout their lives were conducted: 2 with beneficiaries of the Pe Stop organization and 3 with women identified by the research team. The interviews were structured around a question grid which largely followed the same subjects as those in the questionnaire. 2 interviews were conducted online, the rest in person. All the interviews have signed GDPR agreements, they were recorded and then transcribed with the help of TurboScribe.ai in order to be interpreted.

Interview grid in appendix.

V.1.1. General profile of the respondents

F1 - woman, 25 years old, rural area (village near Câmpina), works in a NGO in Bucharest, higher education studies, married. Graduated from a secondary school in her village of origin, high school in Câmpina, university in Bucharest, where she currently lives. During secondary school was when she saw and felt the effects of menstrual poverty in the area, and in high school she understood the importance of the subject through volunteering for a NGO which organized sexual education classes in the schools in rural areas around Câmpina. First period at 10 years old, always painful, with suspicion of endometriosis. First time at the gynaecologist at 21 years old, she experienced obstetric violence on repeated visits to various doctors. Bullying in school and a friendly climate at work. Partner empathetic towards the difficulties related to her menstrual cycle. To this day, the price of the pads is a major decision factor in her choice for monthly pads.

F2 - woman, 38 years old, beneficiary of the Pe Stop Association, of Roma ethnicity, rural area, pre-universitary education, pensioner, grade 1 locomotor disability, Jehova's witness since she was 23 years old, volunteers for various NGOs, unmarried. Lives in Bucharest. First period at 12 years old, with endometriosis. Lives with multiple health conditions, experienced obstetric violence and sees menstruation as being the body's signal that everything is functional, a symbol of fertility. Difficult to procure menstrual products because of the medical costs she must cover monthly.

F3 - woman, 52 years old, beneficiary of Pe Stop services, of Roma ethnicity, was a cook and a cleaning lady, now a housewife, married. Lives in Bucharest. First period at 11 years old, no pain, currently menopausal. Did not have access to pads for a long time, used cotton wool and gauze even after 1989, because the menstrual products on the market were not accessible from the beginning. She noticed that gynaecologists do not empathize with acute menstrual pain when she accompanied her granddaughter for a checkup. She describes the experience of menstruation as being an ugly one, a trauma caused by the lack of products and of education on the subject. She is involved in multiple volunteer and communitary help activities, from distributing menstrual products, to discussions related to sexual education or clothes collection and distribution.

F4 - woman, 32 years old, psychotherapist, higher education studies, from Constanța, currently lives in Bucharest, married. First period at 12 years old, with menstrual pain which decreased in the past few years and premenstrual syndrome (PMS). First time at the gynaecologist at 17 years old, and goes to checkups annually since then. She quit using pads and uses menstrual underwear because they are cost-effective from a financial point of view, but also because of plastic contents. In her adolescence, she also used cotton wool, and her grandmother advised her to keep her pad on for as long as possible in order not to consume too many. Partner empathetic towards her issues related to menstruation. In her professional activity, she has observed the individual effects menstrual conditions or menstrual poverty can cause.

F5 - woman, 64 years old, 10-year cycle, widow, 3 children. Born in a rural area (near Tecuci), came to Bucharest when she was 14 years old. She worked for a long time at APACA, cleaned houses after 1990. Widow, 3 children, one divorce with domestic violence experiences. First period at 12 years old, no pain, exactly 3 days. She entered menopause at 39 years old. Considers that school and the houses she worked in taught her a lot about life.

V.1.2. Identified themes

Beyond differences in age, education, place of origin or ethnicity, a series of common aspects were identified regarding these women's experiences and perceptions of menstruation: physical problems (pain during the premenstrual and menstrual period) and emotional ones (primarily fear and shame); significant women in their lives (mothers, grandmothers) are the main source of information and support; school was an environment marked by bullying around this topic and was completely absent in providing education on it, which was partially replaced by "Google" or "what people say"; workplaces were generally more friendly, at least informally, toward their needs during this period (not through infrastructure or facilities!); partners were often empathetic; the relationship with gynaecologists, where most women arrive late, is generally perceived as bad. Worry was a recurring theme in the interviews, not worry about themselves, but about others. Not about their bodies or their physical and emotional health, but about what others see or say. A long internalized list of DON'Ts related to menstruation also emerged: don't talk about it, don't stain yourself or let others see it, don't enter the church, don't leave any traces in the bathroom or around the house during that time, don't get pregnant, don't dye your hair, don't, don't, don't…

On the other hand, it was observed that the level of education makes a difference between experiencing menstruation as a strictly personal matter (the perception of those with lower levels of education) vs. an awareness of the social, cultural, and political dimension of the institution of menstruation (those with higher education). Moreover, those with more education also tend to have a stronger capacity for self-awareness, a more developed critical spirit, and are more informed about menstrual issues. The need and importance of services provided by organizations such as Pe Stop (education as well as access to resources) were also frequently mentioned, with concrete arguments highlighting improvements in their quality of life.

> *Through the little package that they (the people from Pe Stop) provide, they have no idea how much joy and help they offer. There are some cases, if you knew them, you would realize and say: yes, these girls truly deserve help. When you help a person, even if you yourself are sick, and you see that another person finds joy in the fact that you helped them and made an effort for them. You, the girls, or the girls from Pe Stop, have no idea how much good you do for others. (F2)*

Pain – a constant

Pain is a constant in the lives of women who menstruate: from tolerable forms to moments which are hard to endure, especially for those with a predisposition to endometriosis.

> *Many times, the pain is so intense that I feel like I might throw up, you know… When I was in university, for example, I would just lay there. There are these two days when, if the pain is very strong, I don't even eat. If I do eat, I eat very little, because I know I have to. (F1)*

> *I have very severe pain, I sometimes faint… It starts many days before. I feel like the room is spinning. I know girls who, for example, can't live without Nurofen, No-Spa, Paduden, Aulin… I mean, we simply can't manage. (F2)*

I have very strong pain, my breasts become extremely sensitive to the point that I can't stand being touched, even by myself, it's extremely painful. I also have intense kidney pain, I feel very sluggish and unfocused, I can't concentrate. You know, it's like I don't even want to get out of bed. (F1)

PMS – a reality

Premenstrual symptoms are present through pain, various emotional and psychological moods. Most women can tell, based on these symptoms, when/if their period is about to start. Although it is a medical diagnosis, none of those who mentioned experiencing it had actually received this diagnosis during medical visits, as the topic was not addressed during examinations.

I have a whole list of symptoms that tell me it's coming – my ovulation is very painful. And so, well, life somehow revolves around pain, if that makes sense. I cry a lot, I feel very lonely. Every time, the day before my period, I eat, I crave fatty meat, a burger, something like that, my body just asks for it. (F1)

My back hurts, my breasts hurt, my abdomen hurts, two or three days before and two or three days during my period. My PMS is much worse on the emotional side. I don't know, five to seven days before my period, I'm a fucking mess emotionally. I cry a lot, I feel very lonely. All my emotional wounds get triggered. When I feel that something is off emotionally, I check my menstrual calendar, because most of the time I'm in the premenstrual phase, and that reassures me a bit, because I know that it will pass. After my period starts, I calm down quickly. (F4)

Mothers, grandmothers, sisters – the people linked to first experiences, advice and information about menstruation (often the only ones), with school being absent

The significant women in their lives are those from whom they receive their first information and advice, including information related to saving sanitary pads. School does not matter in this regard, as all the women consider that, aside from occasional informal visits from Always representatives, or other non-governmental organizations during school, they did not receive any useful information on this topic.

I know from my mother, a primary school teacher, who embellished things. (F1)

I wasn't very scared, because my grandmother, I think she was the one who told me that at some point I would get my period. Actually, she told me that yes, my period would come, I think that was how she phrased it, and that I would bleed and not to be scared, and to go talk to her or my mother when it happened. I definitely didn't learn about it at school. (F4)

No, no, no, I explained to her how she would feel, what would happen with her body, I helped her not to be afraid or ashamed. No matter where you are, how you are, there's no problem, even if you stain yourself, you come home, you wash yourself. Whether you're on the street or at school, it's not a problem. You put on a sweater or something and go home, it's something normal, something given by God, a blessing from God, because if a woman or girl doesn't have it, that means she is ill, she has a problem. (F3)

*My sister actually scared me more with what she told me about menstruation, she also had health issues and fibroids. She had very severe pain. And she would tell me, it's **really bad** when you get your period, you'll be in so much pain you won't be able to get out of bed, you'll feel dizzy and see double. I was so terrified by the idea of menstruation. (F2)*

My grandmother used to try, when I was little, to make me not change my pad if it wasn't very full. To save pads, to be careful. And yes, I would keep those pads on for far too long, poor things. Later on, I realized that I didn't have to wait until it was completely full to change it, but I think that also happened because I had more money and that was no longer a concern. I think that when I was little, money was an issue in the family, and even sanitary pads were something to worry about, I don't know how much they cost, but they certainly weren't that cheap. (F4)

I pieced things together from what I learned at school with what I heard from other girls and from my sisters. That's how I started. Then, around 10th grade, I began researching on Google. (F2)

Worries about others, not about themselves!

All the women in this sample mentioned, in various ways, the permanent concerns related to this monthly event in their lives: when/if their period is cominge; not to stain themselves; to be prepared with what they need; not to leave traces where they go to change their pads; at home, not to be seen by their fathers, grandfathers, or brothers. A long list of DON'Ts has been internalized: DON'T stain yourself, DON'T enter a church while on your period because it's a sin, DON'T dye your hair because the color won't catch, DON'T leave things around the house, in the bathroom, and above all, DON'T have sex and DON'T get pregnant. These women were not informed about the options and possibilities they can have to manage pain, symptoms, or to understand their own body.

In general, Roma women and girls are only told that they have become young ladies now. There is the possibility of having children now that your period has started. Your breasts will grow, hair will grow in certain areas. That's about it. They don't really elaborate on the topic, like look, it's not something to be ashamed of, or such discussions, or there will be some changes happening in your body. (F2)

But there was no one to tell you, look, it's coming, it might hurt, it might not, let me show you what to do, because there were no pads at that time. There was cotton wool, and we would also buy gauze. We would cut it and place it over the cotton wool. So that was my experience. An unpleasant one. Unpleasant because I didn't know what was happening. (F3)

And there was this idea that no one should see the tampons, that I had to carefully wrap them, put them in a napkin or a piece of toilet paper, and throw them in the trash under something, so that nothing would be visible. (F4)

And I called my mother, then she said, that's it, now you're a young lady, you have to be more careful now that your period has started. Meaning, I had to be more careful not to stain myself, not to let my brothers see anything in the house, not to leave things in the bathroom. To be more careful, to take care not to get pregnant. But there wasn't much information about hygiene, hormonal changes, or what was going to happen in our bodies. (F2)

My mother, being very attached to Orthodox traditions, told me that I should not go to church while on my period, because I am impure. Because that's what the priest said, that it is a great sin to lie, and being on our period and entering the church. If you are at church and realize your period has started, you must admit it, tell the priest, and receive a penance. So that was her concern (my mother's). How to be careful, not to let your father see, not to leave any trace. (F2)

To be careful where to put my pad, the cotton wool, as it was back then. Not to stain myself, because my father might see… Not to sit down, because if you sit down, you might stain yourself and people will laugh at you. Those days were a nightmare. (F4)

Late and rather inadequate relationship with gynaecologists

Most respondents had their first gynaecological examination late, after the age of 18, and declared themselves rather dissatisfied with how they were treated, the information they received, and the reduced interest of doctors in the complex aspects of the menstrual cycle - being most often asked only "When was your last period?". Doctors on TikTok were perceived as friendlier and used language which was more accessible to them.

I am very very bothered by my relationship with doctors, by going to the gynaecologist, which I currently avoid, although I know it is important for me, for my health, to get checked and have annual visits. But precisely because all my previous experiences have been bad, and because the experiences of the women in

my life, whom I talk to, are generally bad, I cannot find the courage to go to the doctor, even though I know I need to go. (F1)

I need to check if I still have the little list I went to a doctor with. I thought that by going with this list we would discuss it, but I didn't even manage to, how should I put it, I didn't even get to open it, and I think I recently deleted it from my notes because it was painful to know I had it there but I never managed to discuss it. (F1)

It has happened to me not to be taken seriously by gynaecologists when I told them I had very strong pain… Because they know these things exist, the pain and all that, but they became doctors and they don't care. You need to find a good doctor, someone you can talk to, otherwise it doesn't work. And it is not ok to have pain. (F3)

I think the only time I talked about menstruation with a doctor, at the gynecologist and at the endocrinologist, was in university when I had some hormonal issues. (F4)

Good relationship with life partners

In general, relationships with life partners are perceived as good, with partners showing understanding, offering support, and sometimes even helping women during those periods.

I don't know, the partners I've been with were very relaxed about menstruation. I never received comments like "ugh, disgusting!", "that's weird" or whatever. I don't remember anything like that. (F4)

He didn't pressure me, he didn't expect me to cook elaborate meals during that time, it was ok from this point of view. He had other flaws. (F5)

I'm lucky to have an understanding and attentive partner. It really is luck in my situation. When I'm in pain, I feel seen, and that comes with support. There have been many moments when he heated up my hot water bottle for me and brought me water to keep it warm, he also went to the pharmacy and bought heating patches. He ordered food so I could eat. When the pain is very strong, I go to him and ask him to hold me, but to place his hand, I tell him exactly where to put it, so that he applies pressure to the painful area and it feels a bit better. (F1)

The workplace – friendlier than school

Most respondents consider school to be an unfriendly environment in relation to these issues, unlike the workplace, where they face fewer problems.

At school there was bullying, no sort of information, only occasional visits from Always or other NGOs. There was a deep sense of shame at school. I studied in a village, in a school that was about to collapse. There was a constant fear of boys finding out I was on my period. Among boys, the level of bullying was bad. Even from the fourth grade, there were comments like "it smells like period in the classroom", there were some very ugly remarks. There were also situations when you stood up and someone said something like, "Look at you, girl, you stood up and you're all red, you've stained yourself like a cow". (F1)

Since I've been employed, I've had many moments when I simply arrived at the office and then went back home. I got into an Uber, went home, and said, I'm sorry, but I can't do this today. And my colleagues know, it's fine, we also have a work environment where it is ok, there are many women where I work and we also have this flexibility, which is very good. (F1)

Personal problem vs. community problem?

Only one person in our sample commented on the fact that this problem is not only a personal one, but it is also of interest to the community.

> *I have never talked about this with anyone… With whom? I also told my daughters the same thing, it's too intimate. You take care of what you need to and that's it. (F5)*

> *And honestly, it never crossed my mind that I could talk to someone about PMS or anything like that. I think I have internalized quite a lot the idea that it is a burden I must carry on my own, that it's just you and yourself, you don't involve other people, no one should know you have this, it's shameful, it's dirty. I think sometime in university, starting with university, I began to learn, when I was a volunteer, initially at Save the Children, I did a health education training. And there was a lot of discussion there about normalizing the feminine experience and that there is no shame in menstruation, in looking in a different way. I think that was a small moment that opened the door to talking about sexuality as well, about everything, differently. I feel that* ***it is not a personal issue and that it should be in everyone's interest for all people to have access to products and information about menstruation.*** *It is something so basic, somehow, so natural, and we still treat it as though it weren't. (F4)*

> *It is still a taboo subject. Because there are many cultures in which Roma women do not talk to their daughters (though they should) about topics such as menstruation, sexual relationships, protection against unwanted pregnancies or sexually transmitted diseases. The romanized Roma, those of us who go to school, we are the women who wear pants, so to speak, we live a lot among Romanians, among gadje, as we say. But the others are somehow deprived of information, of culture. (F2)*

Wishlist

In one way or another, all women mentioned the need for support in terms of information, education, but also access to facilities (free products or days off) for women experiencing menstrual poverty.

> *First of all, menstrual products s****hould be reimbursed by the health insurance system*** *for those like us, with serious health problems. (F2)*

> *It should no longer be something people laugh at or make fun of.* ***Everyone should be informed, young people should be educated. There should be, I don't know, information courses,*** *for young boys, for young girls. Girls should know these things from an early age. (F2)*

> *I have days during my period, or before it, during those critical days, 3, 4, 5 days, however many, when I am very very tired and it is very hard for me to work or do anything. And I think that affects me quite a lot. How good it would be to have* ***at least one or two days off per month for this****, because it is very hard to function normally. (F4)*

V.2. An institutional perspective

In order to document the position of public authorities and of some relevant actors in the civil society regarding the issue of menstrual poverty, a set of questions was transmitted to central institutions with attributions in the domain of health, education, equality of opportunity and social protection, as well as to nongovernmental organizations and relevant professional associations. This endeavor was not meant to provide a thorough or exhaustive research; instead, it had an exploratory character, its main purpose being that of completing the existing report analysis and of collecting some official stances from the relevant institutions and organization regarding the recognition, definition and approach of menstrual poverty in Romania.

The set of questions targeted the definition of the concept of menstrual poverty, its recognition as a form of social exclusion, the relevance of the phenomenon in Romania, the existence and the development of public policies or dedicated programs, as well as the institutional role in fighting menstrual poverty and the stigma associated to menstruation. Moreover, the questions approached the educational dimension, the interinstitutional collaboration, the link between menstrual poverty and gender inequality, as well as the necessity of an intersectional approach in public policies.

The questions (see appendix) were addressed to the following organizations: Agenția Națională pentru Egalitatea de Șanse între Femei și Bărbați – ANES (*The National Agency for Equality of Opportunity between Women and Men*), The Ministry of Health, The Ministry of Education, Institutul Național de Sănătate Publică – INSP (*The National Institute for Public Health*), Agenția Națională pentru Protecția Drepturilor Copilului și Adopție – ANPDCA (*The National Agency for Children's Rights Protection and Adoption*), Ordinul Asistenților Medicali Generaliști, Moașelor și Asistenților Medicali din România – OAMGMAMR (*The Order of General Nurses, Midwives and Medical Nurses in Romania*), The Romanian Midwives Association, Societatea de Obstetrică și Ginecologie din România – SOGR (*The Obstetrics and Gynaecology Society in Romania*) and The East European Reproductive Health Institute (Târgu Mureș). The following answered: ANES**,** The Ministry of Health, The Ministry of Education**,** ANPDCA and The Romanian Midwives Association. The following did not answer: INSP**,** SOGR**,** OAMGMAMR and The East European Reproductive Health Institute.

The answers, as well as a series of commentaries from the research team based on them, can be found below

Agenția Națională pentru Egalitatea de Șanse între Femei și Bărbați – ANES (*The National Agency for Equality of Opportunity between Women and Men*)

1. **How do you define, from the perspective of your institution, the concept of "menstrual poverty"?**

A: Menstrual poverty can be defined, from the perspective of our institution, as a violation of the women's right to life and health, manifested as a lack of adequate access for girls and women to basic hygienic products, essential for ensuring menstrual hygiene and a lack of information and adequate education about menstruation.

2. **From the point of view of the institution you represent, is menstrual poverty a form of social exclusion?**

A: Menstrual poverty represents a real form of social exclusion, fueled and sustained both by a lack of financial resources and poverty, as well as by shame or stigmatization.

Thus, girls and women can be deeply affected, both physically and emotionally, being subjected to a double discomfort that is felt in everyday life and that impacts them on multiple levels: health condition, quality of life, school attendance, work attendance, social relationships, etc.

3. **Do you consider that menstrual poverty is a current and relevant issue in Romania? Why?**

A: Considering the proportion of the female population within the overall national population (over 50% of the country's population), menstrual poverty is not only a current and relevant issue in Romania, but also a matter of failing to respect women's dignity and rights. The lack of specific national programs in the domain of health which include a gender-sensitive dimension highlights the fact that many efforts are still needed to take women's needs into account. Unfortunately, over time, public policies, especially those in the health sector, have included women only as patients, not as women with real and specific needs related to their right to a healthy life and harmonious development.

4. **Are there currently any strategies or specific governmental programs which directly approach menstrual poverty? Is your institution developing such programs? Please present them briefly.**

A: For the first time in a national public policy, within the National Strategy for promoting equal opportunities and equal treatment between women and men and for preventing and combating domestic violence for the period 2022-2027 (Government Decision no. 1547/2022), we find the intervention area: *Health, point 2.2.c) Launching debates and initiatives with relevant actors regarding the piloting, in both urban and rural areas, including marginalized rural communities, of a project for installing sanitary pad vending machines in public places, ensuring constant access at a symbolic price.*

The measure targets the organization of debates with broad participation which will generate recommendations. In this way, a diagnostic analysis will be realized, which will serve as the basis for the development of a project for a normative act by the year of 2027. The institutions responsible for the development of this measure are: ANES, The Ministry of Health, local public authorities/Serviciile Publice de Asistență Socială – SPAS (*The Public Social Welfare Services*).

5. **Do you think measures should be taken in order to ensure access to menstrual hygiene products for vulnerable categories (schools, hospitals, social centres)?**

a. **What measures would be more suitable for tackling menstrual poverty in Romania?**

A:

- the distribution of free menstrual hygiene product packages to people in vulnerable categories, through various means (schools, high schools, universities, local municipalities/DGASPC/SPAS, community healthcare services, integrated community teams, hospitals, family planning clinics, dispensaries, polyclinics, family doctors, pharmacies);
- the organization of courses on menstrual hygiene, providing information about this physiological condition, providing information about easy access to menstrual hygiene products.

b. **Towards which vulnerable person category should the support be directed?**

A: Support should be directed especially towards:

- girls and women from rural areas and small urban areas;

- Roma girls and women and those from disadvantaged communities;

- girls and women with disabilities;

- girls and women living in informal settlements.

6. **Do you think that your institution/organization has a role in combating menstrual poverty? What about the stigma associated with menstruation? What is this role?**

A: ANES plays a fundamental role in promoting the principle of equal opportunity between women and men and in ensuring respect for women's rights in our country.

From this perspective, ANES collaborates with other governmental institutions to ensure the implementation of current specific policies:

- the National Strategy for promoting equal opportunities and equal treatment between women and men and for preventing and combating domestic violence for the period 2022–2027 (Government Decision no. 1547/2022);
- the National Strategy for social inclusion and poverty reduction for the period 2022–2027 (Government Decision no. 440/2022);
- the National Health Strategy for the period 2023-2030, "For Health, Together" (Government Decision no. 1004/2023).

Stigma related to menstruation could be addressed in future campaigns carried out by ANES, especially in high schools and schools, in partnership with the The National Institute for Public Health and specialist doctors.

a. What programs could be supported by your institution in order to approach menstrual health and poverty?

A: To ensure a continuous and integrated intervention that responds to all needs, it is necessary to implement a national health program for girls and women. Thus, the Ministry of Health should be the institution responsible for launching and managing such a program through the entire infrastructure in this domain, while ANES can support, through partnership, all the specific interventions. This could be achieved either by accessing European funds through the Health Operational Program, or by allocating funds from the state budget through the initiation of a project for a Government Decision.

At the same time, ANES has designed a series of specific interventions and measures for the future, as stated in points 4 and 6 (final).

7. Do you know whether the national curriculum includes modules which deal with menstrual health and combating stigmatization?

A: There are no modules which approach individual points of interest regarding menstrual health and combating stigma in the national curriculum.

a. If it does not, should it include any? In what subjects?

A: Information and notions regarding this aspect should exist in the Health Education module, but the topic could also be approached during homeroom class or during activities in Săptămâna altfel (*a Different Kind of School Week*), by co-opting and inviting experts in the field.

b. Which category of professionals should be trained on this topic?

A: teachers, health mediators, school mediators, school counselors, equal opportunity experts, community nurses, family doctors, doctors and nurses, social workers, experts from integrated community teams and from family planning clinics, dispensaries, polyclinics, pharmacists, etc.

c. Do you know of any educational initiatives regarding menstrual health? Which ones?

A: - the SEXUL vs BARZA Association and the Tineri pentru Tineri Association – programs, information and education for young people regarding the menstrual cycle;

- România pozitivă - Toolkit pentru echitate menstruală (*Pozitive Romania - Toolkit for menstrual equity*) – a resource for those working with young people;

- the Iele-Sânziene Association – initiative for free menstrual products in schools;

- the Pe Stop Association – menstrual hygiene courses / body and consent and hygiene packages distribution;

- consultation on the topic of menstrual hygiene initiated by the Prahova County Students' Council, addressed to all students in the county (406 primary beneficiaries of the educational process participated - March 2024)

8. Do you collaborate with other institutions or NGOs in order to promote menstrual health education?

A: ANES collaborates with the Ministry of Health and the National Institute for Public Health, as well as with relevant NGOs for interventions in this domain, such as: the SEXUL vs BARZA Association, and the Tineri pentru Tineri Association

9. Do you consider that menstrual poverty has anything to do with gender equality/inequality? In what way?

A: Menstrual poverty is a factor which exclusively impacts women and girls, also having a direct impact on widening gender inequalities in society. The lack of access to minimal hygiene conditions and to primary medical care actually prevents the completion of certain essential steps in girls' and women's professional paths, starting with the lost school days and continuing with their access to the job market.

10. How do you think an intersectional approach (one which bears in mind the multiple vulnerabilities of women) of menstrual poverty in public policies could be supported?

A: Menstrual poverty should be considered as a factor which significantly contributes to the widening of gender inequalities, and, implicitly, measures for reducing the impact on the wellbeing of girls and women should be found in all public policy documents which take into account the empowerment of women and their increased representation. A coherent and extended approach for supporting vulnerable groups, including women and girls, should contain elements of concrete action which limit the influence of factors determining this vulnerability, and menstrual poverty is one of those factors.

Commentary: *The responses provided by ANES regarding menstrual poverty highlight a nuanced understanding of the topic and the fact that this issue cannot be reduced to a simple lack of material resources, but it represents a violation of women's fundamental rights to life and health. The institution correctly acknowledges that menstrual poverty is a real form of social exclusion, perpetuated not only by poverty, but also by shame, stigma, gender roles and relations, as well as conservative cultural norms that marginalize the experience of menstruation. It is noteworthy that ANES approaches menstruation as a complex phenomenon with physical, emotional, and social implications, emphasizing its impact on health condition, school attendance, workplace participation, and social relationships, which reflects a nuanced understanding of the realities of women and girls. The answers clearly link menstrual poverty to gender inequality, highlighting that the lack of access to hygiene products and services affects women and girls exclusively, limiting their educational and professional paths. The contextualization of the issue in Romania is also worth appreciating, including the mention of the lack of gender-sensitive national health programs, the lack of sexual education, but also the lack of initiatives in progress, such as piloting projects for access to pads in public spaces and organizing consultations with relevant actors.*

An important element of the response is the identification of directions for solutions and intervention, which outline an integrated and long-term approach. ANES supports the need to develop a national health program for girls and women that would ensure a continuous and coherent intervention, capable of addressing the diversity of existing needs. In this vision, the Ministry of Health is designated as the institution responsible for initiating and managing the program, while ANES assumes a supporting and partnership role, contributing to the implementation of specific

interventions. Possible funding sources are explicitly mentioned, such as European funds through the Health Operational Program or national budget allocations through the initiation of a government decision, which gives the proposals a higher degree of feasibility.

At the same time, ANES refers to an innovative initiative included in the National Strategy for promoting equal opportunities and equal treatment between women and men for the period 2022-2027, namely the piloting of projects regarding the installation of sanitary pad vending machines in public spaces, both in urban and rural areas and in marginalized communities. This measure is presented as part of a broader process of consultation and diagnostic analysis, which is expected to underpin a future normative act by 2027, with the involvement of ANES, the Ministry of Health, and local public authorities. In addition to these directions, ANES identifies a broad range of relevant actors for the implementation of interventions, from teachers, school counselors, and health mediators, to medical staff, social workers, and experts from integrated community teams. This intersectoral approach reflects a correct understanding of the fact that menstrual poverty cannot be addressed exclusively from a medical perspective, but requires cooperation between education, health, and social services.

However, ANES's analysis also has some limitations. The institution remains relatively evasive regarding its direct responsibility, mentioning its coordinator or partner role within national strategies, without assuming a firm public responsibility stance on the issue. Even though ANES provides a well-grounded analysis of menstrual poverty, highlighting the complexity of the problem and its link to gender inequality, within the scope of its attributions, there is still a need for the institution to assume a more proactive role, so that the identification of problems is translated into concrete actions.

The Ministry of Health

General Directorate of Medical Assistance and Public Health/Department of Medical Assistance and Strategic Planning

"Regarding your request registered at the Ministry of Health under no. Reg 2/27988/30.06.2025, DGAMSP 3266/02.07.2025, we inform you that it has been forwarded to the Obstetrics and Gynecology Commission of the Ministry of Health, which considers the subject to be important in the general context of women's health, requiring a social and economic approach.

Health education also addresses the issue of the menstrual cycle, which is a normal physiological process, a topic also covered in biology classes."

Commentary: *The response provided by the Ministry of Health reflects a formal, bureaucratic, and superficial approach regarding the topic. Although the subject is explicitly acknowledged as important "in the general context of women's health", and despite the invitation to address the ten specific questions submitted, the response remains evasive and is limited to informing that the request was forwarded to the Obstetrics and Gynecology Commission. The reply reflects a bureaucratic chain of responsibility-shifting and a lack of concrete ownership of the issue. Not least, menstruation is reduced to its biological dimension, being described as a "normal, physiological" process addressed in biology and health education classes. The Ministry's response reflects either a superficial understanding of the issue or a tendency to avoid responsibility for intervention by giving the topic a strictly biological interpretation, avoiding a critical analysis of menstrual poverty as a public health and social inequality issue. This approach highlights a significant gap between the complexity of the investigated phenomenon and the level of institutional response provided.*

The Ministry of Education

General Directorate of Equity and Performance in pre-university education

"Regarding your collaboration proposal, sent and registered at the Ministry of Education and Research no. 10467/16.06.2025, we communicate you the following:

The Ministry of Education and Research supports children and young people from disadvantaged backgrounds, with the aim of offering quality education for all. Thus, the Ministry of Education and Research recognizes the extent of the social exclusion phenomenon, which often leads to lack of children integration in school, high rates of absenteeism and school dropout, and proposes a complex approach, based on integrated measures. Among the identified causes we find socio-economic difficulties in the family, as well as the need of curricular adjustment and offering personalized educational support. Therefore, the measures taken by the Ministry of Education and Research target poverty in the general sense, there are no specific measures for menstrual poverty (with the exception of the Always Program, described below).

The main strategic directions in the field of ensuring inclusive and quality education for all children are aligned with European programmatic documents: the Recovery and Resilience Plan, the European Green Pact, the 2030 Agenda for Sustainable Development, the European Pillar of Social Rights, the Council Resolution regarding a strategic framework for European cooperation in education and training, aimed at achieving and further developing the European area of education by 2030. The priorities of the Ministry of Education for the 2024–2025 school year in this field were:

- creating and promoting inclusive, student-centered practices and ensuring the material resources necessary for inclusive, equitable, and quality education;
- supporting schools at high risk of dropout by providing grants through the National Program for Reducing School Dropout (Programul National pentru Reducerea Abandonului Școlar – PNRAS), funded through the National Recovery and Resilience Plan (Planul Național de Redresare și Reziliență – PNRR);
- reducing the rate of school leaving (regardless of the education level at which the preschooler/student drops out), revising certain social programs, and expanding the Hot Meal program;
- improving and promoting programs that support school reintegration for those who have dropped out, regardless of when the dropout occurred;
- improving teachers' didactic competencies, so that they can provide the necessary attention to children/students from vulnerable/disadvantaged groups, integrate children/students with learning difficulties, and work in special education or with students/children with special educational needs (SEN);
- supporting children whose parents have gone abroad to work, through psycho-emotional assistance and by ensuring their participation in quality education;
- increasing the quality of the education system, at all levels, by launching the Education and Employment Operational Program (Programului Operațional Educație și Ocupare – POEO);
- support for graduates taking the national baccalaureate exam, by adapting exam conditions to ensure equal opportunities for access and participation;
- various financial support programs, such as educational vouchers worth 500 lei, the Euro200 program, social scholarships, free school supplies, and free or 90% subsidized transport for pupils and students.

At the same time, preschoolers, students, and school staff members in difficult situations benefit from free counseling services, in accordance with the law, within the psycho-pedagogical assistance offices in pre-university education institutions. According to statistical data provided by school inspectorates, in the 2024-2025 school year there are 3.354 school counselor positions within these psycho-pedagogical assistance offices.

In accordance with the Pre-University Education Law no. 198/2023, with subsequent amendments and additions, "Art. 82 (1): in every pre-university education institution with legal personality in Romania, medical

offices/school dental offices authorized from a sanitary perspective shall be established/organized. By exception, in every special education institution, a school medical office shall be established/organized by 2027."

(2) School medical and dental services provided by a school medical/dental office are free of charge for ante-preschool children, preschoolers, and students in the pre-university education institutions referred to in paragraph (1).

(3) The management of pre-university education institutions, teaching staff, administrative and auxiliary staff collaborate with the medical personnel of the school's medical office, in accordance with a joint order of the Minister of Health and the Minister of Education. Until the establishment of medical offices in accordance with paragraph (1), pre-university education institutions are assigned to the nearest school medical office.

(4) If there are no medical offices in pre-university education institutions, as provided in paragraph (1), local public administration authorities are required to establish them by 2030.

(5) Medical care within school medical/dental offices is provided by licensed physicians and nurses, as defined by the relevant legislation.

(6) Other categories of personnel employed within medical offices are hired under individual employment contracts.

(7) Specialized medical personnel within state pre-university education institutions, including those in special state education institutions and public nurseries, are employed by local public administration authorities, with the approval of the Ministry of Health, and are remunerated in accordance with Framework Law no. 153/2017 on the remuneration of staff paid from public funds, with subsequent amendments and additions.

(8) The funding of medical offices in state pre-university education institutions, including those in state special education institutions and public nurseries, with regard to personnel expenses, is ensured in accordance with the provisions of Articles 3 and 21 of Government Emergency Ordinance no. 162/2008 on the transfer of responsibilities and competences exercised by the Ministry of Public Health to local public administration authorities, approved by Law no. 174/2011, with subsequent amendments and additions. Funding may be supplemented from non-reimbursable external funds, donations, or sponsorships, in accordance with the law.

(9) Administrative-territorial units are required to ensure the functioning of medical offices within state education institutions that have been established and equipped through non-reimbursable European funds, after the completion of the project implementation period, receiving funding for this purpose from the state budget.

(10) In private education institutions, school medical services may also be provided by a school physician or nurse who concludes an individual employment contract or another type of contract with the respective institution.

(11) The provision of medical care in pre-university education institutions, as well as the periodic health assessment of primary beneficiaries, is carried out based on a joint methodology developed by the Ministry of Education and the Ministry of Health and approved by a joint order of the minister of education and the minister of health."

Furthermore, in accordance with Order of the Ministry of Health/Ministry of Education no. 2508/4493/2023 for approving the Methodology for ensuring medical care for ante-preschool children, preschoolers, students in pre-university education, and students in higher education institutions, aimed at maintaining the health of communities and promoting a healthy lifestyle, with subsequent amendments and additions:

"Art. 2 (1) Medical and dental care for ante-preschool children, preschoolers, pupils, and students is provided in medical and dental offices within pre-university education institutions and higher education institutions.

(2) In authorized/accredited pre-university and higher education institutions, the medical care provided under paragraph (1) is ensured by general practitioners/family physicians, dentists, and nurses, who practice in accordance with the applicable legal provisions.

(3) In rural areas, where there are no medical and dental offices within pre-university education institutions, the medical care provided under paragraph (1) is ensured by general/family physicians and dentists from the respective or nearby localities, in accordance with the provisions of Art. 12 (3) of Government Emergency Ordinance no. 162/2008, on the transfer of the responsibilities and competences exercised by the Ministry of Health to local public administration authorities, approved by Law no. 174/2011, with subsequent amendments and additions.

(4) Authorized/accredited private pre-university and higher education institutions shall comply with the provisions of this order, including ensuring the employment of medical staff and equipping medical offices in accordance with the standards set out in this order."

"Art. 4 (2) The employment of medical personnel in school medical and dental offices within state pre-university education institutions and state higher education institutions is ensured by local public administration authorities.

(3) In order to ensure optimal conditions for school medical activity, local public administration authorities appoint coordinating physicians from among those employed in medical and dental offices in pre-university education institutions and higher education institutions"

"Art. 13 (1) The establishment of medical and dental offices within educational institutions is carried out by local public administration authorities, at the request of the institution's management, in accordance with Government Emergency Ordinance no. 162/2008, on the transfer of the responsibilities and competences exercised by the Ministry of Health to local public administration authorities, approved by Law no. 174/2011, with subsequent amendments and additions."

Additionally, Annex 17 to the above-mentioned order sets out the Employment norms for medical personnel in pre-university education institutions. The note within Annex 17 specifies: 1 full-time position for a physician, dentist, or nurse may be achieved either by assigning additional educational institutions (in the case of school/student dental offices) or by combining fractional positions (in the case of school/university medical offices). At the national level, however, there is still a shortage of medical personnel, meaning that not all pre-university education institutions benefit from medical care through school medical offices.

The Ministry of Education and Research has also supported, since 1996, the Always program, dedicated to educating/informing young girls at the age of puberty. Through this program, around 80% of 5th and 6th grade girls are informed about feminine hygiene and personal care. The program consists of educational sessions delivered by facilitators, in urban and rural areas, on topics related to feminine hygiene and personal care, targeting 5th and 6th grade girls across all counties. The facilitators come from domains such as medical sciences, pedagogy, biology, psychology, sociology, and are specialized in addressing topics related to personal hygiene and feminine care. The sessions use electronic tools, PowerPoint materials, and videos. The program is organized by Procter & Gamble and implemented by the agency designated by the company - Caregivers SRL.

Commentary: *The answer submitted by the Ministry of Education shows the existence of multiple ways through which aspects related to menstruation and menstrual poverty can be approached within the education system. Although these issues are not part of some distinct or exclusively dedicated measures, the current public policy*

framework allows integrated interventions, with educational, medical and social character, which can contribute to reducing the impact of menstrual poverty on school participation and performance.

As it follows from the answer provided by the Ministry of Education and Research, the institution has complex interventions related to social exclusion, in virtue of the fact that it recognizes that the socio-economic difficulties of the families may generate absenteeism, lack of school integration and school dropout. In this context, menstruation and lack of access to feminine hygiene products may be understood as additional vulnerability factors, which may be approached through general support and inclusion measures, adapted to the students' real needs, even though the answer clearly shows that this is currently not happening.

The institution also brings up the existence and development of school medical and dental offices, which may also represent another relevant intervention path. In accordance with the Pre-University Education Law no. 198/2023, each pre-university education institution with legal personality is required to organize sanitary-authorized school medical and dental offices, while in special education institutions a school medical office is to be established by 2027. These structures can play an essential role in providing basic information, counseling, and support on issues related to menstruation. At the same time, the Ministry's response implicitly highlights existing limitations, namely that not all educational institutions have such functional offices and that there is a shortage of medical personnel, which affects the system's capacity to respond uniformly to these needs.

Not least, the Always program, implemented in Romania since 1996, is mentioned as an initiative, the only concrete intervention in schools on the topic of menstruation, which should concern us. Even though the program has contributed to informing a significant number of girls, over 80% of the girls in 5th and 6th grade benefitting from information regarding menstrual hygiene products, the question remains whether this kind of intervention is sufficient, especially since we are talking about a stigmatized and stigmatizing experience.

Agenția Națională pentru Protecția Drepturilor Copilului și Adopție – ANPDCA (*The National Agency for Children's Rights Protection and Adoption)*

"Following your request for information needed for the research you are conducting on the phenomenon of 'menstrual poverty,' we consider that, given the specificity of this issue, relevant data could be provided by other ministries or authorities whose fields of activity directly address this subject.

From the perspective of our institution, we note that it ensures the monitoring of how the fundamental and general rights of children in Romania are respected and guaranteed, as regulated both by national legislation and by international conventions concerning children's rights.

From this perspective, the right to health and the right to social protection for certain categories of children considered to have a higher degree of vulnerability represent priorities that the responsible ministries take into account, in relation to their specific areas of competence.

In this context, while expressing our appreciation for your concern in supporting vulnerable children, including from the perspective of ensuring decent health and living conditions that allow for proper integration into society and the community, we express our hope that the institutions responsible for addressing the issue that is the subject of your research will be able to support you with substantial contributions.

Yours sincerely,"

***Commentary:** The answer submitted by ANPDCA to our request regarding the "menstrual poverty" phenomenon reflects a formal and cautious approach, but at the same time limited. Although the institution received a clear 10 specific question set, the answer they submitted was a general, bureaucratic one, using a polite but vague tone, which evades direct involvement. Moreover, the answer shows a responsibility transfer towards other ministries or authorities, highlighting that the activity domain of ANPDCA does not directly overlap with the "menstrual poverty" phenomenon. The message mainly focuses on respecting children's fundamental rights and on the social protection of the vulnerable ones, emphasizing the prioritization of those aspects within institutional competences, a*

general perspective devoid of nuanced understanding, sensitive to the needs of young people from vulnerable categories. The multiple meanings of vulnerability that also include the menstrual poverty experienced by adolescent girls remain unexplained, which may reflect a lack of acknowledging and understanding of the phenomenon.

The Romanian Midwives Association

1. **How do you define, from the perspective of your institution, the concept of "menstrual poverty"?**

A: "Menstrual poverty" refers to the lack of constant access to menstrual hygiene products and/or the lack of adequate education for managing menstruation. In Romania, I would say it is a widespread phenomenon, as a large proportion of girls and women in rural and disadvantaged areas do not have access to hygiene products and/or education. Those I have come into contact with, Roma girls/women, girls/women from rural areas, but also from small urban communities, have limited or no access to education and/or hygiene products. For example, in the village where I live there is no pharmacy or shop. These are located in the neighbouring commune, which requires traveling several kilometres to reach the local pharmacy or shop, the variety of hygiene products is also limited. Usually, there is only one type/model available, and the price is two-three times higher compared to the same product purchased from a supermarket in a city.

2. **From the point of view of the institution you represent, is menstrual poverty a form of social exclusion?**

A: Certainly yes. The lack of education regarding the necessity of menstrual hygiene, as well as the lack of access to hygiene products cause these girls/women to be absent from school and/or other activities, having a direct impact on their education, health, dignity, and participation in society.

3. **Do you consider that menstrual poverty is a current and relevant issue in Romania? Why?**

A: Absolutely. The phenomenon is current and relevant because it affects ~1 million people, of whom ~350,000 are adolescents, and it has negative consequences on health, education, and human dignity. But I believe the biggest problem is that it is not even discussed at the political/institutional level, leaving the issue largely in the hands of NGOs or simply ignoring it.

4. **Currently, are there any strategies or specific governmental programs which directly approach menstrual poverty? Is your institution developing such programs? Please present them briefly.**

A: As far as I know, there is currently no national law introducing free menstrual hygiene products in schools/hospitals – the project PL-x 372/2021 is still under review by the Parliament. Regarding the Romanian Midwives Association, the proposed and ongoing projects mainly focus on reproductive health, while those that also include medication, contraceptives, and medical devices sometimes incorporate, on our request, menstrual hygiene products as well. Very often, the girls and women who contact us for an abortion and/or to receive free contraceptive methods are the same ones who also need support with menstrual hygiene products. I believe it would be very useful to have medium- and long-term collaborations between SRHR (Sexual and Reproductive Health Rights) NGOs and those working to combat menstrual poverty.

5. **Do you think measures should be taken in order to ensure access to menstrual hygiene products for vulnerable categories (schools, hospitals, social centres)**

A: Absolutely. In addition to the ones mentioned, it would be ideal to also find free pads in restaurants, bars, clubs (costs directly covered by them, but with an obligation for them to provide these products).

a. **What measures would be more suitable for tackling menstrual poverty in Romania?**

- The free provision of menstrual products in schools, hospitals, and social centers. The distribution of reusable menstrual products for those who have adequate hygienic conditions. We have previously collaborated with UNICEF, which donated hygiene kits that included reusable pads for refugees and disadvantaged people. We received very positive feedback from many individuals regarding these reusable

pads. The same applies to menstrual underwear, but only for individuals with unrestricted access to running water, ideally to a washing machine as well.
- The elimination of taxes on menstrual products.
- Purchases for free distribution through centralized auctions for significantly reduced prices for the Romanian state

b. Towards which vulnerable person category should the support be directed?

Adolescents from disadvantaged backgrounds.
Adult women with low income.
People from marginalized communities (rural, Roma)

6. Do you think that your institution/organization has a role in combating menstrual poverty? What about the stigma associated with menstruation? What is this role?

A: Although we do not explicitly communicate direct involvement in the distribution of free menstrual products, our concern for reproductive health and women's rights addresses the issue of menstrual poverty indirectly:

- through involvement in educational activities for both the general population and medical staff, including those in school settings, regarding reproductive health, sexual education, GBV (gender-based violence), bringing these topics into focus in schools, hospitals, and on the political agenda;
- comprehensive sexual education;
- reproductive health information in communities and maternal centers, as well as in institutions for institutionalized children, vulnerable people, and refugees;
- campaigns for preventing teen pregnancies: guidelines and educational interventions in schools and communities, contributing to increased responsibility and knowledge about the female body and menstruation.

a. What programs could be supported by your institution in order to approach menstrual health and poverty?

- Advocacy for the adoption of legislative project PL-x 372/2021 regarding sanitary pad dispensers in schools.
- We have already included references to the eradication of menstrual poverty in the SRHR Strategy within the working group at the Ministry of Health. We will continue advocacy efforts to maintain these measures and ensure the Strategy is adopted in its full form.
- Educational programs on menstrual health and specific workshops.
- Support and dissemination of awareness campaigns.
- Training health and education professionals on normalizing menstruation and combating taboo and stigma.

7. Do you know whether the national curriculum includes modules which deal with menstrual health and combating stigmatization

A: I do not believe it includes any.

a. If it does not, should it include any? In what subjects?

A: It would be ideal for it to exist as a standalone subject included in sexual education. However, it can also be addressed in biology, civic education, even in history classes.

b. Which category of professionals should be trained with regards to this topic?

A: Midwives, school nurses, school doctors, school counselors, homeroom teachers. However, all professionals who come into contact with adolescents should also have the necessary knowledge, including education and awareness

campaigns on what menstrual hygiene means and access to appropriate products. I would also propose an informational session regarding menstruation for adults, parents.

c. Do you know of any educational initiatives regarding menstrual health? Which ones?

A: Iele - Sânziene, Pe stop, Sori cu Luna.

8. Do you collaborate with other institutions or NGOs in order to promote menstrual health education?

A: Whenever it is appropriate.

9. Do you consider that menstrual poverty has anything to do with gender equality/inequality? In what way?

A: Menstrual poverty is directly and deeply linked to gender inequality, hygiene products are an exclusively female need. Lack of access means the risk of being marginalized and discriminated against, reinforcing unequal treatment in society and depriving women and girls of the chance to reach their potential.

10. How do you think an intersectional approach (one which bears in mind the multiple vulnerabilities of women) of menstrual poverty in public policies could be supported?

A: Through social programs targeted at vulnerable groups (girls from rural areas, women with low income, marginalized communities).

Collaboration between ministries: Education, Health, Labour, ANES, and NGOs.

Better political representation of women at the decision-making level.

Sanctioning and combating misogyny and sexism within political parties.

Commentary: *The answers provided by the Romanian Midwives Association stand out through a profound knowledge of the realities on the ground and an authentic perspective, built on constant and direct contact with girls and women affected by menstrual poverty. The experiences reported by the midwives, especially from among Roma girls and women, from rural and small urban areas, highlight the concrete limits of access to education and to menstrual hygiene products. The lack of basic infrastructure – such as the absence of pharmacies or shops in rural communities – force women to travel considerable distances in order to buy essential products, which are often available in a very limited variety and at significantly higher costs than in the urban areas. These observations provide a clear image of the way in which menstrual poverty is amplified by territorial and economic inequalities.*

The association displays a nuanced understanding of the complex character of menstrual poverty, underlining that the lack of education on menstrual poverty, combined with the limited access to care products, leads to school absenteeism and removal of girls and women from social life. The impact is multidimensional, affecting physical health, emotional state, human dignity and active participation in society. Exceptionally, the explicit association between menstrual poverty and human dignity represents a strength of the association's stance, exceeding the strictly medical or administrative approaches found in other institutional responses.

Moreover, the Romanian Midwives association shows good knowledge of the legislative context, signaling the existence of some legislative initiatives blocked in Parliament, which highlights the delay between recognizing the problem when doing fieldwork and the capacity of the state to adopt concrete measures. The proposed solutions are pragmatic and anchored in the realities of the communities: free distribution of menstrual products in schools and hospitals, reducing taxes on menstrual hygiene products and developing mechanisms for easy access for vulnerable people.

Another valuable element is the clearly expressed availability for active involvement. The midwives assume an essential role not only in health education, but also in facilitating access to menstrual products, capitalizing on their

stance as trusted professionals in communities. At the same time, the answers highlight the existence of stigma and social pressure associated with the experience of menstruation, as well as the necessity of involving a wide spectrum of relevant actors, from medical and educational personnel, to experts in equality of opportunity and social services.

General commentary regarding the institutions

We consider that the institution with the main role in developing and coordinating interventions addressing menstrual poverty is ANES. Given that we are dealing with a specifically female experience which, in the context of traditional gender roles, power relations, stigma, myths, stereotypes, prejudices, and discrimination, often remains invisible and invisibilized, marginalized and depoliticized, menstruation and, implicitly, menstrual poverty are issues related to gender equality, to the rights and dignity of girls and women, as well as to the state's responsibility to build a society in which this experience does not constitute a barrier to exercising autonomy and citizenship. ANES also has the necessary legal framework to intervene in this field, namely Law no. 202/2002, with subsequent amendments and additions, and its strategy includes a concrete measure on this topic – namely the piloting of projects regarding the installation of sanitary pad vending machines in public spaces, both in urban and rural areas, as well as in marginalized communities. There is also a relevant precedent, a good practice model, such as the COJES Buzău decision, which strengthens ANES's responsibility to actively engage in addressing an issue that is, undoubtedly, of public interest.

At the same time, institutions such as the Ministry of Health and the Ministry of Education play a fundamental role in solving this issue and can be mobilized by ANES within integrated interventions aimed at addressing menstrual poverty. Menstrual poverty is also a public health issue. Its prevention and combating fall under menstrual equity, considering that not only the management of menstrual blood can be difficult for some individuals, but also menstrual cycle health and the female reproductive system are part of this process. Menstrual health is defined by the Terminology Action Group of the Global Menstrual Collective as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in relation to the menstrual cycle" (Carneiro, 2021). As mentioned in the introduction, globally, approximately 500 million women and adolescent girls of reproductive age report that they do not have everything they need to manage their menstruation (Sommer, Mason, 2021). According to UNICEF (2023), in 2022 there were nearly 2 billion menstruating women aged between 15 and 49, and the lack of menstrual health management has a negative impact on health and gender equality (Plan International UK, 2018).

In this context, the involvement of the Ministry of Health is absolutely necessary, yet the responses provided so far raise questions regarding the level of understanding of the issue and awareness of its importance. For this reason, we consider that ANES's intervention can be decisive in opening a channel of dialogue on this topic. At the same time, midwives can play an important role within this ecosystem, a fact also confirmed by the responses provided by the Romanian Midwives Association. For vulnerable individuals and groups, midwives are often frontline professionals and trusted figures in the community. Their clearly expressed willingness to become actively involved is a valuable asset, as they can assume an essential role not only in menstrual and reproductive health education, but also in facilitating access to menstrual products, thereby contributing to reducing the material, informational, and symbolic barriers faced by menstruating individuals..

Regarding the Ministry of Education, several directions of involvement can be identified. The first concerns education for gender equality and sexual education. The shame and stigma associated with menarche and menstruation are reflected in the fear of disclosing menstrual status in public spaces and in potential social sanctions such as jokes, irony, prejudice, stereotypes, or discrimination, manifested in various contexts – family, school, or

workplace (Patterson, 2014). A second direction is the development of a school environment in which the experience of menstruation can be lived safely, by ensuring the necessary infrastructure: adequate toilets, trashcans, running water, and the distribution of menstrual products. A third direction concerns the integration of menstrual poverty aspects into policies regarding the inclusion of vulnerable students in the education system.

Finally, institutions such as ANPDCA, which specifically address the needs of vulnerable groups, must be systematically integrated into response mechanisms for combating menstrual poverty. Given its mandate regarding the protection and promotion of children's rights, as well as support for people in vulnerable situations, it is essential that ANPDCA becomes aware of the specific needs generated by menstruation. These needs may include access to adequate menstrual products, information, psychosocial support, and ensuring appropriate hygiene conditions, especially for children and adolescents in the child protection system, from vulnerable families, or in other contexts of social exclusion. Integrating a gender perspective into ANPDCA policies and programs can contribute to reducing inequalities, preventing further marginalization, and ensuring respect for the dignity and rights of young people.

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VI. Conclusions and suggestions

General commentary

The experience of menstruation has a vulnerabilizing potential even in the case of a convenience sample

The overall statistical picture is, as described in the methodology, one in which the predominant respondents are young menstruating individuals, from urban areas, without children, with above-average education, and with medium income. The specialized literature identifies the population group at risk of menstrual poverty as young people, without formal education, mainly from rural areas, and with low income. Although, overall, the research sample is not representative of this specific group, several general results can still be interpreted as warning signals regarding the risk of menstrual poverty faced by, or potentially faced by, individuals whose rights, including the right to health and a dignified life, must be guaranteed by the state. Thus, we draw attention to the fact that, even without having a sample composed of individuals at risk of menstrual poverty, the collected data show that:

- approximately 30% of the respondents reported not being prepared for their first menstruation;
- 41% of the respondents stated that they have experienced at least one difficulty during menstruation;
- almost two-thirds (63%) consider the monthly cost relatively high or very high;
- 29% of the respondents change menstrual products more rarely than necessary in order to save money;
- 24% agreed that access to menstrual products is difficult;
- 5% of the respondents miss school/work every month, 7% miss approximately 8-10 times per year, and 12% miss 6-8 times per year due to menstruation-related issues, which, in figures, leads to numbers worth considering (out of 1558 questionnaires);
- 9% of the respondents believe that females cannot use internal tampons if they have not started their sex life.

In such a context, which we believe clearly reflects an increased vulnerability of our sample, it is legitimate to ask what the level of precarity and vulnerability is for the lived experience of menstruation for individuals who are truly at risk of menstrual poverty. What we aim to emphasize is that the data collected within this report indicate that **the experience of menstruation has a potentially vulnerabilizing effect even within a convenience sample**. The difficulties reported by a significant proportion of the study participants show that menstruation is often experienced under conditions that can generate discomfort, insecurity, and real limitations in everyday life. More detailed analyses (e.g., regressions) may further highlight these aspects.

These findings provide strong grounds for considering that, for individuals at risk of poverty and social exclusion, the experience of menstruation may become profoundly amplified as a factor of vulnerability. Menstruation, otherwise a natural biological phenomenon, can become an experience that particularly affects human dignity, especially in contexts associated with lack of access to adequate resources, healthcare services, quality information, and other support mechanisms. Moreover, the data suggest that stigma, shame, taboos, and precarity surrounding menstruation can lead to actual restrictions in the exercise of other fundamental rights, such as the right to health, the right to education, the right to work, and freedom of movement. Thus, menstruation risks changing from a natural biological process and a transitional moment from puberty to adulthood into a structural barrier to the full exercise of fundamental rights, which calls for public systemic interventions.

Conclusions

Education above all

Perhaps the most evident conclusion of this study is **the importance of education** in the broad and diverse context of issues related to menstruation. Education is what:

- significantly and consistently influences changes in understanding and attitudes towards menstruation;

- contributes to reducing prejudice and myths;
- substantially improves the level of information;
- is sometimes more important than income (for example, in choosing menstrual products) and/or than the place of residence (urban/rural);
- menstruating individuals with higher levels of education are more likely to perceive the public and political dimension of the phenomenon and the need for its transfer to the community level, beyond the personal and private nature of the menstrual experience.

Thus, the more educated menstruating individuals are more capable of breaking cultural and social stigma surrounding menstruation. Between myths and empowerment, education represents the dividing line that allows menstruating individuals to develop a correct perception of their experience. Even without extensive access to sexual education or reproductive health education, the respondents largely position themselves correctly in relation to erroneous beliefs, challenging ideas such as menstruation being a sin, dangerous, or a source of impurity. This shows that direct experience can function as a mechanism of resistance to social pressure and stigma; however, correlations with educational level reveal significant vulnerabilities: respondents with primary or lower secondary education maintain conservative beliefs and are more exposed to isolation and vulnerability. Religious and patriarchal cultural influences seem to be reduced among those with high school and higher education, but subtle perceptions regarding the decision-making capacity or behaviour of menstruating individuals during menstruation persist, indicating that stigma does not disappear completely. Thus, education becomes a decisive factor not only in dispelling myths, but also in empowering menstruating individuals, complementing practical experience and contributing to a more autonomous and safer management of menstruation.

Home – the place of the first menstrual experience

Home is by far the place where most individuals experience their first period, with mothers, grandmothers, or sisters being the ones from whom the first information is received and who provide support in those moments. Thus, the family (and especially menstruating individuals within families) is the institution that offers the first information, initial emotional support. It is therefore evident that there is a need for information and education within the home, particularly regarding what actually happens to the body when menstruation begins, as well as the ability to recognize the physiological and emotional changes associated with this moment.

Lack of family-school, family-medical institutions partnerships

There is a lack of institutional concern from these institutions regarding this issue, but also a lack of a dialogue partnership, a family-school collaboration. There is a network of menstruating individuals (primarily mothers, but also grandmothers, sisters, female friends, female colleagues) who provide support, an informal solidarity that compensates for the absence of support from institutions with at least indirect responsibilities in this domain. School is almost absent – there is no institutional interest in the topic, information is partially provided through the intervention of external specialists (generally NGOs). Moreover, there are signs of bullying during school years related to this experience. The workplace appears to be a friendlier environment. The relationship with specialized medical professionals is also not perceived as a good one.

Culture of shame

A culture of shame can be observed, rather than a culture of assertion and ownership with joy of this fundamental experience. Social and cultural stigmatization play an important role in this sense.

Lack of an exercise of self-reflection on their own bodies, experiences

Generally, the study reveals that an exercise of self-reflection and understanding of one's body in the context of the first menstruation is missing. The vast majority are either not sure that something has changed as a result of this first experience, or they consider that nothing has changed (34% - 526 people).

Worry about others, not about themselves and a long list of DONTs

Many respondents described, in various ways, the constant worries associated with this monthly event in their lives – when or whether their period will start; to be careful not to get stained; the worry about always being prepared with what they need; not to leave traces wherever they go; changing sanitary products; not to be seen by their fathers, grandfathers, or brothers. These concerns are mainly about others, and not about their own physical and emotional needs. These individuals were never told what they should do to manage pain, moods, in order to understand bodily experiences of this kind, experiences that deeply shape their social, personal, and intimate lives. Instead, menstruation is associated with a long list of DON'Ts that are internalized from an early age: DO NOT get stained; DO NOT enter THE church during menstruation because it is a sin; DO NOT dye your hair because it will not take properly; DO NOT leave things around the house, bathroom; and, above all… DO NOT have sex and DO NOT get pregnant.

Expertise transfer from mothers to… the internet

The first information about menstruation comes from mothers, followed by other close relatives, mostly menstruating individuals. Over time, the role of mothers decreases significantly, while that of female colleagues/friends remains relatively constant, but an important shift occurs – a massive transfer of expertise toward the online space (internet, social media, influencers). Most respondents report that they currently get their information from these sources (50% internet, 33.8% social media, 10% influencers). Medical professionals also become a more important source of information (40% compared to 3.3% at the first period), alongside NGOs (whose role increases from 4% to 15.2%). It is therefore important to analyze the very important role of the virtual space in informing/educating individuals on issues related to menstruation (more broadly, on topics related to sexual education), from the perspective of the quality and validity of this information.

A difficult experience, lived in private, but which requires intervention through public policies!

The data analyzed outlines an experience of menstruation predominantly perceived as **difficult** (67% agreement), characterized by **pain, shame, pressure, isolation, and disadvantage**, although it is simultaneously considered a **normal** experience. This ambivalence explains why menstruation remains a reality experienced rather individually than openly shared. Difficulties in accessing menstrual products and the widespread perception that these products **are expensive relative to income** add to existing pressures, contributing to a sustained experience marked by discomfort and vulnerability. In this context, overwhelming support **for free access to menstrual products, as well as for a menstrual leave day**, appears as a pragmatic response to real needs, not only as a symbolic measure. The private nature of the experience is also reinforced by the difficulty of discussing menstruation with certain categories of people or in certain spaces: 23% of the respondents agree that it is difficult to talk about menstruation with parents, 39% with men, 31% at school, and 29% at the workplace. These percentages indicate the persistence of communication barriers in institutional or relational spaces marked by social norms and power imbalances.

School is not a safe space for people who menstruate

In particular, school emerges as a problematic space, where a significant proportion of respondents experience difficulties in talking about menstruation. The fact that the school institution is not perceived as a safe space for discussing a normal biological experience and for experiencing it is concerning, given the role of schools in education, information, and stigma reduction. This lack of safety may contribute to increased shame, school absenteeism, and the perpetuation of silence around menstruation, with long-term effects on well-being and gender equality. In contrast, mothers and friends remain the main spaces of openness and support. Thus, menstruation is predominantly experienced within small, informal circles, which explains why 36% of the respondents consider it a private aspect of the individual. This privacy of this experience does not only reflect an individual choice but also the result of a social context in which menstruation is insufficiently discussed, understood, and is still stigmatized in public and institutional spaces. At the same time, the extremely limited access to menstrual products in schools,

alongside very strong support (over 95% consider such policies useful and very useful) for the existence of such policies, and recent public debates on the topic in Romanian society, show how disconnected schools are from the real needs of menstruating individuals. The contrast is even sharper considering that the official response of the Ministry of Education focused on student inclusion.

Income, place of residence and level of education significantly influence access to menstrual products, but also menstruation management strategies

Generic sanitary pads remain the most accessible products, while higher-quality or more diverse products are more easily available to respondents with incomes above the minimum wage. Differences are also visible between rural and urban areas: menstruating individuals in rural areas with low income and low education levels manage menstruation more within the privacy of the family or by improvising with alternative materials, which can affect hygiene and health. In contrast, urban respondents with income above the minimum wage and with high school or higher education use better-quality products and rely more frequently on peer support, indicating *a partial shift of the issue from the individual and domestic sphere toward a community or social dimension*, with potential for politicization. **The cost of menstrual products represents a relevant constraint,** being the most important selection criterion of choice for 41% of the respondents with primary and secondary education. Expenses are higher in rural areas compared to urban areas, and almost two-thirds consider the monthly cost relatively high or very high. The direct consequence of these financial constraints is the emergence of risky coping behaviours: 29% of menstruating individuals change menstrual products more rarely than necessary, with a more pronounced impact on those with income below the minimum wage (12% vs. 5% for those above the minimum wage). This highlights *a limitation in dignity, health, and personal comfort,* as well as *insufficient accessibility of menstrual products in public, work, or educational spaces*, which can generate absenteeism or uncomfortable situations.

The need for policies in the domain is felt!

The widespread perception of the need for support is significant: 91% of the respondents consider that a day off justified by the menstrual period would be beneficial, and 89% consider free access to menstrual products to be very useful, with another 8% considering it useful. Additionally, 24% agreed that access to menstrual products is difficult, and 58% acknowledged that they are expensive. These data demonstrate a *clear need for public policies aimed at reducing menstrual precarity*, by facilitating access to free or subsidized products, by introducing support measures in the workplace and educational institutions, and by reducing inequalities determined by income, education, or place of residence. In this regard, the primary responsibility lies with ANES, which must assume the implementation of measures included in the National Strategy for promoting equal opportunities and equal treatment between people who menstruate and men for the period 2022-2027, namely the piloting of projects regarding the installation of sanitary pad vending machines in public spaces, both in urban and rural areas, as well as in marginalized communities. ANES must also take on clearer and more decisive interventions for integrating a gender perspective into health and education policies, so that menstruation and its social impact are recognized as a rights-based issue, not merely as a biological process.

Menstrual poverty – a public health issue

The fact that nearly one third of respondents (29%) report changing menstrual products more rarely than necessary in order to save money indicates not a choice, but a constant financial constraint. The situation is even more severe among the 10% who state that they improvise using other materials, a practice that directly exposes them to serious health risks. Even within a sample composed predominantly of menstruating individuals from urban areas, with medium and higher education, incomes above the minimum wage, and mostly without children, the figures suggest that menstrual precarity is not exclusively a problem within certain vulnerable groups, but rather a structural one. The disparities become even more evident in the rural segment of the sample, with primary and secondary education and incomes below the minimum wage: here, up to 20% of the menstruating individuals improvise, and approximately 38% change sanitary products more rarely than necessary. These percentages reveal a dangerous combination of poverty, limited access to education, and lack of basic hygiene resources, all of which become factors of exclusion, vulnerability, and health risk. At the same time, although the Ministry of Health is one

of the key institutions in this equation, the response received to the questions addressed indicates a predominantly formal approach, lacking substance and insufficiently anchored in the realities emerging from the study. The information provided is limited to general statements and normative references, without directly addressing the identified problems and without reflecting the complexity of the needs observed among vulnerable groups. Not least, the reduction of menstruation to its strictly biological dimension reveals the limited perspective adopted by the Ministry of Health. Through this narrowing of the issue, institutional responsibilities regarding the prevention of menstrual poverty and the effective guarantee of the right to health are eluded.

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Appendix 1. Questionnaire „Experiences related to menstruation”

Good afternoon,

We are asking you to participate in a study about the experiences of people who menstruate. Menstruation is a normal and natural biological process; natural from a biological point of view, but which has social, cultural, economic or political consequences in anybody's life (for example, stigmatization, difficulty in accessing hygiene products, absence from school or work). Through this study, starting from the people's information about and perceptions of menstruation, we wish to identify a series of issues and difficulties they are facing.

This questionnaire is aimed at people who are over 18 years of age.

We thank you for the availability to answer the questions we have come up with. We assure you of the confidentiality and anonymity of the responses when analyzing, reporting and publishing the data gathered from you. By completing this questionnaire you are are agreeing to the use of personal data in the context of respecting the requirements imposed by the GDPR (link: https://europa.eu/youreurope/business/dealing-with-customers/data-protection/data-protection-gdpr/index_ro.htm)

All the best,

The research team – University of Bucharest
Prof. univ. Laura Grünberg
Conf. univ. Diana Elena Neaga
Lector. univ. Corina Ilinca
Doctoral student Anca Nița

The Pe Stop Association team
E-mail: alo@pestop.org
Phone: 0799 298 002
Website: www.pestop.org
Address: Str. Cluj nr. 35, Bucharest

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MENSTRUATION (PERSONAL EXPERIENCES)

How old were you when you had your first period?

- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- Others... (possibility to directly type in another answer)

Where were you when you had your first period?

- At home
- At school
- On the street
- In a means of transport
- Doing sports
- Others... (possibility to directly type in another answer)

The first period was a ___ moment (multiple answers possible)

special
shameful
painful
which made me feel strong
that I had been waiting for
which made me feel important
which took me by surprise, but i felt prepared
a moment like any other, with no special importance
Others... (possibility to directly type in another answer)

How prepared did you feel for your first period, on a scale of 1 to 5, where 1 means very unprepared and 5 means very prepared?

- 1 - very unprepared
- 2 - unprepared
- 3 - a little prepared
- 4 - quite prepared
- 5 - very prepared

Who was the first person you talked to about this subject, before your first period?

- my mother
- my grandmother
- my sister
- a male friend / a female friend
- a male colleague / a female colleage
- un a male professor / a female professor
- a healthcare professional (for example, family doctor, nurse, auxiliary nurse, pharmacist)
- with no one
- Others... (possibility to directly type in another answer)

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Who was the first person you talked to about this subject, immediately after your first period?

_____

Who do you talk to about menstruation in general? How often?

	Often	Rarely	Never	Not possible	Don't know/Don't answer
Mother	○	○	○	○	○
Father	○	○	○	○	○
Partner	○	○	○	○	○
Female colleagues	○	○	○	○	○
Male colleagues	○	○	○	○	○
Female neighbors	○	○	○	○	○
Male neighbors	○	○	○	○	○
Female friends	○	○	○	○	○
Male friends	○	○	○	○	○
Association representatives/ NGOs	○	○	○	○	○
Healthcare personnel	○	○	○	○	○

Has anything in particular changed in your life after your first period?

- ○ Yes
- ○ No
- ○ I am not sure
- ○ I do not know

If yes, what was it (multiple answers possible):

I needed more intimacy
I was more careful when interacting with boys
I felt that something important changed in my relationship with my own body
I became closer to my mother
I distanced myself from my mother
I became closer to my father
I distanced myself from my father
I became closer to my female friends/colleagues
I distanced myself from my male friends/colleagues
I was no longer allowed to do the things I used to do before
Others... (possibility to directly type in another answer)

What sort of menstrual products did you use for your first period/are you using now?

	First period	Now
Cotton wool		
Toilet paper		

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Rags or other materials found in the house		
Pads (for example, Always, Bella, Libresse or others)		
Perfume-free pads		
Cotton pads (for example, Illa)		
Menstrual underwear/reusable pads		
Internal tampons (O.B.)		

What sort of menstrual products did you use for your first period/are you using now? (continuation)

	First period	Now
Menstrual cup		
Menstrual disc		
Intimate hygiene soap		
Painkillers		
Warmth blankets		
Electrical pillows		
Warm water compress/ Warm water rubber recipient		

When you are on your period:

	Often	Sometimes	Never	I generally do not do this
I avoid physical effort	○	○	○	○
I avoid going out	○	○	○	○
I avoid going to church	○	○	○	○
I avoid going to work	○	○	○	○
I avoid going to the park	○	○	○	○
I avoid sexual relations	○	○	○	○
I avoid staying out in the cold	○	○	○	○

During your period, how often have you faced the following situations:

	Often	Sometimes	Never
Difficulties regarding going outside the house	○	○	○
Difficulties regarding moving inside the house	○	○	○
I stained my clothes	○	○	○
Difficulties regarding eating (nausea, lack of appetite, etc.)	○	○	○

Do you often miss school/work when you are on your period:
Yes, every day
Quite often – 8-10 times a year
So and so (6-8 times a year)
Rarely (3-4 times a year)
Very rarely (1-2 times a year
Never

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Summed up, how many days a year (approximately) do you think you miss school/work because of menstruation:

_____

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Degree of information/ Education on the topic

On your first period, did you have enough information regarding this experience?
Yes
No
I don't know

Where did you first find out about menstruation? Where do you currently find information regarding menstruation/the menstrual cycle?

	First time	Currently	First time, as well as currently
Mother	○	○	○
Father	○	○	○
Other relatives (sisters, grandmothers)	○	○	○
Friends	○	○	○
Colleagues	○	○	○
Internet	○	○	○
TV	○	○	○
Social media	○	○	○
Influencers	○	○	○
Homeroom teacher	○	○	○
Teacher	○	○	○
Pharmacist	○	○	○
Healthcare professional	○	○	○
Psychologist	○	○	○
Representatives from companies which produce menstrual products	○	○	○
NGO/association representatives	○	○	○
Books	○	○	○

Did you know that there are ...?

	Yes	No
Countries which offer days off during the menstrual cycle (for example, Spain)	○	○
Countries where menstrual products are subsidized by the state (no VAT, or with reduced VAT, in Scotland they are free, for example)	○	○
Environmentally-friendly pads (including in Romania)	○	○
Countries where there are free pads at school/the workplace	○	○
Special recipients for disposing of such products (for example, in malls or gas stations)	○	○

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ACCESS TO MENSTRUAL PRODUCTS

Do you often have difficulty in ensuring access to menstrual products monthly?
Very often (every month)
Often
Quite rarely
Rarely
Never

To what extent are the following menstrual products accessible to you?

	To a large extent	Neither to a large extent, nor to a small extent	To a small extent	Does not apply
Cotton wool				
Pads (for example, Always, Bella, Libresse)				
Perfume-free pads				
Cotton pads (for example, Illa)				
Menstrual underwear				
Internal tampons				

What do you do the most often when you do not have access to menstrual products?
Does not apply
I turn to my family
I turn to a friend
I borrow money
I improvise with other materials

What is the most important criterion according to which you choose menstrual products?
The price
The brand that produces them
The comfort they offer me
The environmental impact (the materials the products are made of - they should be natural)
Accessibility - I buy what I find in shops/at the pharmacy
Being able to buy them by the piece

Where do you most often buy menstrual products?
The shop near my house
The supermarket in my city
The pharmacy
I buy online
I do not buy them, I receive help (donations, schools which maybe give them away for free)

Who buys the menstrual products you use the most often?

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- I buy the
- My mother
- My partner
- A girl friend of mine (she buys them for the both of us)
- My child
- My sister
- I receive them monthly for free
- Others... (possibility to directly type in another answer)

How much do menstrual products cost you per month (approximately, in lei)?

_____

How many disposable products do you use per day, on average?

_____

Do you change the product you use more rarely than you should (pad, tampon, cotton wool), in order to save money?

- Yes, on every period
- Sometimes
- Rarely
- No

Have you ever given up on an essential product in order to buy pads?

- Yes, on every period
- Sometimes
- Rarely
- No

How would you assess this monthly cost?

- Cheap
- A fair price
- Relatively expensive
- Very expensive
- Don't know/Don't answer

Do you have menstrual products in the bathroom of your school/workplace?

- Yes
- No
- I don't work/go to school

How often have you found menstrual products in public spaces?

	Often	Rarely	Never	Does not apply
Restaurant/bar/teahouse	o	o	o	o
Library	o	o	o	o
Public toilet	o	o	o	o
Malls	o	o	o	o
Cinemas/theatres	o	o	o	o
Social canteen	o	o	o	o
Day centre	o	o	o	o

pe stop

Where you currently live do you have (multiple answers possible):

- Running water
- Warm water
- Bathroom without shower
- Bathroom with shower
- Toilet inside which only you use
- Toilet inside which you use together with other family members
- Toilet outside with running water
- Toilet outside without running water

At school/work you have access to (multiple answers possible):

- Running water
- Warm water
- Bathroom without shower
- Bathroom with shower
- Toilet inside which only you use
- Shared toilet inside
- Toilet outside with running water
- Toilet outside without running water
- Toilet which locks
- Trash cans
- Menstrual products
- Toilet paper

To what extent do you find it useful to have a day off motivated by your menstrual period?

- Very useful
- Useful
- A little useful
- Useless
- Don’t know/Don’t answer

To what extent do you find it useful to have free access to menstrual products?

- Very useful
- Useful
- A little useful
- Useless
- Don’t know/Don’t answer
- Others... (possibility to directly type in another answer)

pe stop

PERCEPTIONS OF THE MENSTRUAL EXPERIENCE

What do you think menstruation is first and foremost?

- ○ a normal physiological condition
- ○ a disease
- ○ a condition which should be supervised by a doctor
- ○ an intimate/private experience, which I only talk about with my close friends
- ○ an intimate/private experience, which you should not talk about with anybody
- ○ a personal experience which requires involvement on the part of the state/authorities

What words do you associate menstruation with (multiple answers possible)?

Shame
Pain
Leisure
Power
Fear
Isolation
Joy
Dirtiness
Worries
Solidarity
Pressure
Disease
Disadvantage
Normalcy
Femininity
Maturity
Others …

Please tell us to what extent you agree with the following statements:

	Disagreement	Neither agreement, nor disagreement	Agreement	Don't know/Don't answer	Does not apply
It is difficult to talk about the menstrual experience with parents	○	○	○	○	○
It is difficult to talk about your menstrual experience with men	○	○	○	○	○
It is difficult to talk about menstruation to friends	○	○	○	○	○
It is difficult to talk about menstruation at school	○	○	○	○	○

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It is difficult to talk about menstruation at work	○	○	○	○	○
It is difficult to have access to necessary menstrual products	○	○	○	○	○
Menstrual products are expensive/income	○	○	○	○	○
The menstrual period is difficult for a person	○	○	○	○	○
Health can be affected by lack of access to menstrual products/education	○	○	○	○	○
Menstruation is a private aspect of a person	○	○	○	○	○

Please tell us to what extent you agree with the following statements:

	Disagreement	Neither agreement, nor disagreement	Agreement	Don't know/Don't answer
I can easily find a trash can to dispose of used menstrual products / rural-urban	○	○	○	○
I prefer not to ask for help/not to talk to anybody during my menstrual period	○	○	○	○
My female friends/colleagues help me during my menstrual period	○	○	○	○
My partner helps me during my menstrual period	○	○	○	○
My male friends/colleagues help me during my menstrual period	○	○	○	○
I believe I should receive emotional support during my menstrual period	○	○	○	○
I believe I should receive financial support during my menstrual period/income	○	○	○	○
I depend on my family's money when I have to buy menstrual products	○	○	○	○

pe stop

Myths about menstruation

Please tell us to what extent you agree with the following statements:

	Disagreement	Neither agreement, nor disagreement	Agreement
Menstruation is dangerous	○	○	○
Menstruation is a sin	○	○	○
Women are dirty while on their period	○	○	○
Women are hysterical while on their period	○	○	○
Women are irrational while on their period	○	○	○
Women are vulnerable while on their period	○	○	○
You are not allowed to go to Church on your period	○	○	○

Please tell us to what extent you agree with the following statements:

	Disagreement	Neither agreement, nor disagreement	Agreement
You are not allowed to be close to your partner while on your period	○	○	○
Women are not allowed to use internal tampons if they are virgins	○	○	○
It is not advisable for women to sign documents while on their period	○	○	○
Women behave differently while on their period	○	○	○
Women are incapable of making decisions while on their period	○	○	○
Women are not allowed to touch certain foods while on their period because they are impure	○	○	○

pe stop

SOCIO-DEMOGRAPHIC PROFILE

The county you live in:
County list for county selection

Where do you currently live?
- In a village
- In a commune
- In a city
- In a county capital
- In Bucharest

The number of people you share a room with:
- I live alone
- With one more person
- With two more people
- With three more people
- Others ...

What language do you usually speak at home?
- Romanian
- Hungarian
- Romanes
- German
- Others... (possibility to directly type in another answer)

Your gender:
- Feminine
- Masculine
- Others... (possibility to directly type in another answer)

Education level:
- Primary school
- Middle school
- high school/Professional school
- University degree/graduate degree

Your age (in years)
Choose the age in years from the list

Sexual orientation:
- Heterosexual
- Homosexual
- Bisexual
- Asexual
- Prefer not to answer
- Others... (possibility to directly type in another answer)

Currently, you are:
- Married
- Unmarried

pe stop

- In a relationship
- Prefer not to answer

Do you have children?

- I do not have children
- I have one child
- I have 2 children
- I have 3 children
- I have 4 children
- I have 5 children
- I have 6 children
- I have 7 children
- I have 8 children or more

How often do you use the internet?

- Every day
- Two-three times a week
- Once a week
- Monthly
- More rarely than monthly
- I have never used it

Do you have a smartphone?

- Yes
- No
- Don’t know/Don’t answer

Have you ever used a computer/laptop until now?

- Yes
- No
- Don’t know/Don’t answer

What is your income bracket (in lei, net wage, cash in hand)?

- Under minimum wage (under 2575 lei)
- Between 2575 lei and 5158 lei
- Between 5158 lei and 10000 lei
- Over 10000 lei
- I benefit from social aid (no income)
- No income

pe stop

Medical history

Do you have a medical history regarding menstruation? (multiple answers possible)

- I had or have endometriosis
- I had or have polycystic ovarian syndrome
- I had or have uterine fibroids
- I had or have ciclu neregulat
- I had or have dysmenorrhea (menstrual pains)
- I had or have allergies to menstrual products containing plastics
- I had or have bloating symptoms
- I had or have breast swelling symptoms
- I had or have periods of sickness
- I had or have migraines
- I had or have premenstrual syndrome
- Others... (possibility to directly type in another answer)

How often do you go to gynecological examinations?

- More often than once a year
- Once a year
- Every two years
- More rarely than once every two years
- I have never been to a gynecological examination
- Others... (possibility to directly type in another answer)

During your period, generally, you would say your health condition is:

- Very good
- Good
- Not really good
- Bad
- Don’t know/Don’t answer

Thank you for your time!

pe stop

APPENDIX 2. INSTITUTION INTERVIEW GUIDE

1. How do you define, from the perspective of your institution, the concept of "menstrual poverty"?
2. From the point of view of the institution you represent, is menstrual poverty a form of social exclusion?
3. Do you consider that menstrual poverty is a current and relevant issue in Romania? Why?
4. Are there currently any strategies or specific governmental programs which directly approach menstrual poverty? Is your institution developing such programs? Please present them briefly.
5. Do you think measures should be taken in order to ensure access to menstrual hygiene products for vulnerable categories (schools, hospitals, social centres)?
    a. What measures would be more suitable for tackling menstrual poverty in Romania?
    b. Towards which vulnerable person category should the support be directed?
6. Do you think that your institution/organization has a role in combating menstrual poverty? What about the stigma associated with menstruation? What is this role?
    a. What programs could be supported by your institution in order to approach menstrual health and poverty?
7. Do you know whether the national curriculum includes modules which deal with menstrual health and combating stigmatization?
    a. If it does not, should it include any? In what subjects?
    b. Which category of professionals should be trained regarding this topic?
    c. Do you know of any educational initiatives regarding menstrual health? Which ones?
8. Do you collaborate with other institutions or NGOs in order to promote menstrual health education?
9. Do you consider that menstrual poverty has anything to do with gender equality/inequality? In what way?
10. How do you think an intersectional approach (one which bears in mind the multiple vulnerabilities of women) of menstrual poverty in public policies could be supported?

pe stop

Appendix 3. Other tables

Figure 47. County of residence

County	Number of people
Alba	19
Arad	18
Argeș	13
Bacău	31
Bihor	14
Bistrița-Năsăud	14
Botoșani	11
Brăila	13
Brașov	69
București	607
Buzău	6
Călărași	8
Caraș-Severin	12
Cluj	76
Constanța	28
Covasna	3
Dâmbovița	21
Dolj	17
Galați	36
Giurgiu	8
Gorj	3
Harghita	1
Hunedoara	14
Ialomița	6
Iași	41
Ilfov	76
Maramureș	41
Mehedinți	3
Mureș	6
Neamț	8
Olt	1
Prahova	22
Sălaj	2

County	Number of people
Satu Mare	1
Sibiu	10
Suceava	16
Teleorman	7
Timiș	48
Tulcea	11
Vâlcea	10
Vaslui	9
Vrancea	6
Total	**1366**

Figure 48. Descriptive statistics

		%
Region type	In Bucharest	42%
	In a commune	9%
	In a county capital	16%
	In a city	25%
	In a village	7%
	(N)	1550
Age category (Average=29 years)	18-25 years	47%
	26+ years	53%
	(N)	1556
Gender	Feminine	99%
	Masculine	1%
	Another gender	1%
	(N)	1551
Education level	High school/Professional school	27%
	Middle school	8%
	Primary school	5%
	University degree/graduate degree	61%
	(N)	1530
Marital status	Married	21%
	In a relationship	45%
	Unmarried	27%
	Prefer not to respond	7%

		%
	(N)	1543
Number of children	I do not have children	77%
	I have one child	9%
	I have 2 children	9%
	I have 3 children	2%
	I have 4 children	1%
	I have 5 children	1%
	I have 6 children	0%
	I have 7 children	0%
	I have 8 children or more	1%
	(N)	1546
Internet usage frequency	Every day	94%
	Two-three times a week	1%
	Monthly	0%
	More rarely than monthly	1%
	Never used it	3%
	Once a week	1%
	(N)	1547
They have a smartphone	Yes	94%
	No	5%
	Don’t know/Don’t answer	1%
	(N)	1547
They have used a computer/laptop before the study	Yes	92%
	No	8%
	(N)	1547
Income bracket	No income	20%
	I benefit from social aid (no income)	3%
	Under minimum wage (under 2575 lei)	15%
	Between 2575 lei and 5158 lei	28%
	Between 5158 lei and 10000 lei	25%
	Over 10000 lei	8%
	(N)	1541

Note: (N) represents the total number of answers for the respective question.

Figure 49. Where you currently live you have access to (total and depending on the place of residence)

	Rural	Urban	Total
Running water	94%	89%	89%
Warm water	98%	90%	91%
Bathroom without shower	7%	6%	6%
Bathroom with shower	96%	90%	91%
Toilet inside which only you use	28%	23%	24%
Toilet inside which you use together with other family members	79%	77%	77%
Toilet outside with running water	1%	3%	2%
Toilet outside without running water	2%	6%	6%

Figure 50. At school/work you have access to (multiple answers available), total and depending on the place of residence

	Rural	Urban	Total
Running water	92%	83%	85%
Warm water	82%	71%	72%
Bathroom without a shower	40%	26%	29%
Bathroom with a shower	9%	14%	14%
Toilet inside which only you use	0%	0%	0%
Shared toilet inside	89%	80%	81%
Toilet outside without running water	2%	1%	1%
Toilet outside with running water	0%	1%	1%
Toilet which locks	53%	50%	51%
Trash cans	93%	84%	85%
Menstrual products	11%	11%	11%
Toilet paper	82%	75%	76%

Figure 51. When you are on your period, generally, would you say that your overall health is: