What We Live and Breathe: Expert Insights on Inclusivity in UK Period Poverty Initiatives

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Abstract

Emerging research explores lived experiences of period poverty in the UK. However, there is a gap in knowledge about how period poverty initiatives tailor their service provision for inclusion of diverse individuals. Drawing on interviews with 14 key experts, this article explores how these initiatives enact inclusivity in practice by expanding what accessibility means and entails. Findings reveal how actors work to expand access to period products, menstrual education, and inclusive language, while navigating persistent structural barriers. By challenging assimilationist discourses and exposing systemic constraints, these initiatives reclaim inclusivity as an embodied, context-responsive practice that moves beyond performative policy rhetoric.

Keywords: Period poverty; inclusivity; accessibility menstrual health; menstruation

Word count: 7446 words including references.

Introduction

In the UK, at least 10% of girls are affected by period poverty (Plan International, 2018), broadly defined as limited access to menstrual products, education, and healthcare due to financial constraints (McKay, 2021). In the context of an on-going cost-of-living crisis and continued austerity measures in the UK, it is likely that this proportion has increased since it was first reported in 2018. Period poverty is one facet of poverty that creates barriers to healthcare, education, and housing while also limiting access to transport and technology, thereby compounding social

exclusion. Marginalised groups, including women, people with disabilities, older people, and ethnically minoritised communities, face heightened risks of poverty, underscoring the need for systemic, multidimensional solutions (Crossley et al., 2019).

Once perceived as an issue primarily affecting the global South, period poverty in the UK gained attention following Ken Loach's film *I, Daniel Blake* (2016) and advocacy by Freedom4Girls in Leeds (George, 2017). Research and media reports continue to highlight its impact on women, girls, and all people who menstruate in the UK (Plan International UK, 2018; Briggs, 2021; Crawford and Waldman, 2021; Thomas, 2022; De Benedictis, 2022; Craddock et al., 2025). Period poverty is therefore a pressing issue that demands serious attention, despite an historical neglect of menstruation in cultural and political discourse (Hughes, 2025).

Efforts to address period poverty include menstrual equity advocacy through free product distribution, education, and stigma reduction, largely led by volunteer-based non-profit organisations and charities. Mostly led by women, these organisations emerged from the need to address an issue deeply tied to gender inequality (Craddock et al., 2025). Indeed, menstruation has been recognised as a priority for gender equality, with menstrual health literacy having wide-reaching consequences for individuals' lives (Taylor and Greig, 2024).Further underscoring its holistic nature, Hennegan et al. (2021) define menstrual health 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".

Despite the increasingly recognised importance and visibility of menstrual health in cultural and political spheres, there remain significant gaps in menstrual health

education in the UK (Taylor and Greig, 2024). Moreover, the stigmatization of menstruation persists. Period poverty initiatives sit at the intersection of these concerns, addressing practical needs while also challenging stigma and educational gaps. At the same time, they grapple with questions of inclusivity, as they navigate how to meet diverse needs in a way that does not reproduce existing inequalities. As such, period poverty initiatives offer a valuable vantage point for exploring how inclusive approaches to menstrual health are envisioned and enacted in practice.

Equality, Diversity, and Inclusion (EDI) policy and initiatives aim to prevent discrimination and create accessible environments by valuing diversity across race, gender, age, disability, and socioeconomic status. However, the institutional language of EDI has become detached from its social justice roots, creating a gap between rhetoric and practice (Ahmed, 2012). Oswick and Noon (2014) trace EDI's evolution over a 40-year period from 1970 to 2010, linking shifts in discourse to management fashions in the U.S. organizational context, revealing the commercialisation of the concept.

This article seeks to reclaim a critical understanding of inclusivity by examining its enactment within UK period poverty initiatives. At the time this research was conducted, studies of period poverty in the UK were limited and rarely invoked an intersectional lens. To address this gap, we conducted 14 key expert interviews, a method often employed in emerging areas of inquiry. This article draws on findings from this project to show how period poverty initiatives demonstrate an authentic embodiment of inclusivity through direct action, community responsiveness and intersectional accessibility. It shows expert insights into pathways to enact inclusivity in UK period poverty initiatives by expanding access to menstrual products, menstrual health education, and inclusive language.

Research gap and contribution: Inclusive practice from the perspective of period poverty initiatives

There is limited research focussing on the perspectives of those providing support for period poverty. Most scholarship focuses on lived experiences such as Rhodes (2023) whose doctoral research highlights the multi-faceted nature of period poverty experienced by working class women in Newcastle. On a local level, Boyers et al. (2022) conducted a qualitative study in an inner-city in Northwest England including both the voices of those experiencing period poverty and the perspectives of individuals working in organisations supporting them, highlighting the need for national support. Birmingham City Council (2023) produced the Period Literacy Toolkit for professionals supporting individuals experiencing homelessness. However, there is a gap in research about how period poverty initiatives across the UK tailor their service provision for inclusion of diverse individuals. This article seeks to fill this gap. It applies a Critical Disability Studies lens (Schalk, 2017; Kafer, 2013; Garland-Thomson, 2011), which is interpreted as a methodology rather than a disciplinary field (Schalk, 2017), that shifts the gaze from impairments of the individual and towards social norms that constrain and stigmatize particular groups. This expanded understanding of Critical Disability Studies includes Feminist Disability Studies and approaches that highlight how accessibility encompasses not only physical and technological accommodations but also social, cultural, and political inclusion (Garland-Thomson, 2005). It challenges instrumental and reductive interpretations of ‘access’ employed by organisations and businesses, which are often limited to legal compliance or physical modifications. Instead, it expands the concept to incorporate dimensions of power, representation and belonging. Importantly, this approach is not limited to disability and rather than seeking to assimilate those who are excluded to the norm, it shifts our attention to challenging

normativity, creating inclusive environments from the outset that work for everybody and do not “other” marginalised individuals. It is therefore an appropriate springboard for considering questions of inclusivity relating to marginalized individuals, in this case, those experiencing period poverty, including trans, gender diverse, neurodivergent, people with disabilities, and ethnically minoritised individuals.

Overall, this article offers a novel perspective by illuminating how grassroots actors operationalise inclusivity in ways that expose the limitations of institutional and policy-led approaches. It critically examines how inclusivity discourses are ‘understood, translated, and put into practice’ (Roy, 2017: 456). This contribution extends period poverty scholarship and broader discussions on making inclusivity meaningful.

Materials and Methods

The study utilised qualitative key expert interviews to determine best practice and ‘what works’ when delivering inclusive, diverse and accessible period poverty initiatives. Expert interviews are ideally situated within this context, providing insight into how decisions are made to ensure representation of affected communities from an ‘organisational’ perspective (von Soest, 2023) and from the perspective of lived experience. Ethical approval for the research was granted by Birmingham City University.

Participants were recruited via social media and the research team’s existing contacts/networks within the menstrual health activism and advocacy sectors. The invitation to take part in the research was open to anyone involved in delivering period poverty programmes, specifically those supporting marginalised and minoritized people who menstruate, including (but not exclusive to) trans and non-

binary people, people with chronic health conditions and disabilities, people of different ethnic, cultural and/or religious backgrounds, and/or neurodivergent people.

Potential participants contacted the research team directly via email to indicate their interest. They were then sent the study Participant Information Sheet and consent form. Telephone interviews were then arranged with those who indicated they would like to take part. Telephone interviews were the preferred method of data collection for participants to accommodate accessibility needs and minimise travel across the country, given the spread of geographical locations represented.

14 experts were recruited to the study, including academics, practitioners, and campaigners working within the areas of menstrual health education, period poverty, and menstrual equity. Participants were UK-based and represented the following marginalised/minoritized communities, via their period poverty initiative and/or as a person with lived experience: trans and non-binary people, people with chronic health conditions and disabilities, people of different ethnic, cultural and/or religious backgrounds, and neurodivergent people. Often participants represented a community not only via their period poverty initiative's work, but also in their personal identities.

Participant characteristics

The following table provides details of participant characteristics, describing their organisational role, service delivery and/or areas of activism and advocacy that they represent. As per the informed consent process for the study, quotes used within the article have been anonymised and are referred to as 'Participant' followed by the assigned number (e.g. Participant 1).

Insert table 1 here

Table 1: Participant characteristics

Semi-structured telephone interviews were undertaken, each lasting approximately 30-45 minutes. Interviews focused on ‘what works’ best when ensuring inclusivity and diversity in period poverty initiatives, including programme delivery and policy development. Data was transcribed verbatim and analysed using NVivo 11.

A structured codebook thematic analysis (Braun & Clarke, 2021; Guest et al., 2012) was conducted using an iterative, hybrid inductive–deductive process. This approach was selected to enable consistent application of codes across the dataset, support transparency in the analytic process, and facilitate systematic comparison of recurrent topics, in line with the study’s practical aim of identifying how period poverty initiatives enact inclusion and diversity and feeding actionable findings back into participating organisations. This emancipatory aim aligns with the Critical Disability Studies ethos of producing knowledge situated in lived experiences that can be applied to improve marginalised individuals’ lives while simultaneously bringing to light and tackling structural barriers.

1. Familiarisation – All transcripts were read multiple times to immerse the researcher in the data, noting initial impressions and potential areas of interest.

2. Initial Coding – Descriptive in vivo codes were generated inductively to capture salient topics within and across transcripts (e.g., “stigma,” “inclusion,” “representation,” “autism,” “transgender”).

3. Codebook Development – These initial codes were iteratively organised into a structured codebook, refined through repeated application and constant comparison across transcripts. New codes were added as needed to capture emerging topics.

4. Systematic Coding – The finalised codebook was applied consistently across the full dataset, ensuring reliability and enabling direct comparison of coded segments.

5. Analytical Theme Development – Commonly occurring codes were revisited to identify analytical connections, moving beyond description to interpretation.

6. Theme Refinement – Higher-order themes were generated, capturing key patterns relevant to accessibility and inclusion.

Reflexivity

The authors are white, cisgender women, with lived experience of chronic illness and neurodiversity. We recognize how our social positionings shaped this research. In interviews, while gender may have helped build rapport with some participants, it risked creating blind spots regarding trans and gender diverse experiences. Similarly, our whiteness may have limited our understandings of barriers created by structural racism. Our insider perspective on chronic conditions and neurodiversity informed our understanding of accessibility and stigma. We sought to centre participants as experts and used critical theoretical framings to interrogate power structures rather than to assume shared experience.

Results

Three overarching themes emerged: (1) *Expanding access*, encompassing efforts to provide period products, menstrual health education, and inclusive language; (2) *Challenges to inclusive practice*, which cuts across these dimensions and includes structural barriers and contradictions within inclusivity discourses that limit the realisation of expanded access; and, finally (3) *Reframing inclusivity by challenging assimilationist approaches* comprising participants' attempts to expose systemic

barriers to inclusion, challenge normativity, and reimagine inclusivity as an embodied principle and practice that is “lived and breathed”.

The following sections explore these themes in more detail with quotations from participants.

Insert image 1 here

Expanding access to products

Expanding access to period products such as pads, tampons, and reusable products including menstrual cups and period pants, is one of the core aims of period poverty initiatives. This involves not only removing financial barriers by providing products free of charge but also expanding accessibility of where and how products can be collected: *“We deliver to medical centres, so doctors’ surgeries, so anywhere that a woman is, whether she’s been caught short, or whether she’s actually in need” (Participant 1).*

Inclusive practice requires not only access to products but access to a *choice* of products, recognising individuals’ agency:

> *So having that empowerment to really understand how your body is working and what it's doing has been really positive to see young people going […] actually, okay I had never thought about using this period product before but I’m going to take a menstrual cup and I'm going to give it a go. (Participant 7)*

Providing access to a choice of products recognises that those who experience period poverty are individuals with diverse preferences, which is reflected in the range in responses that key experts report on.

Feedback [about reusables] I'd say has been 60-40, 60 positive, 40 negative […] more positive with the older generation who have children, very negative with the younger generation, they just don't get it, and they certainly won't use reusables, washables. (Participant 6)

We obviously wanted to give out sustainable options like menstrual cups and I was like, I just don't know how popular they are going to be so I got 25, and we've given out over 150 in Manchester so I totally misread how popular they would be, which is ace, but obviously you don't know these things until you start doing them. You can have some predetermined ideas about these young people may not want to use these products but actually they are really popular. (Participant 7)

This response underscores the importance of iterative, practice-based action, whereby approaches to addressing period poverty are continually informed and refined through experience on the ground rather than being based on untested assumptions. It is notable that, despite participants' extensive practical engagement in this area, their understandings may still be shaped by assumptions that do not necessarily reflect the preferences or experiences of those they seek to support, for example, the suggestion that younger people are less likely to use reusable menstrual products. This highlights the need to involve a diverse range of people in the design and implementation of initiatives from the outset, ensuring that interventions are responsive to varied experiences and preferences. The significance of such representation and inclusion is returned to later in the analysis.

Providing a choice of period products also expands accessibility for those with specific needs such as autism, disabilities, and health conditions: *"[Period*

underwear] products are ideal for people with disabilities and visual impairment, sensory impairment." (Participant 4).

> *We delivered a load of products to a group who have autism, so they have real issues around sensitivity, so they can't use these normal Always, things like that, because of the sensitivity, because of the chemicals, so we deliver like organic products to them.* (Participant 1)

As the findings above reveal, accessibility of period products impacts on individuals' health, comfort, and confidence. Inclusive practice entails recognising diversity and treating individuals with dignity by creating the conditions for autonomous decision-making alongside access to products.

Furthermore, expanding product access has wider implications for challenging stigma and sharing information. Participant 7 demonstrates how distributing products provides opportunities for education and empowerment:

> *the uptake in menstrual cups for example, because people didn't know about them, so we were able to go, look here are your options, this is what you can choose. […]So that's been really nice to be able to empower the young people to know their choices and then be able to make those more informed decisions.*

However, despite the overwhelming benefits of providing access to a choice of products, structural conditions, specifically economic incentives for the government, reduce accessibility by removing choice:

> *at the end of the day, look how much tax is in it, £100m a year […]disposable products, that's where the money is. They don't want them using cups and*

> *they don't want them using reusables because there's no money in that.* (Participant 5)

This quotation situates period poverty and governmental responses in the wider socioeconomic context of capitalism and highlights how power relations within this context perpetuate disempowerment (Craddock et al., 2025). Yet, as this section has demonstrated, inclusive practice entails expanding access to the choice of period products offered, as well as the locations they are available at, to provide dignity; to respect individuals' autonomy and preferences; to expand accessibility for disabled and neurodiverse women and people who menstruate and those with health conditions. Structural barriers exist, therefore, that hinder the enactment of inclusive practice.

Expanding access to Menstrual Health Education (MHE)

Organisations tackle period poverty using a multi-faceted approach that includes menstrual health education, widening the definition of and approach to period poverty.

> *The reason it's inclusive is because everybody, everybody regardless of their age and their abilities, their background, their religions, their gender, we are all entitled to this very basic information about our bodies and our intimate health and menstruation is really part of that.* (Participant 4)

Inclusive menstrual education means adopting a holistic approach that recognises the many diverse aspects of the menstruation experience:

> *We already know that there's affordability issues, access issues, and the fact that menstrual education isn't a stand-alone topic in the UK, so there isn't any standardised menstrual education […] And we've been delivering the*

*education, which encompasses the emotional side, the biology side, the cultural and social side. So our education is as inclusive as it could be. (*Participant 12)

Again, inadequacies with the wider political context are highlighted, with there being a lack of standardised menstruation education as part of the UK curriculum.

Inclusive practice means celebrating diversity. Therefore, education is tailored towards developing bodily knowledge and normalising diversity between individuals:

So, people said that knowing what is normal for them is really important because every person that has a period is going to experience it differently. […] So, you know, you need to know what's normal for you. (Participant 14)

A central element of expanding access to education involves tackling stigma through normalising conversations around periods and making these visible in order to remove shame.

Being able to talk about it is quite important, you know, and not kind of keeping it hidden. We are quite friendly about it. Do you need a pad or a tampon? Just knock, pop in, no shame. (Participant 4)

And our slogan t-shirts and our tote bag and things like that, all of these bits and pieces, arguably, could seem fickle but they're really, really important when it comes to opening up conversations. From our experience that has been the number one way of trying to shake the shame away and trying to smash the stigma that surrounds the menstrual cycle. (Participant 5)

Stigma affects people in different ways, reinforcing the importance of taking an intersectional, tailored approach to inclusive practice. Participant 14 explains how the impact of societal stigma around periods is heightened for autistic pupils:

> *if you were in school, how you tell somebody discreetly that your period's started and can you go to the loo or can you borrow a pad. But you're not actually borrowing it because they wouldn't want it back. And they're not expecting you to bring them another one to replace it. But all of those subtle social things because there are a lot of social taboos around […] periods […] So, all of those things are things that neurotypical people learn from each other generally how to navigate, but autistic people don't always get that social information.*

Similarly, participant 8 highlights how stigma is compounded by intersecting identities for ethnically minoritised groups:

> *"And also, I think that the stigma that impacts BAME communities is a little bit more different, because religion and culture play a role, and that's two things playing a role together."*

It is therefore important to recognise diverse experiences of marginalization and how they can intersect in different ways at different times. Participant 13 emphasizes this point:

> *"I think an intersectional approach is always needed with any kind of work within the diversity field because identities are not static. They're a matrix or there are different things that intersect and interlock. It's not enough to just look at it in one space and go okay, if you're brown or black, that must mean x, y and z because you're not just that identity. You're then all the other things that fit within that like your sexuality, whether or not you identify with the gender that was assigned to you at birth, what religion you are, what social status you are – all of these things they intersect and they create a very*

> *specific identity, and all of those will lead to something that is inherently very different."* Transcript 13

Expanding access to menstrual education involves recognising and celebrating diversity, challenging normalised and negative discourses around menstruation and making menstrual education accessible for all in a suitable format. However, this is also hindered by economic and political barriers.

Expanding access to language and discourse

The third key theme relating to how period poverty initiatives work to expand accessibility is that of inclusive language (the words we use to communicate) and discourse (societal narratives that shape who is included in conversations and how). Language can either enable or obstruct access to information, support, and a sense of belonging, particularly for those already marginalised by structures of inequality.

Several participants raised concerns about the terminology used in period poverty discourse. As Participant 8 notes, terms such as *"period poverty"* can be alienating or unclear to those they are intended to support:

> *Well, I have not been using period poverty because again I find it problematic because people don't understand what do you mean by period poverty. I understand that I am poor, I don't have money, but I don't understand how I am poor because of my period.*

Improving accessibility therefore requires not only distributing information but translating it into culturally and linguistically relevant forms. As Participant 5 illustrates, partnerships with organisations that support those who speak English as a second language help address this gap:

we've been pairing with an organisation called London in Your Language which is an online platform and is for migrants and new people to London to go online and see in English or Farsi and it's currently being translated to Arabic and French, how things work.

Interviewees also connected language to broader structural silences. Participant 13 links the inability to speak openly about menstrual pain in workplaces to a lack of menstrual health policy and support:

there's a stigma and a taboo… We can't talk about it. The fact that often if you have really bad periods you have to suffer in silence […]. If you've got a medical condition you can have sick leave. Well, you can't get it for your period because it happens every month.

Expanding accessibility to language requires being aware of and adapting to the specific context within which such conversations happen, rather than applying a 'one-size-fits-all' approach which inadvertently excludes individuals. Participant 13 draws attention to the need to be sensitive to cultural differences in our use of language, to not create further barriers to accessing conversations around menstrual health:

let's say you're within the Birmingham Sikh community or the Birmingham Hindu community and you're suffering with these conditions you probably won't publicly speak about them because there is so much kind of taboo and stigma around anything connected to reproductive health, like you say vagina in a conversation, especially in a cultural setting or environment it just doesn't tend to go down very well.

It is therefore important to consider how language might inadvertently further exclude marginalised groups.

Gendered language emerged as a particularly contested site. Some activists advocated for gender-neutral terms to include transgender men and non-binary people. For example, Participant 10 explains:

> *Use inclusive language when you're discussing periods. So, you know, quotes like people who bleed, just using language that's very inclusive, or having a particular guide, like a separate guide that is more inclusive.*

Yet others felt that such terms risked erasing women's experiences. Participant 9 explains her discomfort with the term *"menstruators"* and its impact on younger girls because of how it essentialises and dehumanises women who have periods by reducing them to a bodily function:

> *I personally, hate the word menstruators. […] I find with the younger girls, it puts them off talking when you close the language. This is a big issue and this is why I don't stick to purely gender-neutral language on my YouTube channel because […] younger girls who are maybe a bit embarrassed about it. They would never ever talk about it if they felt that their language was restricted or they were going to be bullied in the conversation too.*

Participants also noted that scientific or technical terms such as *"menstruation"* can create barriers, particularly for children or individuals with learning disabilities. Participant 14 explains the challenges of using scientific language for children with learning disabilities: *"So, in my book I just said people that have periods because I felt people who menstruate would be a bit of a complicated word for eight-year-olds."*

Tensions between inclusion and clarity were apparent. Participant 9 reflects on the difficulty of navigating competing expectations around gender and menstruation:

> *You'll get a lot of women who can really push back against the trans movement. […] why are you saying menstruators for women? We have uteruses, we bleed […] The trans men who bleed who go, hang on a second, I'm a man and I'm bleeding, why are you pushing me out of this? Then you'll get the women who don't have periods who say, well, am I not a woman? So there's this whole spectrum that I think hasn't really been dealt with yet.*

This highlights a core challenge: dominant narratives often conflate menstruation with womanhood, reinforcing exclusions for transgender people, women with health conditions, and others whose experiences fall outside the norm. Participant 4 speaks to how not being included in this narrative creates further exclusions for those who are already marginalised in society, in this case those with learning disabilities:

> *they don't relate to things like, you know, the adverts about getting on and living your life and being fine with your Bodyform and your roller skates et cetera. They don't see all that because it's not identified for them as all being attached and as being part of growing up into an independent woman and knowing about your body and all that sort of stuff.*

Paying attention to who is excluded from language and conversations around periods sheds light on the existence and entrenchment of dominant narratives, and their omissions. For children with learning disabilities, this hinders inclusivity by preventing them from receiving adequate information:

> *I felt like when I was growing up the information that was provided about periods was quite hopeful and cheerful and lucky, it's part of becoming a*

> *woman. You might have a few cramps and what have you but it's good, you know, because one day you might want to have a baby […]. That crucially isn't included in the information about periods for people with learning disabilities I don't feel. I feel what they are shown is that, oh, there will be a mess every month and you may tidy it up with these things.* (Participant 4)

For some, this association between periods and womanhood was experienced positively, creating a sense of solidarity and maturity. However, the absence of alternative narratives about periods results in exclusion for individuals who do not fit the dominant narrative.

Taken together, these accounts demonstrate that language is not neutral, it reflects and reinforces existing power dynamics. Language and discourse shape not only who is heard, but who is rendered visible or invisible. Thus, a one-size-fits-all approach to language fails to account for the diverse realities of menstruation.

Reframing Inclusivity by Challenging Assimilationist Approaches

Rather than trying to assimilate diverse and excluded individuals and groups into the norm, interviewees called for a reimagining of structural conditions. For example, Participant 14 suggests that we challenge and invert what is considered to be the norm by creating an environment that is inclusive of those with differences.

> *Autistic people, you know, there's nothing wrong with us. We may well have difficulties, but we should be part of society and the world just like everybody else and some of the things that help autistic also help non-autistic people. There's a lot of non-autistic people who really like period underwear and menstrual cups and cloth pads. I think it benefits everybody*

Notably, designing practices and environments that benefit neurodivergent individuals can also be beneficial for neurotypical individuals. This requires a shift from approaches that seek to bring in marginalised individuals to the “norm” and instead unpacks and transforms the “norm” to be accessible for all.

Many expert interviewees spoke about the necessity for period poverty initiatives to be representative of diverse groups, particularly groups who are systematically disadvantaged by societal structures, and for this to be the case from the outset: *“So I would say if you’re going to use the term diverse and inclusive then make sure you’ve got those people at the table with you having those discussions.”* (Participant12).

> *There’s a lot of research being done in this field. Not all of it is framed through a diverse lens, and there is sometimes the kind of thought like, oh we’ll get to diversity in a while but for me you have to have it on the very offset to be able to say with any clarity that you’ve really done it.* (Participant 13)

Diversity within groups and between individuals must be recognised to avoid essentialising groups based on one category or identity, thereby avoiding tokenism and the flattening of ethnic identities.

> *It’s also why I don’t like the lumping together of black and minority ethnic, because there are so many different experiences in that […] sometimes I’ll be invited, like can you give an opinion on how we deal with this through a BME lens? And I can give it through my lens, the South Asian lens, but I can’t speak for the black experience because it’s not my experience.* (Participant 13).

Participant 13 further highlights the problem of the gap between discourses about inclusivity and diversity, and actual practices at an organisational level:

> *if we're looking at how power is distributed, even structurally or institutionally, although there are multiple agendas that are preaching diversity and inclusion, like how diverse and inclusive are the directors of the board of directors that are making all these decisions?*

Participants expose the challenges of enacting inclusivity in the context of systemic exclusions. They offer both a critique of these structures and reclaim inclusivity as context-sensitive and led by the voices of those most marginalised, such as non-native English speakers, transgender men, neurodivergent and disabled individuals, and those from diverse cultural backgrounds. Crucially, diverse voices must be authentically represented in decision-making processes from the outset.

Summarising this approach, one of the key experts we interviewed, the founder of a reproductive health charity which addresses barriers for those from racial and gender minoritised communities, emphasizes the need for inclusivity to go beyond symbolic gestures:

> *"[…] regardless of anyone's background, what they identify as or whatever, they should all have the same support, opportunities, and that's what's been instilled into [redacted] from the beginning.* ***So, inclusive for me, is just a word that is there, but for us, it's what we live and breathe.*****"** [emphasis added by authors]

Discussion: Inclusivity in Action: Lessons from Period Poverty Initiatives

This article addresses a significant gap in period poverty scholarship regarding the perspectives of grassroots actors who work to alleviate period poverty across the UK and how they navigate providing inclusive services for a diverse group. Findings from 14 key expert interviews reveal how UK period poverty initiatives provide a practical model of inclusivity, contrasting with the often superficial or bureaucratic approaches taken by large institutions. These initiatives aim to expand access to menstrual products, menstrual health education, and inclusive language. Unlike top-down institutional inclusivity efforts that are often constrained by bureaucracy (Ahmed, 2012), period poverty initiatives operate on the ground, adapting to the needs of diverse communities and challenging stigma in tangible ways.

However, despite their commitment to accessibility and representation, these initiatives also expose the structural limitations of inclusivity as a concept and practice. While their work aims to expand material access and challenges dominant menstrual narratives, they remain constrained by funding limitations, governmental policies, and broader socio-political inequalities that shape the accessibility landscape (ROSA, 2023). The findings highlight both opportunities to advance inclusive practice and the barriers that constrain its implementation. Importantly, these barriers are not discrete but intersect and may be mutually reinforcing, producing compounded forms of exclusion for individuals situated at the intersection of multiple marginalised identities or circumstances.

The key expert interviews in this study reveal that true inclusivity is not just about providing access, it requires systemic transformation. As one interviewee explained, inclusivity must be “lived and breathed” rather than simply stated. This aligns with

Ahmed's (2012) critique that inclusion is often treated as an administrative goal rather than a radical restructuring of institutional power. Period poverty initiatives highlight how inclusivity can be enacted in practice, but their struggles also underscore the need for wider structural change to sustain and expand their work.

Structural Barriers to Meaningful Inclusivity: Economic Constraints and Capitalist Logics

The provision of free menstrual products is a core aspect of period poverty initiatives, yet economic structures often undermine their inclusivity efforts. Interviewees highlighted that while governmental policies have started providing free period products in schools, they overwhelmingly favour disposable options over reusable ones, reinforcing profit-driven decision-making. When inclusivity efforts are shaped by economic interests, they can reinforce exclusion rather than dismantle it. As Fraser (2013) argues, neoliberal approaches to social justice often commodify solutions rather than addressing the root causes of inequality. By prioritizing products that maintain market dependencies, government policies fail to challenge the economic structures that contribute to period poverty in the first place.

Moreover, removing choice fails to address the multi-faceted effects of poverty. The United Nations (2012) defines poverty as not just the deprivation of material resources but also a violation of human dignity. Addressing period poverty must, therefore, focus on restoring dignity and autonomy by ensuring individuals have meaningful choices regarding the products they use and the locations at which they access them. Relatedly, adequate menstrual health education needs to be provided within schools to ensure that women and people who menstruate are literate in these matters and able to understand their bodies and seek medical help when required.

Notably, such education should start at an early age, include all genders, and be holistic rather than focusing solely on biological processes (Taylor and Greig, 2024).

Accessibility is not only about product availability but also about creating opportunities for engagement and education. Tomlinson (2023) highlights the importance of distributing products in person, allowing individuals to familiarize themselves with different options before use. This is particularly relevant for reusable products, which have a high upfront cost and thus remain inaccessible to those experiencing poverty despite their long-term benefits (Van Eijk et al., 2019). Having the opportunity to pick up and feel different products alongside speaking to someone about how to use them expands accessibility.

Grassroots organizations often operate with unstable funding and rely heavily on volunteer labour, making them vulnerable to policy changes and shifting government priorities (Bassel & Emejulu, 2018). This precarity limits their capacity to expand inclusivity efforts sustainably and demonstrates how economic constraints shape what is possible within inclusive practice.

Rather than starting from a position of trying to assimilate diverse and excluded individuals and groups into the norm, participants suggest that we instead challenge and invert what is considered ‘the norm’ by creating an environment that is inclusive of those with differences. This reflects the aim of Critical Disability Studies (Campbell, 2009; Garland-Thomson, 2005; Garland-Thomson, 2011; Kafer, 2013; Schalk, 2017) to dismantle ableist structures that contribute to the marginalization of people with disabilities. Applying this lens encourages a deeper understanding of accessibility as a multifaceted concept intertwined with issues of power, representation, and social equity.

Dominant Narratives of Inclusivity and Their Exclusions

While inclusivity is widely promoted as an ideal, dominant narratives about who menstruates and how periods should be discussed can reinforce exclusionary norms. Feminist research highlights how menstruation is tied to ideas of performing femininity correctly, with women expected to manage their periods discreetly to avoid disgust (Jackson & Falmagne, 2013; Chrisler et al., 2015; Young, 2005; Wootton and Morison, 2020). The wider societal dominance of this narrative is reflected by how period products are advertised in a way that reinforces norms about menstrual etiquette and femininity (Wootton and Morison, 2020; Hughes, 2025). This contributes to the exclusion of individuals who do not conform to these ideals, reinforcing stigma and social marginalization.

While gender-neutral language aims to include trans and non-binary individuals who menstruate, it has also sparked concerns among some women who feel that it erases their lived experiences. This tension highlights a broader challenge in inclusivity discourse; when efforts to be inclusive are perceived to shift norms too quickly, they can inadvertently alienate some groups (Verloo, 2018). The challenge, therefore, is not just about choosing inclusive language but about ensuring that shifts in discourse do not create new forms of exclusion.

This is further complicated by cultural differences in attitudes toward menstruation. As one interviewee noted, individuals from certain religious or cultural backgrounds may be uncomfortable discussing periods openly. As a result, applying a one-size-fits-all inclusivity model risks further marginalizing these groups. Instead, inclusivity must be flexible and responsive to different cultural and social contexts (Yuval-Davis, 2011).

Rethinking Inclusion Beyond Symbolic Measures: Addressing the Gap Between Institutional EDI Policies and Grassroots Inclusivity

Many institutions claim to prioritize inclusivity through Equality, Diversity, and Inclusion (EDI) policies, but these frameworks often fail to enact meaningful change at a structural level (Ahmed, 2012). Policies often function as symbolic gestures rather than mechanisms for real transformation (Bhopal, 2018). Period poverty initiatives, in contrast, offer a bottom-up model of inclusivity that is responsive to community needs. However, without institutional support, these efforts remain fragile and dependent on external funding. The findings from this study suggest that for inclusivity to be truly effective, institutional EDI efforts must move beyond performative measures and engage with grassroots initiatives to build inclusive structures from the ground up.

For inclusivity to move beyond rhetoric, it must be reframed as a process of structural transformation. This study's findings suggest several key takeaways:

1. Inclusivity must be embedded at the outset, not retrofitted.

As period poverty initiatives show, starting from a framework that prioritizes accessibility prevents the need for later adjustments that often feel tokenistic or reactive. This aligns with Critical and Feminist Disability Studies perspectives, which argue that barrier-free design benefits everyone, not just marginalized groups (Garland-Thomson, 2011).

2. Inclusivity is not just about access, it is about power.

Providing menstrual products is important, but without challenging the economic and policy structures that sustain period poverty, these efforts remain limited. Inclusivity should be seen as a political commitment to dismantling systemic inequalities, rather

than just an initiative to expand access. Here, lessons from Critical Disability Studies can be applied; this framework shifts the focus from disability to ableism, exposing how society constructs normalcy in ways that exclude disabled individuals (Campbell, 2009).

Paying attention to absences and exclusions from dominant narratives enables us to ‘queer’ (Ahmed, 2002) the norm by revealing and problematizing the dominant narratives that exist. Queering is a way of orientating towards other ways of being, thinking, experiencing, and feeling. A queer approach can thus help to uncover and question the structures that underpin dominant narratives (Ahmed, 2006).

3. Diverse representation must be built into decision-making processes

As interviewees pointed out, true inclusivity requires representation at all levels - not just among service users but in leadership and policy-making spaces. This echoes research on the limitations of institutional diversity work, which often focuses on optics rather than redistributing power (Bassel & Emejulu, 2018). True inclusivity requires embedding diversity into organisational structures from the outset. This is especially pressing given that 29% of UK charities have all-White boards, and only 7% of trustees at the top 500 charities are ethnically minoritised women (Charities Inclusive Governance Report, 2022).

4. A flexible, context-sensitive approach to inclusivity is needed

The tensions around language, cultural differences, and accessibility needs demonstrate that inclusivity cannot be one-size-fits-all. Instead, it must be adaptive and responsive, recognizing that different groups experience exclusion in different ways.

Conclusion

Period poverty initiatives offer a compelling example of inclusivity in practice while simultaneously revealing the structural barriers that constrain inclusivity at a broader level. Their efforts demonstrate that true inclusivity requires more than just expanding access; it demands a fundamental restructuring of the social, economic, and political conditions that create exclusion in the first place. By examining how inclusivity is enacted at the grassroots level, this article highlights both the possibilities and contradictions of inclusion discourse and challenges institutions to move beyond performative commitments toward deep, structural change.

Declaration of Interest Statement

The authors declare that there are no conflicts of interest.

Data Availability Statement

The participants of this study did not give written consent for their data to be shared publicly, so due to the sensitive nature of the research supporting data is not available.

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Table 1: Participant characteristics

Participant 1	Founder; Period equity organisation distributing free products in the UK and abroad
Participant 2	Founder; Period equity initiative distributing free products via mobile libraries in rural England
Participant 3	Founder; Reproductive health charity addressing barriers for those from racial and gender minoritised communities
Participant 4	Educator; Accessible relationship and sex education for young people with learning, physical and sensory disabilities and autism spectrum conditions
Participant 5	Advocate and Trainer; Period equity initiative focused on transgender, non-binary and intersex inclusion
Participant 6	Founder; Period equity initiative for those facing in-work poverty in rural England
Participant 7	Educator & Wellbeing Coordinator; Provision of menstrual health education and free products to young people not in mainstream education, including those in care and asylum seekers
Participant 8	Advocate; Specialist on relationship between menstrual health campaigns and racial minoritised communities
Participant 9	Educator and Advocate; Specialist on reusable period products and menstrual health of those with chronic conditions

Participant 10	Advocate; Period equity initiative providing education and free products for asylum seekers, refugees and those who cannot access reproductive health information
Participant 11	Advocate and Trainer; Transgender, non-binary and intersex inclusivity in Wales
Participant 12	Founder; Period equity initiative providing period products in the UK and abroad
Participant 13	Advocate; Reproductive health charity addressing health barriers for those from racial and gender minoritised communities
Participant 14	Author and Advocate; Specialising on menstrual health education for those on the autism spectrum