

Same Shit, Different Crisis? Feminist Activism against period poverty during the COVID-19 Pandemic in the UK

Abstract

Moments of crisis, such as the COVID-19 pandemic, the 2007 financial crisis, and the ongoing cost-of-living crisis in the United Kingdom create unique opportunities and challenges for feminist activism. Despite increased awareness, little is known about how organisations engaged in menstrual activism responded to the increased demands of tackling “period poverty” during the pandemic. This article addresses this gap through interviews and survey responses with representatives from such organisations. Findings reveal that period poverty initiatives 1) constitute a continuation of feminist anti-austerity activism, 2) highlight the triple jeopardy faced by women, and 3) create possibilities for feminist activism that address gendered inequalities. By applying an intersectional feminist ethic of care lens, this article provides original insights into the challenges and opportunities organisations faced during the COVID-19 pandemic. The research underscores the necessity for policy interventions that integrate feminist principles to support period poverty initiatives, ensuring sustainable and equitable solutions. This article contributes to the burgeoning literature on period poverty in the UK, offering implications for feminist activism, organisational practice, and policy development to mitigate gendered economic and social disparities.

Keywords

Austerity, COVID-19, Feminist activism, Gender inequalities, Period poverty

Introduction

Crises such as the COVID-19 pandemic, the 2007 financial crisis, and the current cost-of-living crisis in the United Kingdom present unique challenges and opportunities to address systemic inequalities. These disproportionately affect women¹, who are often the hardest hit by the economic and social impacts but systematically excluded from

¹ We acknowledge that most work in this area predominantly focuses on cisgender women and recognise the need for more inclusive approaches in future research.

decision-making processes. The 2023 UK COVID-19 Inquiry highlighted how neglecting women's needs in pandemic responses exacerbated gender inequalities (Quinn and Adu, 2023). Smith et al's (2021) feminist political economic analysis of COVID-19 presented the multi-faceted gendered effects of the pandemic, including financial discrimination, an increased care burden, and risk of infection (Smith et al., 2021). Women frequently face the most significant negative consequences during crises because of their concentration in frontline roles, comprising 70% of the global health and social care workforce (OECD, 2020) and carrying a disproportionate share of unpaid caregiving responsibilities (Smith et al., 2021).

This article situates the pandemic within the broader context of austerity policies implemented in the UK since 2010. These austerity measures, which resulted in the removal of approximately £540 billion in public spending (Progressive Economy Forum, 2023), have had a disproportionate impact on women and minoritised communities (Pearson and Elson, 2015). Such policies have intensified the "triple jeopardy" faced by women, making them more likely to 1) lose public sector jobs, 2) experience cuts to welfare and public services, and 3) absorb additional unpaid caregiving responsibilities due to the reduction of state support (Fawcett Society, 2012). Consequently, women have become the "shock absorbers of poverty" (Women's Budget Group, 2023), managing increased labour and emotional stress to balance household budgets amid increasingly precarious circumstances.

Within this context, period poverty has emerged as a significant issue that reflects the gendered impacts of austerity. Initially perceived as a problem primarily in the Global South, period poverty gained recognition in the UK in 2016 through media coverage and activism, such as Ken Loach's film *I, Daniel Blake* and campaigns by Freedom4Girls (George, 2017).

Although there is no universally accepted definition of period poverty, it typically centres the financial constraints related to affording menstrual products (McKay, 2021). This paper adopts a comprehensive perspective, addressing the intersecting dimensions of economic hardship, menstrual health education, healthcare access, and stigma (McKay, 2021). These combined intersecting challenges limit educational, social, and economic opportunities, particularly for individuals from lower socioeconomic backgrounds (Briggs, 2021).

Government policy around period poverty remains inconsistent within the UK, with much of the support provided by charitable, non-profit organisations. These are often volunteer-based and staffed predominantly by women, born out of a need to address an issue entrenched within gender inequality. The pandemic has highlighted the centrality of such initiatives against period poverty, alongside their fragility, with period poverty schemes falling under significant pressure (Williams et. al, 2022, Tomlinson, 2023).

Feminist campaigning against period poverty corresponds to a history of menstrual activism (Bobel, 2018; Tomlinson, 2023). Within the Global North, most research has emerged from the United States (Patkar, 2020, Barrington et al, 2021), with relatively few UK-based studies (Crawford and Waldman 2021; Plan International UK, 2018; Briggs, 2021; De Benedictis, 2022; Thomas, 2022; Tomlinson 2023). This article contributes to this emerging body of research on this topic. Using the theoretical frameworks of intersectionality (Crenshaw, 1989) and the feminist ethic of care (Tronto, 1993), we argue that initiatives addressing period poverty during the COVID-19 pandemic represent a continuation of feminist anti-austerity activism. These highlight the systemic neglect of gendered and intersectional inequalities by neoliberal governance, while also demonstrating opportunities for feminist resistance.

Feminist activism is defined as actions that challenge gendered power imbalances and strive for gender equality. This definition is informed by feminist scholars such as Ahmed (2017), who argues that feminism is about taking action (“doing”) rather than merely identifying as a feminist (“being”). Period poverty illustrates the consequences of these power imbalances, as patriarchal systems often fail to address the gendered impacts of poverty, overlooking issues like menstrual equity. This neglect reflects a long history of governments disregarding gender equality, reinforcing what Fraser (2013) describes as the intersection of economic injustice and gender inequality.

The organisations featured in this article align with feminist principles by addressing gendered material inequalities, raising awareness of issues specific to women and those who menstruate, and advocating for systemic changes that reduce gendered disparities. Their work embodies a feminist ethic of care, as conceptualised by Tronto (1993), which challenges the traditional notion of care as a private, individualised responsibility and reimagines it as a collective, public duty. This perspective aligns with broader feminist critiques of neoliberalism and austerity, as discussed by scholars

like May (2015) and Enloe (2017), who emphasise that feminist practices often emerge in spaces that may not explicitly identify as feminist but still resist gendered structural inequalities.

By including organisations with diverse self-definitions - ranging from explicitly feminist third-sector groups like Bloody Good Period and Cysters to public institutions like local councils and publicly funded schools - we emphasise the breadth of actors involved in menstrual activism. Regardless of whether these organisations identify as feminist, their efforts to expose and address gendered inequalities through menstrual activism align with feminist objectives to dismantle patriarchal oppressions. We argue that these initiatives represent a continuation of feminist resistance to austerity, which disproportionately affected women and marginalised groups. Period poverty activism during the pandemic demonstrates how feminist ethics of care can drive systemic change, even in times of crisis, and underscores the potential for broad-based coalitions to promote gender equity.

A Feminist Ethic of Care – Opportunity and Challenges

Feminists have long emphasised the importance of care in both private and public life through the development of an "ethic of care". This ethic is grounded in a commitment to human interdependence, contrasted with the traditional focus on independence in citizenship often constructed as a masculine ideal (Lister, 2008). Tronto and Fisher (1990) expanded the definition of care to encompass all activities aimed at maintaining and repairing our world, encompassing our bodies, identities, and environment. This broader perspective challenges the dominant individualistic and competitive values promoted by neoliberalism, which commodifies and undervalues care. Consequently, society often relegates care to the private sphere, with the burden disproportionately placed on women (Tronto, 2013).

Care is inherently political, involving decisions about whose needs are prioritised, who provides care, and how resources are allocated. Tronto (1993) calls for the democratisation of care, advocating for shared responsibilities across society. Kremer (2007) suggests that by valuing care in its own right, we can "degender" it and move beyond traditional gender roles. Similarly, Fraser's (1994) model of the "universal caregiver" promotes the idea of "universal citizenship", where public forms of care are

distributed equally between genders. Achieving this requires public policies that support care work, reinforcing Tronto's arguments (2013; 2024) that care discussions should be central to political discourse. This approach aims to create a more just society that promotes collective well-being and addresses the needs of the most vulnerable.

Period poverty initiatives during the pandemic exemplify the feminist ethic of care by addressing both the material and symbolic aspects of care. Organisations providing menstrual products and support services fill critical gaps left by governmental inaction, emphasising the interconnectedness of care work and gendered economic policies. These initiatives disrupt neoliberal values by prioritising collective well-being over individual competition and by framing menstrual health as a public responsibility rather than a private concern.

Responding to austerity, which was described as a "crisis of care" (Brown et al, 2013), anti-austerity activism has sought to create alternative social relations, embodying a feminist ethic of care. Crises can heighten existing gendered inequalities, present new challenges, and create spaces for raising awareness and feminist activism (Nilsen, Berdnikovs, and Humphrys, 2010; Tomlinson, 2023). Craddock (2020) explored how austerity created opportunities for activism against public spending cuts; however, this activism was often male-dominated and overlooked gender inequalities (Bassel and Emejulu, 2018). Women, who experience the compounded effects of racialisation, class, and gender domination, were frequently marginalised from mainstream anti-austerity political action, despite being the most adversely affected by these measures (Pearson and Elson, 2015).

Introduced as a concept by Crenshaw (1989), intersectionality is crucial for describing how period poverty interacts with race, class, disability, and other axes of identity. Collins (2019) emphasises that intersectionality examines how overlapping power relations influence social relationships and individual experiences. In the context of period poverty, recognising these intersections reveals how menstrual inequality interlaces with broader systemic inequalities shaped by multiple factors.

Primarily led by women, activism against period poverty addresses the lack of government support by providing unpaid, gendered care labour. This dynamic illustrates the 'double-edged sword' of feminist activism in response to austerity: while

it creates opportunities for collective action and resistance, it also risks reinforcing traditional gender roles by placing the care burden on women. Therefore, feminist activism needs to incorporate intersectionality and a feminist ethic of care to effectively tackle these complexities.

Period poverty initiatives during the COVID-19 pandemic demonstrate how a feminist ethic of care can drive systemic change by addressing gendered and intersectional inequalities. These initiatives emphasise the necessity for policies that support collective care responsibilities and acknowledge menstrual health as a public good, as reinforced by Tronto (1993). Recognising the intrinsic connection between period poverty, poverty, and austerity is crucial, which requires adopting an intersectional approach that considers the broader socio-political context.

Materials and methods

Methods

This paper utilises interview and survey data collected as part of a larger project examining the impact of the pandemic on period poverty in the UK (Williams et al., 2022).

Data collection

This paper reports on data collected in Phase 1 of a two-phase project. Phase 1 (October 2020 – February 2021) collected data from representatives of organisations providing support for people experiencing period poverty in the UK. This was gathered through an online survey and semi-structured interviews to develop an in-depth understanding of how such organisations responded to the pandemic. Phase 2 (June – September 2021) of the study collected data through a survey (with both open and closed questions) and follow-up semi-structured interviews with people who experienced period poverty during the UK-wide lockdowns to ascertain how the pandemic affected their menstrual health needs and access to support, including menstrual products and healthcare. Findings from Phase 2 can be found in Williams et al. (2022).

For Phase 1, a semi-structured interview guide included questions on how COVID-19 impacted service provision, what measures were introduced to manage changes,

and how service-user needs changed during lockdown. This guide was shared with the Project Advisory Group - comprising key UK non-governmental organisations that support gender equality but specifically focus on period poverty - for feedback to ensure all relevant areas were included. To reach organisations that lacked the capacity for interviews, a survey based on the semi-structured interview guide was distributed online. Questions included fixed and open-ended questions. Fixed questions were multiple choice or yes/no options, to ascertain the nature of the organisation's usual focus (e.g. 'Our organisation provides the following support for people experiencing period poverty: access to period products only, menstrual health education only, products and education, other – please explain). Open-ended questions asked about organisation experiences during the pandemic (e.g. Please describe how your services had to change and adapt as a result of Covid-19 lockdown and social distancing restrictions).

Due to lockdown travel restrictions and social distancing measures, we conducted interviews over the telephone or through MS Teams. Telephone interviews were recorded with an audio digital recorder and online interviews with video and audio through MS Teams. Consent was obtained to include the organisation's name within publications during the interview and survey consent procedures. Organisations requesting anonymity at publication will not have any details attributed to their direct quotes.

Sampling and Recruitment

Participating organisations were recruited using social media adverts and snowball techniques (Naderifar et al, 2017) utilising the professional networks of the research team and Project Advisory Group. Prior to arranging an interview, a copy of the Participant Information Sheet and Consent Form were sent to interested organisations. Before beginning the survey questions, representatives from participating organisations received a hyperlink to read the Participant Information and consent documents.

Participating Organisations

Representatives from 34 organisations across England, Scotland, and Wales participated in Phase 1 (Table 1), with 17 interviewed and 17 completing surveys.

Each organisation in some way provided menstruation/period poverty support, access to products, and/or support as part of their wider remit.

[Insert Table 1 here]

Procedures

Ethical approval for the project was obtained via Birmingham City University's Health, Education and Life Sciences Faculty Ethics Committee.

Data analysis

Semi-structured interviews were transcribed verbatim, and then, combined with survey data, to be thematically analysed using NVivo12. The research team adopted an inductive approach, based on data familiarization we developed an initial coding framework to analyse the data and group it into codes, using reflexive thematic analysis to adapt codes as required throughout (Terry et al, 2017). Reflexive thematic analysis aligns with a feminist ethic of care by foregrounding relationality, reflexivity, and the situated nature of knowledge production. This was particularly important given our participants were representatives of organisations engaged in care-focused work addressing period poverty. Our analytic approach allowed us to reflect critically on our own positionalities and the ethical responsibilities involved in interpreting and representing their experiences. By centring the emotional, relational, and embodied dimensions of organisational care labour, reflexive thematic analysis enabled us to explore how feminist activism operates within, and pushes back against, the structural constraints of austerity, neoliberalism, and gendered policy neglect. Quotes used within this paper are attributed to organisations or initiatives rather than individuals, following the agreed informed consent process.

Positionality

The research team comprised white, educated, cisgender women, employed within academia, which the team acknowledges may influence the research design for this study. The inclusion of the Project Advisory Group was therefore crucial for developing a collaborative research design to ensure a more representative reflection of participants and the UK's period poverty sector.

Limitations

The data is heavily biased towards England and Wales, with only two organisations from Scotland and none from Northern Ireland participating. Future research should focus on addressing this imbalance by prioritising under-represented regions and exploring their specific policy contexts. Furthermore, expanding the scope to include international comparisons could offer valuable insights into how the UK's approach to period poverty aligns with or differs from that of other countries.

Findings and Discussion

Our findings concentrate on three key areas that illustrate how crisis moments – such as the COVID-19 pandemic and austerity – simultaneously create opportunities and challenges for feminist activism through period poverty initiatives. These topics are *Increased Need, Policy and Strategy*, and *Poverty, Austerity, and Inequalities*. Each theme highlights the interplay of intersectional impacts and the multi-faceted nature of poverty: *Increased Need* demonstrates how overlapping health, financial, and logistical barriers exacerbate disadvantage and intensify unpaid care burdens; *Policy and Strategy* reveals how inadequate and gender-blind policy responses shift responsibility to under-resourced organisations that are often led by women, including women of colour; and *Poverty, Austerity, and Inequalities* contextualises period poverty within broader systems of structural oppression. Across all themes, we apply a feminist ethic of care to illuminate how grassroots activism both challenges and is constrained by neoliberal neglect of collective responsibility.

Increased Need

Access To Period Products

The COVID-19 pandemic significantly increased demand for period products caused by supply chain disruption, heightened financial precarity (Smith et al., 2021), and the closure of distribution points. All participating organisations reported an increase in requests for period products during lockdowns, with a lack of affordable products in supermarkets and a heightened reliance on more expensive alternatives like corner shops:

“At the beginning of the lockdown, we got quite a lot of messages from NHS [National Healthcare Service] workers who found they were not able to find products in the supermarket and then obviously if you go to just the corner shop that's way more expensive.” (Interview - Bloody Good Period)

This example illustrates the multi-faceted financial, logistical, and social barriers that intersect to trap individuals in a cycle of poverty (Noguera, 2011). Many people lacked the time, access to transportation, or financial resources to travel beyond local corner shops. Because prices at these shops are generally higher, more affordable options are often inaccessible. Additionally, frontline healthcare workers, who are often positioned as caregivers, found themselves in disadvantaged positions (Demartini et al., 2020; Smith et al., 2021; Quinn and Adu, 2023). This challenges assumptions of a hierarchical relationship between caregivers and those needing care, whereby some provide care (like healthcare staff) and others require care. A feminist ethic of care reveals these interdependencies, questioning the neoliberal framework that views care as a private, individualised responsibility (Tronto, 1993; Lister, 2008; Brown, 2015).

Furthermore, the stockpiling of period products during the pandemic worsened existing inequalities, particularly for individuals with chronic illnesses who need greater quantities of these products. Organisations reported tensions within communities over accusations of hoarding, which were often unfairly directed at those with legitimate needs:

“We did have a lot of people arguing, using the group to sort of vent, because they’d been buying a lot of period products and then other people are saying to them that they’re stockpiling. But actually, when you have a chronic illness that affects [your] reproductive and menstrual wellbeing, you’re not stockpiling, that’s normal.” (Interview - Cysters)

Media and public discourse surrounding ‘hoarding’ unintentionally critiques the neoliberal individualism emphasising selfishness and prioritising personal needs over those of the collective. Simultaneously, these discussions reinforce the neoliberal values of competition among individuals for resource accumulation, reflecting the central ethos of neoliberal capitalism (Harvey, 2007). However, such narrow discourses overlook the complex, intersecting factors at play, particularly the needs of those requiring more period products due to chronic health conditions. This oversight further disadvantages these individuals by stigmatising their needs and actions. Additionally, we witness how neoliberal narratives can permeate spaces of resistance

(Craddock, 2020), including those intending to address inequalities, resulting in criticism directed at individuals from others sharing these spaces.

The closure of schools, community centres, and other distribution points introduced new challenges for organisations to address the growing demand. One survey respondent described the additional unpaid labour required to adapt to these constraints:

“I have had to manage all [period product] distributions on my own or with my family when they are available under lockdown. We have fewer donations - so can't always provide what is needed in full.” (Survey - Anonymous)

The added strain on those combatting period poverty stemmed from a combination of reduced donations, a lack of distribution points, and a shortage of volunteers. This situation created compounding pressures amid a growing demand for period products. The unpaid labour highlights the gendered burden of care that disproportionately affects women, a trend that has been intensified by both austerity measures and the pandemic (Smith et al., 2021; Women's Budget Group, 2023). These challenges demonstrate the double-edged sword of feminist activism: while it addresses critical gaps, these efforts risk reinforcing traditional gender roles by placing the responsibility for care on women's shoulders (Craddock, 2020).

Increased Need: Access To Menstrual Health Support

The changes in access to healthcare support, including a reduction in available GP appointments and the shift towards exclusively remote consultations, coupled with uncertainties surrounding the impact of COVID-19 (both the virus and vaccination) on the menstrual cycle (Lebar et al., 2022), led to a greater need for menstrual health support.

Digital exclusion (Helsper and Reisdorf, 2015; Tomlinson, 2023) – such as the lack of access to a private space for online sessions - intersects with period poverty, resulting in increased disadvantage for some individuals. Participants reported that for certain service users, having the privacy or safe space necessary to discuss menstrual health was unattainable, especially for General Practitioner appointments that had transitioned to telephone or online formats. One participant stated, “*there are people*

that are getting missed because they don't have the same access to online... aids."
(Interview- Cysters)

Some organisations stepped in to fill the gap in menstrual health support and healthcare provision, especially as NHS resources were diverted to manage the surge in COVID-19 cases across the UK.

"[A] lot of people are contacting us because their menstrual health is a concern, and they don't know what to do because their doctors are closed. Some people have asked about whether COVID-19 is affected by periods and vice versa. And there's a lot more talk about whether there's menstrual inflammation around the time of the second stage of your cycle and if that impacts COVID test results." (Interview - Period Positive)

Organisations play a crucial role in filling gaps in support during times of crisis by providing essential assistance. However, a reliance on such support can be problematic, as it may result in becoming an unpaid care burden rather than transitioning back to being publicly funded and provided (Craddock, 2020; Craddock, 2016). Therefore, effective policy and strategy are essential to ensure that care is distributed equitably, reinforcing Tronto's (1993) argument that policy and political discourse are vital for democratising and valuing care within society.

Opportunities: Expanding Reach, Increasing Awareness

Some organisations successfully adapted by using the crisis as an opportunity to expand their reach and develop innovative approaches. Lockdowns created conditions of uncertainty about when and where schools and services would be open. Combined with the increasing difficulty of accessing disposable period products because of mass buying, this created an opportunity for period poverty organisations to promote reusable products:

"As soon as you give people reusable items it's almost like you're giving them... a longer-term solution and relieving them of that monthly stress... if we are still in lockdown... and I cannot get to the food bank ...or if I cannot get to Tesco's..." (Interview - Milford Haven School)

“...we were really keen on... giving every school child of menstrual age a pack of the washable pads so... they could just chuck it in the washing machine with their uniform or... if they were in poverty and didn't have access [to a washing machine] they could just wash them in the sink...”
(Interview - Free Periods Angus)

In contrast to Tomlinson's (2023) findings of a possible decline in the use of reusable products during the pandemic, primarily attributed to the challenges of delivering in-person demonstrations, our research suggests an uptake in their use, specifically in contexts where education about reusables could be provided prior to, or during, lockdown. One organisation representative noted that providing reusables alongside online education about them proved an effective strategy. Others built on the work they had done pre-pandemic to promote reusables with those students who were introduced to them before. As Tomlinson's (2023) research was conducted at the outset of the first lockdown, this difference in findings could be attributed to a shift over time in how organisations responded to new challenges created by the on-going crisis situation of Covid-19. It could also reflect the difference in research focus as we spoke to organisations while Tomlinson (2023) interviewed self-identified “menstrual activists”, and organisations may serve a wider or different population.

A significant barrier to accessing reusables for marginalised individuals is the financial burden associated with their higher up-front costs compared to disposable products (Van Eijk et al, 2019; Tomlinson, 2023). However, the pandemic allowed some organisations to address this by providing reusables that, in the long term, are less expensive than disposables. These examples underscore how feminist activism can embody a transformative ethic of care, creating systemic change by promoting sustainable solutions and addressing gaps in governmental support.

In response to building closures, organisations demonstrated creativity and flexibility by developing innovative ways of distributing essential products:

“We used to deliver to like community organisations, like community centres and offices and places like that where frontline workers could pick up and then take out to people that they were dealing with. Obviously with COVID

that didn't happen, so we had to devise another way." (Interview - Freedom4Girls)

Moments of crisis reveal cracks in society, amplifying the multi-faceted nature of existing issues. Organisations can leverage these cracks as opportunities for feminist activism so that those that *"...focus on product donation have been able to use the messages of COVID to amplify [awareness of] need and get more products"* (Interview - Period Positive).

Some participants viewed the heightened need for products during the pandemic as evidence of increased awareness of period poverty:

"...everything is just amplified [by the pandemic]. There is a desire to find out more about periods which is amplified. There's a desire to find out about reusables which is amplified. There is a lack of access to products whether that's through financial reasons or fear factor or lack of access to people they can talk to... And that's bigger." (Interview - Period Positive)

Crawford and Waldman (2021) argue period poverty became more visible during the pandemic, partly due to increased media coverage (Briggs, 2021; de Benedictis, 2022; Tomlinson, 2023). As Tomlinson (2023: 304) notes, *"throughout lockdown, various media outlets including Glamour, Huff Post, and Forbes, published articles including the phrase "Periods don't stop for pandemics" (George, 2020).* The awareness of this increased need similarly enabled many organisations to expand their outreach within communities they had not previously engaged, such as the LGBTQ+ and Traveller communities:

"...we've been able to forge stronger links with different communities, that maybe we struggled to engage with previously because we have been able to offer them things that they need in difficult times." (Interview - Merthyr Tydfil County Borough Council)

These adaptive efforts demonstrate how organisations transformed the challenges presented by the pandemic into opportunities for growth and innovation. They expanded their reach and raised awareness of period poverty in previously

underrepresented groups, increasing the inclusivity of their activities. However, these successes also underscore the ongoing need for robust policies and strategies to address systemic gaps in support. It is essential to ensure that these initiatives are sustainable and not solely dependent on organisational creativity and resilience. This can be achieved via research and stakeholder-informed policy and governmental funding for such organisations. Only 1.8% of funding in England goes to women's organisations (ROSA, 2023: 59). The following section explores the role of policy and strategy in shaping responses to period poverty and their implications for feminist activism.

Policy and Strategy

The pandemic disrupted existing policies and strategies aimed at addressing period poverty, especially in England. Although there have been promising developments, such as Scotland's Period Products (Free Provision) Bill and Northern Ireland's commitment to providing free products in schools, participants noted that there has been insufficient progress in policy implementation and notable gaps in execution, in England.

"Relationships, sex, education, and [menstrual] health education is now mandatory in schools. But the government have pushed that back, although it's mandatory, they've kind of pushed it back..." (Interview - Brook)

"We're all worried that [menstrual health education is] just going to keep getting pushed back and pushed back." (Interview - City to Sea)

In England, the provision of menstrual health education became mandatory in secondary schools in September 2020. Organisations working with schools to support the implementation of this education faced challenges during the pandemic, particularly due to school closures and changes in learning during lockdown. This meant students' needs for menstrual health education were not met.

Crawford and Waldman (2021) highlight that the absence of menstrual health education in schools during the pandemic contributed to heightened stigma and shame surrounding discussions of menstruation. This stigma can lead to individuals

who menstruate suffering in silence, as they may have menstruation-related health issues that go unaddressed due to the embarrassment associated with discussing such problems.

However, several organisation representatives reported success in training teachers and staff responsible for delivering menstrual health education by transitioning from in-person to online training during the pandemic. They found that online training provided greater flexibility and accessibility by eliminating travel and geographical constraints.

“I do know that it ended up actually working better online because it meant people could tune into the trainings from anywhere, they didn’t only have one local training that they could join, they had an option of like five upcoming trainings online. So, it was much easier for people to join, much more flexible with being able to join from home and having more sessions to choose from.” (Interview - City to Sea)

While remote sessions were considered beneficial for organisations working within schools and educational settings, those providing menstrual health education in community environments found greater challenges when transitioning to online formats. Reminiscent of Tomlinson (2023), our participants noted ‘digital poverty’ and ‘Zoom fatigue’, which hindered community engagement during lockdown. This highlights the fact that period poverty cannot be viewed in isolation.

Participants expressed concern that the pandemic diverted attention and resources away from period poverty, despite its increasing significance. For example, the dismantling of the Period Poverty Task Force and the low participation in free product schemes highlighted systemic neglect.

“...we were absolutely on the cusp of tendering for the [period poverty-related] work and us being able to submit a tender for that, and of course when COVID hit, everything just kind of went into lockdown – well, literally and metaphorically. So, any money that [the government] kind of set aside I think... was now being diverted to other things.” (Interview - Brook)

“But now schools are back and they’re still having to keep adapting to different COVID regulations, they seem more stretched and I think we’ve seen that with the quite low uptake of the government scheme providing free period products, I think the uptake would be much higher if they weren’t having to deal with all these extra things going on.” (Interview - City to Sea)

The absence of a gendered analysis in pandemic policymaking reflects the intersectional neglect in government responses. Without explicitly considering the interconnected factors of poverty, gender inequality, and austerity, period poverty remains disconnected from broader anti-poverty initiatives. This concern resonates with de Benedictis (2022), who critiques the depoliticisation of period poverty in media discourse that frames it as an isolated issue rather than part of systemic inequality. Such fragmentation of poverty into different, seemingly unrelated forms renders it more challenging to address as a unified political issue with structural causes (Crossley et al, 2019). While period poverty can be seen as a distinct form of poverty (Briggs, 2021), it is crucial not to fully detach or decontextualise it from the wider experiences and structural causes of poverty.

There are also concerns that menstrual health and period poverty policies could become overlooked due to the rise in overall inequality stemming from the pandemic.

“My fear is that because there are so many more pressing issues and people’s health and wellbeing and... and financial security and housing security; like the basic bottom of Maslow’s triangle... hierarchy of need... those things feel so important just now that even though, actually, as a menstruating person... we’ve had to fight so hard to get that even vaguely recognised in good times.” (Interview - Real Period Project)

“Organisations set up to support people affected by the pandemic are focusing on providing food to keep people alive but have not understood that menstrual products are also a basic necessity so aren’t providing this as standard.” (Survey - Anonymous)

The pandemic has amplified the issue of gender inequality, particularly when it comes to being excluded from key decision-making. A woman of colour commented, “*When*

you're not there to advocate for yourself or your community you get left out and a decision gets made for you. And this is what the pandemic is highlighting" (Interview - Cysters). Another representative referenced the free period products scheme and emphasised the negative consequences of excluding relevant voices in policy and strategy discussions. There were also concerns that the pandemic may be used as a scapegoat, permitting the government to continue neglecting gendered inequalities.

"I don't want the government in a year's time to blame COVID on the scheme not working. The scheme didn't work because they did it wrong. Because they didn't ask the right questions of the right people." (Interview - Period Positive)

Crawford and Waldman (2021) emphasise the crucial role of the law in addressing period poverty, especially during crises. For instance, 'essential businesses' were permitted to remain open during lockdowns, and had period poverty organisations been classified as such it could have alleviated many of the challenges faced by feminist activism in this area. The lack of consideration for the gendered impact of COVID-19 and its responses further underscores the need for a diverse range of women's voices in policymaking (Tomlinson, 2023). This situation reinforces Tronto's argument that we need to consider the impact of policy changes on caregiving, "to think about [policy] consequences is one way to think about more than just one little piece of care" (Para Jounou and Tronto, 2024: 274).

The pandemic disrupted established approaches to addressing period poverty, leading to stalled government initiatives such as the Period Poverty Task Force. Organisations experienced funding insecurity and often stepped in to fill the gaps left by inadequate policies. Meanwhile, their strategies evolved; some organisations began innovating by reaching underserved communities and advocating for long-term solutions, such as reusable products. These changing strategies revealed deficiencies in governmental support and demonstrated how austerity and structural inequalities exacerbated existing poverty. This relationship between policy, organisational action, and systemic issues connects directly to broader discussions of poverty, austerity, and inequality.

Poverty, Austerity, and Inequalities

In the broader context of structural inequality, period poverty has been exacerbated by austerity and the pandemic. Participants noted how government responses to poverty during the pandemic often focused on specific types, such as food poverty, while neglecting others:

“It all smacks slightly of hypocrisy really because obviously there’s been this massive, massive campaign about free school meals... it’s brilliant and don’t get me wrong, the government absolutely should be providing that. But it’s actually more about poverty, isn’t it, just more generally than just period poverty or food poverty... it just makes me feel slightly uncomfortable when they claim that they’re doing these amazing things and actually there’s other areas of poverty that are not being addressed at all.” (Interview - Brook)

“We certainly found there was more demand, more people came upfront and said they required free school meals than prior to lockdown, for various reasons, people were struggling more financially. So, as a result of that, we were more aware of more families that would need, or possibly need sanitary products as well as free school meals.” (Interview - Merthyr Tydfil County Borough Council)

“[The pandemic] has pushed more people into period poverty and so there is just more of a burden on services than ever before, but [government] funding has not reflected this increase.” (Survey - Anonymous)

During COVID-19 in the UK, several prominent figures highlighted the pandemic-induced increase in food poverty, its connection to child poverty, and the urgent need for free school meals (Adams & Butler, 2021, Scott, 2021). However, period poverty was sidelined in governmental responses despite previous policies and media attention. This fragmented approach to poverty, discussed by Crossley et al. (2019), makes a holistic response to addressing systemic issues more challenging. Consequently, period poverty demonstrates the intersecting dimensions of inequality

by disproportionately affecting women, people with disabilities, and minoritised groups. These issues, when viewed through an intersectional lens, reveal how different forms of oppression - based on gender, race, disability, and socio-economic status - converge to exacerbate vulnerability. As highlighted in the following quote from City to Sea, the pandemic helped shine a light on the interconnectedness of various social contexts, including period inequality, race, and poverty:

“I would say, because of the pandemic, which I think played quite a large role in the whole Black Lives Matter Movement gaining a lot of momentum again, there seems to be more awareness around the other intersecting issues that tie up with period inequality. So, matters around race and economic background and things like that.” (Interview - City to Sea)

This increased awareness is pivotal, as it acknowledges that period poverty does not exist in isolation but as part of a broader web of social inequalities.

For some organisations, the increased awareness of how the pandemic impacted different communities has been validating and presented an opportunity to strengthen relationships and enhance support for marginalised communities:

“What COVID has done for us, which has been quite useful, is [it] highlighted the health inequalities with people of colour, with people from LGBTQ backgrounds ...it's finding everything we've been chatting about for the last five years and someone's actually turned round and said, 'Actually, that's true.' And that's been quite validating for us as an organisation, and it obviously filters through to our communities who have then slowly started to feel validated but [are] also a little bit angry that it's taken so long for their voices to actually matter...” (Interview - Cysters)

This statement reflects how the pandemic not only amplified pre-existing inequalities but also brought attention to how intersectionality shaped people's experiences of poverty and health disparities.

The intersectional nature of these experiences is crucial for understanding the nuanced challenges faced by marginalised groups. The quotation from Cysters who predominantly represents the South Asian community, underscores the disproportionate labour placed on grassroots organisations led by women of colour.

They must not only struggle to have their voices heard, but also persistently seek to have these issues recognised through an intersectional lens - an approach often overlooked by those in positions of power. This dynamic speaks to a larger issue within policymaking, where systemic inequalities are often treated as separate issues, rather than as interconnected problems that require an integrated, intersectional approach. Furthermore, while there has been some increased awareness of these issues during the pandemic, the ongoing marginalisation of these voices in the policymaking process highlights the difficulty in enacting meaningful change without a commitment to intersectionality at the structural level.

The strain experienced by third-sector organisations - already operating in “crisis mode” since before the pandemic – emphasises the systemic reliance on voluntary efforts to address structural inequities. One participant described this model’s unsustainability:

“...across the third sector though through the pandemic, we’ve all been in crisis mode for quite a long time...” (Interview - PKAVS Tampon Taxi)

“...people in Leeds, women and girls in Leeds are pretty okay around period poverty because we’re here, but what about in other towns and cities? We get asked all the time why haven’t we got something in wherever why haven’t we got something here? It’s like, well, we’re only tiny.” (Interview - Freedom4Girls)

This reliance on underfunded and volunteer-led organisations reflects how neoliberalism devalues care, transferring responsibility away from public institutions and placing the unpaid care burden on women. The continuing impact of austerity, combined with the lack of government policies addressing period poverty in response to COVID-19, has exacerbated the ‘triple jeopardy’ experienced by women. Many women lost jobs and services that provided support and were left to manage the resulting unpaid work (The Fawcett Society, 2012; Williams et al., 2022). During the pandemic, the gendered burden of care became even heavier on women’s shoulders.

These findings illustrate how the COVID-19 pandemic revealed and intensified existing inequalities, particularly those driven by austerity and neoliberal policies. Initiatives addressing period poverty provided crucial support during the crisis, showcasing the potential of feminist activism grounded in an ethic of care. However, these efforts also underscore the need for systemic change to equitably redistribute care responsibilities and tackle the structural causes of poverty. To achieve sustainable solutions, policies must incorporate feminist principles that recognise menstrual health as a public issue rather than a private burden. It is essential to keep intersectionality at the forefront of these initiatives, ensuring that policies address the compounded inequalities experienced by the most marginalised individuals.

Conclusion

This article discussed the opportunities and challenges for activism against period poverty during the COVID-19 pandemic, situating period poverty initiatives as a continuation of feminist anti-austerity activism. The findings highlight how period poverty initiatives reveal the triple jeopardy faced by women who are most affected by crises yet often take the lead in providing support in the absence of state provision.

Despite the significant challenges reported by the organisations involved in the study, they also highlighted how these challenges sparked new opportunities for feminist activism during the pandemic. In this way, this article contributes to our understanding of how crises can exacerbate existing gendered inequalities, presenting new challenges, while simultaneously generating new spaces and opportunities for feminist activism that directly address these disparities (Nilsen, Berdnikovs, and Humphrys, 2010; Tomlinson, 2023).

This study enriches academic literature on feminist activism in the context of neoliberal and patriarchal societies, with particular emphasis on menstrual activism (Tomlinson, 2023) and anti-austerity activism (Craddock, 2016; Craddock, 2020). By exploring how these organisations adapted during the pandemic, it contributes to ongoing discussions in social movement studies about how crises create both challenges and opportunities for activism (Nilsen, Berdnikovs, and Humphrys, 2010). Specifically, it sheds light on how crises can catalyse the emergence of new activist

strategies and alliances, particularly those that focus on intersectionality, gendered health inequalities, and social justice.

Furthermore, this study builds on the feminist ethic of care framework by illustrating how these organisations centred the wellbeing and needs of marginalised communities in their response efforts. It underscores how feminist care practices, grounded in empathy and community support, can become key drivers of activism in times of crisis, creating avenues for collective action that transcend traditional forms of activism. These forms of feminist activism challenge existing power structures and promote more inclusive and equitable responses to societal crises.

The UK Government Inquiry into COVID-19 (2023) has highlighted additional ways that women were consistently neglected or dismissed in government responses to the pandemic. Our findings contribute to the growing body of evidence of the pandemic's ongoing negative impact on gender equality and economic justice. Specifically, we observed how the pandemic exacerbated financial difficulties related to period poverty and impacted overall access to menstrual products, menstrual health education, and adequate menstrual healthcare support. These elements of period poverty existed pre-pandemic and are intrinsically linked to both gender inequality and austerity measures in the UK, all of which were worsened by factors related to COVID-19.

The pandemic has had a significant impact on the menstrual dignity and health of women, girls, and those who menstruate. It continues to affect their education, health, and public services that support them. Access to facilities, funding, and structural support provided by policies has become more limited. This has increased the burdens and demands on already overstretched services, many of which are voluntary and non-profit organisations. Since these organisations are often led by women and have a predominantly female volunteer base, this situation risks entrenching the 'triple jeopardy' faced by women. It reinforces traditional gendered roles, placing the responsibility of care principally on women's shoulders.

The UK government must ensure policy responses encompass a diverse range of women's voices and address the intersectional, gendered inequalities that exist. Public funding is essential for the continued operation of third-sector organisations and charities that provide vital practical, emotional, and educational support to

marginalised individuals who menstruate. The UK government needs to acknowledge and financially reinforce the work of activist organisations.

Engendering a feminist ethic of care through policies that recognise the centrality of care in society - and its inherent value - can help democratise this essential service and alleviate the gendered burden of caregiving. It is also crucial to understand the connection between period poverty, general poverty, and austerity. Instead of treating poverty as a collection of separate issues, it should be considered as a complex, structural problem that governments need to tackle. An intersectional approach is necessary to account for the various factors and experiences that affect individuals, while also recognising the broader socio-political context. It is essential not to overlook the disproportionate effects of poverty and austerity on marginalised groups, particularly women.

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