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Menstrual rights are human rights

A qualitative study about period poverty among homeless Roma in Stockholm

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Abstract

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In the past decade, period poverty has gained more attention in international research. However, in Sweden the issue is still neglected which results in a complete absence of scientific research. Period poverty is not exclusively a phenomenon in low-income countries but is present around the globe. In Sweden, a high-income country, marginalized groups, such as Babadag Roma are affected the most. The aim of this study is to generate scientific knowledge about period poverty among a marginalized group residing in Stockholm, as well as the work carried out by NGOs from a human rights perspective. Data was gathered through nine individual, semi-structured interviews with people who work with Babadag Roma in various social centers in Stockholm. The workers' experiences and knowledge are the base of the data. The data is analysed with three theoretical frameworks: the concept of stigma, feminist perspectives and social support theory. The workers identify period poverty among Babadag Roma by menstrual illiteracy and the need for menstrual hygiene products. The social centers provide such products, bathrooms, shower and laundry facilities and menstrual education. By this, the social centers promote the human rights of dignity, health, water and sanitation, gender equality, education, an adequate standard of living and participation in society and cultural life. Furthermore, menstrual taboo and stigma are prevalent and prevent Babadag Roma from talking about menstrual health, especially when men are present. This research can be seen as the starting point for hopefully more studies about period poverty in Sweden in the future.

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1 Introduction

1.1 Problem definition

According to Article 12 of the International Covenant on Economic, Social and Cultural Rights, everyone has the right to “to the enjoyment of the highest attainable standard of physical and mental health” (UN General Assembly, 1966). Our health is of utmost importance which is why the right to health is fundamental to our wellbeing and living a life in dignity. Women face distinct health issues and forms of prejudices with marginalized women encountering multiple types of discrimination, obstacles to health care services and discrimination on the basis of their gender. An essential part of women’s right to health is reproductive health (Office of the United Nations High Commissioner for Human Rights, n.d. b). Reproductive health includes menstrual health which includes having access to sanitation, water and information about menstruation (Geng, 2021). The right to sanitation and water is therefore closely linked with the right to health. Hence, menstrual health issues are human rights issues. When women are not able to manage their menstruation with dignity because they lack access to water, sanitation, menstrual hygiene products and information we speak of period poverty or menstrual poverty. Geng (2021) defines period poverty as experiencing “social, economic, political and cultural barriers to menstrual hygiene products, education, and sanitation” (Geng, 2021).

When thinking of period poverty, Sweden is probably not the first country that comes to one’s mind. However, it is a tangible problem for many marginalized women living in the country. This paper focuses specifically on female Babadag Roma, a group of so-called “vulnerable EU citizens” residing in Stockholm. According to Amnesty International (2018b), thousands of homeless EU citizens live in poverty in Sweden where they are deprived of basic human rights such as sanitation, shelter and health care. Women who live in poverty and/or homelessness have limited access to menstrual hygiene products and changing facilities. They lack sufficient shower and laundry facilities and as “vulnerable EU citizens” their access to health care services is immensely restricted. The social centers run by several NGOs in Stockholm are therefore important places of refuge for women experiencing vulnerability. They offer menstrual hygiene products, bathrooms and shower and laundry facilities. The writer of this dissertation is currently employed at

one of the social centers. The topic and target group of this thesis were in fact chosen because of observations made at the workplace in the first six months of employment.

Period poverty is a gendered form of poverty. Even though, other types of poverty exist, they are not included in this study given the scope of a master's thesis. The research displays the opinions and experiences of people working with the women from Babadag. Therefore, the study does not spotlight the political structure of Sweden.

What can the workers of the social centers disclose about period poverty among Babadag Roma? What reflections, thoughts and experiences do those working with the women have? Are the women from Babadag affected by period poverty? And if so, how do the NGOs counteract period poverty? How can the work with Babadag Roma regarding period poverty be understood from a human rights perspective? This research explores the experience of Babadag Roma regarding period poverty through the eyes of people who work with the group professionally.

1.2 Purpose of the study

The overall aim of the study is to contribute to scientific knowledge about period poverty in general. The specific object is to generate knowledge regarding period poverty among Babadag Roma residing in Stockholm, as well as the work carried out by NGOs from a human rights perspective. This includes exploring practical experiences of those working with the Babadag Roma regarding period poverty.

The research questions are as follows:

- How is period poverty among Babadag Roma identified and counteracted by the workers?
- How are Babadag Roma affected by period poverty according to the workers?
- How can the services the social centers provide be understood from a human rights perspective?

1.3 Relevance for social work and human rights

Research about period poverty in general is lacking, but research about period poverty among marginalized women in Sweden is non-existent. Therefore, this study is

tremendously relevant for social researchers and social workers in Sweden. The paper intends to raise awareness and to make period poverty in a high-income country more visible. It discusses how NGOs in Stockholm working with Babadag Roma support their female clients to enjoy fundamental human rights. Potentially, this study can be used as a handbook for organizations and social workers who work with women living in vulnerability. Moreover, it has the capability to improve work routines and services.

The research includes the following fundamental human rights recognized by the United Nations (UN): the right to dignity, health, gender equality, water and sanitation, education, an adequate standard of living and participation in society and cultural life.

1.4 Structure

Above, the study's problem formulation, purpose and research questions were presented. Next, central concepts and abbreviations that are necessary for the reader to know to be able to follow the report's reasoning are introduced. Two background chapters are following. The first background chapter establishes the context fundamental to the research. It takes a closer look on the Swedish welfare system, how poverty can be seen as a social problem in Sweden and what challenges “vulnerable EU citizens” face in Sweden, before going into detail about Babadag Roma. What follows is a definition about period poverty and how it is connected to human rights and the Sustainable Development Goals (SDGs) set up by the United Nations General Assembly. The second background chapter displays the political and cultural climate of the society we have created and what it means to menstruate in a white, capitalist patriarchy. It reflects on menstrual equity, the tampon tax and menstrual activism in Sweden. The literature review presents previous national and international studies about period poverty, as well as viewpoints of relevant actors and organizations in the field. The theoretical framework consists of the concept of stigma, social support theory and feminist perspectives. The methods section discusses the methodological considerations prior and during the data collection process. Finally, the results are revealed and personal reflections are discussed. Additionally, recommendations for improvements at the social centers and ideas for future research are included.

1.5 Terms and abbreviations

“*Vulnerable EU citizens*” is a term commonly used in national policy documents and by the City of Stockholm to describe people from other EU countries who reside in Sweden and experience social and economic marginalization (Amnesty International, 2018a). I am aware of the ongoing discussion in social research about referring to people or groups as “vulnerable”. Ultimately, it is structures and contexts that lead people to finding themselves in situations where they experience vulnerability because of the deprivation of human rights to which they are entitled to. Nevertheless, the term is used throughout the thesis because it is well established in the Swedish context and to increase readability. However, quotation marks around the wording are used to show awareness of its controversiality.

The target group of this paper are a specific group of “vulnerable EU citizens”, Babadag Roma from Babadag, Romania. When referring to the group, the wordings *women from Babadag* and *Babadag Roma* are used.

The term *menstrual hygiene products* is abbreviated to *MHP*. There is a range of different kinds of menstrual materials on the market. In recent years, more environmentally friendly options, such as the menstrual cup and period underwear have gained popularity. However, MHP in this paper and context refers mostly to products that are to be used once, namely absorbent pads and tampons.

Menstrual infrastructure refers to the availability of bathrooms where menstruators can take care of their menstrual needs, such as changing MHP. Bathrooms must be equipped with clean water and soap to be able to wash hands and garbage cans to dispose of used MHP.

Menstrual literacy refers to the knowledge people with a uterus need to have to handle MHP in a proper and hygienic manner to stay healthy and feel secure. Moreover, menstrual literacy means to have knowledge about the menstrual cycle and menstrual health.

The use of gender inclusive language is of great importance to me. Menstruation is not a unique female experience because trans men, nonbinary and intersex people menstruate, too (Bobel & Fahs, 2020). Moreover, not all women menstruate, for example trans women. Therefore, to include people from the LGBTQIA+ spectrum, gender neutral

terms, such as *menstruator/s*, *people with a uterus*, *people who menstruate* and *menstruating people* are used in some parts of the study, for instance in most parts of the literature review. However, in other parts, especially when referring to Babadag Roma, the term *woman/women* was deemed more appropriate because women are a group of people who define themselves as women. Babadag Roma live in a community that upholds strong gender norms and the concept of men being able to menstruate and women not menstruating is unheard of.

2 Background

This chapter sets the stage for the environment period poverty among Babadag Roma is taking place in. It provides information about who is excluded and included in the Swedish welfare state. The legal status of a resident in the Swedish social system is important because their rights are dependent on it. Before introducing the women from Babadag, the chapter shows how poverty in Sweden is made invisible and what unique challenges women who live in poverty are experiencing. The chapter proceeds with exploring the concept of period poverty and ends with how human rights and the SDGs are linked to period poverty.

2.1 The Swedish welfare state

Sweden, alongside other Nordic countries forms a distinct welfare state. The concept is broad, yet it is usually considered a positive one. High levels of well-being, little poverty and functional income redistribution are typical characteristics of the so-called Nordic welfare model. The state plays a key role in offering public services and tax-based cash benefits. Old age pension, medical care, child allowances and sickness insurance are only a few of the key elements of the generous Nordic welfare state (Kuhnle & Alestalo, 2017).

A precondition for earnings related social support, one of the preconditions of the Nordic welfare state is full employment. However, the financial crisis in the early 1990s changed the labour markets in Northern Europe and therefore posed a significant challenge on the welfare state. The crisis was the start of continuous cutbacks of generous welfare benefits. Low fertility rates, an ageing population and a high flow of immigration, especially after 2015 continue to threaten the system (Bäckman & Nelson, 2017). Controversial thoughts about welfare provisions for immigrants have increased and as a result, the welfare state was reformed and now consists of stricter criteria for receiving benefits (Kuhnle & Alestalo, 2017).

Bäckman and Nelson (2017) refer to the Organisation for Economic Co-operation and Development (OECD) which stated in 2011 that the Nordic countries have witnessed the biggest growth of inequality compared to other countries since the 2000s, with the elderly, immigrants and young adults being especially prone to experience poverty in the Nordics (Bäckman & Nelson, 2017). Fritzell et al. (2012), as stated in Bäckman and Nelson

(2017), add that the poverty risk for immigrants is either identical or even higher in the Nordics than in other European countries.

2.2 Poverty as a social problem in Sweden

According to the World Bank (n.d.), poverty levels in Sweden have steadily risen since 2016. 17.1% of the population in Sweden is currently living below the national poverty line (The World Bank, n.d.). Data published by Statista concedes with this trend. In the last decade, Sweden has seen a continuous increase of poverty and social exclusion. In 2020, 1,85 million people lived at risk of poverty in Sweden (Statista, 2021). However, Sweden's at-risk-of-poverty threshold is still below the EU average (SCB, 2018).

According to the City Missions, the Swedish government claims that absolute poverty does not exist in Sweden and that the social security system protects everybody residing in the country (Sveriges Stadsmissioner, 2017). If this was the case, period poverty and other forms of poverty would not be an issue. Instead, poverty in Sweden is made invisible because it is not included in official statistics. Poverty statistics are based on registered addresses and cases with authorities. The City Missions see in their daily work with marginalized groups, such as "vulnerable EU citizens" that the picture the government paints is not realistic (Sveriges Stadsmissioner, 2017). Amnesty International (2018a) agrees and states that there are no adequate policies in place to protect the most marginalized groups in Sweden which is the reason why people fall through the social system. Several Human Rights Committees reviewed Sweden in 2016 and expressed sincere concern about guaranteeing fundamental human rights, such as sanitation, water, health care and housing to all Roma residing in Sweden. Instead of taking responsibility, the Swedish government shifts focus from Sweden to the countries of origin, such as Romania (Amnesty International, 2018a). Certainly, each country has the responsibility to create an inclusive and just society, but by responding in this manner, the Swedish government perpetuates the idea that poverty is only a problem in Romania rather than in Sweden.

2.3 “Vulnerable EU citizens”

According to Amnesty International (2018a), the term “vulnerable EU citizens” is an established concept in a Swedish context and is defined as “citizens of other EU countries living in Sweden, either in the short or longer term, who experience extreme social and economic marginalization” (Amnesty International, 2018a, p. 5). The Swedish equivalent “utsatta EU-medborgare” is used in official policy documents and there is even a National Coordinator for Vulnerable EU Citizens. Sweden is home to roughly 4700 “vulnerable EU citizens” (Amnesty International, 2018b). According to a study from Amnesty International (2018b), they face not only widespread discrimination, but also vast obstacles to basic human rights like sanitation, shelter and health services. Authorities fail to recognize the rights and needs of “vulnerable EU citizens”. Violations of human rights are taking place in Sweden, a social democratic welfare state that is obliged to maintain human rights for everybody residing in the country. However, the state of Sweden points out that the countries of origin must be held responsible for these violations even though they do occur in Sweden (Amnesty International, 2018b).

According to Djuve et al. (2015), Scandinavia has witnessed an inundation of migrants from marginalised parts of Romania in the past 15 years. Many are Roma and make a living by collecting bottles and cans and begging in bigger cities in the Nordics. They sleep in parks, on pavements or in forests on the outskirts. This free movement of poverty creates a dilemma for the egalitarian welfare states in Northern Europe. The presence of poverty in Scandinavian capitals has created political debate and a notable amount of racism towards the Roma. The social exclusion of Romanian Roma is deeply rooted in centuries of oppression and their problems are far beyond what the Scandinavian welfare state can be expected to solve. Yet, the Swedish government allocates funds to NGOs to provide basic needs support, such as food and shelter (Djuve et al., 2015).

Article 6 of the Free Movement of EU citizens Act states that a person holding an EU passport can reside in any EU member state for three months without having to register in the host country. Article 8 of the same Act states that a person must register with local authorities, in Sweden with the Swedish Tax Agency (*Skatteverket*), if they wish to stay longer than three months. In this case, the migrant can apply for a personal number. Article 7 states that people with formal employment or students who are enrolled at a higher education establishment in the host country are legally granted to stay, as well as

people who have enough financial resources to cover their expenses, so they do not need to rely on the social assistance system of the host country (EUR-Lex). According to Amnesty International's research (2018a) many "vulnerable EU citizens" stay in Sweden much longer in search for a better life. They travel to Sweden to find jobs, but once in the country, opportunities are scarce and the labour market and bureaucracy complex. It remains unclear in what way public authorities are responsible for "vulnerable EU citizens" (Sveriges Stadsmissioner, 2017). In fact, Swedish municipalities are so confused about what their obligations are that some of them offer simple accommodation to those in need while most others decided that "vulnerable EU citizens" do not have the right to any kind of social services (Amnesty International, 2018a, Sveriges Stadsmissioner, 2017).

According to the European Commission (2021), EU nationals are entitled to acute medical and dental care in Sweden if they have a European Health Insurance Card (EHIC). This law involves several barriers for "vulnerable EU citizens". First, many of them do not have an EHIC card. Second, they are only entitled to emergency care and third, they need to pay the same fee for receiving acute medical services as Swedish nationals or people who have a personal number. For "vulnerable EU citizens", medical care comes at a high cost.

Regarding social assistance, EU nationals have the right to receive financial support in "acute emergency situations" during the first three months of their stay (European Commission, 2021, p. 51). What an *acute emergency situation* looks like in practice is not mentioned. An EU citizen who has the right to stay in Sweden after three months have passed (meaning if the person has registered with the Tax Agency and obtained a personal number), has the same rights and obligations to social services help than Swedish nationals (European Commission, 2021). Nothing is mentioned about what happens to people who stay longer than three months without meeting the requirements from the state. Theoretically, these people are residing in the country illegally or undocumented and therefore have no rights to social assistance. In practice it is difficult to track when an EU citizen entered another EU country because the borders within the European Union are open which means there is no documentation on what day an EU passport holder entered another EU country.

Social centers operated by several NGOs support "vulnerable EU citizens" in Stockholm. Some of these social centers are open during the day, while others are emergency night

shelters where homeless EU citizens can sleep. All centers offer basic needs support, such as food, bathrooms, shower and laundry facilities, hygiene products and practical advice. Moreover, some of the centers offer counselling services, such as support in finding a job, translation help and getting in touch with authorities. Sometimes the centers offer legal advice, computer courses, language cafes, medical foot care and health care advice by medical professionals. The centers are financed by donations from individuals, companies and foundations, as well as from the surplus of their second-hand stores and the City of Stockholm.

2.4 Marginalized women in Sweden

The City of Stockholm implements regular studies about homelessness and vulnerability. In 2020, 31% of the homeless population in Stockholm were women (Stockholm stad, 2020). Nätverket för utsatta EU-medborgare (n.d.) points out that the official numbers from the National Board of Health and Welfare (*Socialstyrelsen*) do not include “vulnerable EU citizens”, but only people who hold a Swedish personal number. It is therefore unknown how many women holding an EU passport are residing in Stockholm in social and economic marginalization.

In general, research on health regarding women living in vulnerability in Europe is inadequate according to a study by Kneck et al. (2021). Homeless women who were interviewed in their research, pointed out the loss of human dignity with health care encounters in Stockholm. It was common for women who took part in the study to experience feelings of exclusion, insecurity, worthlessness and hopelessness. They were met with ignorance and impossible conditions to receive services. The women also expressed that they have different health care needs than men. They referred to gynecological care, contraception guidance and care after male violence (Kneck et al., 2021). Gothenburg-based NGO Räddningsmissionen (n.d.) adds that homeless women are more “vulnerable” than men. They are more often exposed to violence and are threatened in a completely different way than men. Homeless women are often dependent on men and therefore the risk of being abused is much higher than it is for men. This is proof of the inequality between the sexes (Räddningsmissionen, n.d.).

2.5 The women from Babadag

Babadag is a town in the Eastern part of Romania, close to the Black Sea. According to Romania's National Institute of Statistics, Babadag had 8,940 inhabitants in 2011, of whom 1,248 (15,5%) were Roma. This makes Roma the second largest group in Babadag after the native Romanians (77,6%). The majority of the population in Babadag is Romanian orthodox (84,8%) while 14,2% are Muslims (National Institute of Statistics, 2011). Apart from these statistics, not much is known about the place the women come from.

Roma are one of the most discriminated-against and marginalized groups in Europe. Specifically, Romanian Roma have a long history of oppression, persecution and slavery. To understand the situation of Roma today, ethnic identity is a crucial factor. Roma cover a huge variety of different groups which share a common identity and/or social situation (Djuve et al., 2015). The group included in this study are women (18+) who come from Babadag, Romania. The study participants of this research refer to the group as Babadag Roma. Babadag Roma are the most prevalent Roma in Stockholm who are classified as "vulnerable EU citizens". Therefore, they were chosen to be the focus of this dissertation. They do not have a formal job, neither a place to live. However, they do have some kind of housing in Romania. One can only imagine how difficult their life conditions must be back home if they prefer to come to Sweden to live in homelessness but earning money rather than staying in Romania with a roof over their heads. Babadag Roma earn their living by begging or/and collecting cans and bottles in the central areas of Stockholm. Many of them regularly travel between Stockholm and Babadag. The women often arrive in Sweden with their husbands and/or adult children. Women who have young children often leave them with her family in Romania while they go abroad to earn money. Many of the women sleep in the forests outside of Stockholm or at the emergency shelters from various NGOs. The NGOs' social centers in the city provide them with food, shower possibilities and laundry facilities.

The City Mission's 2-year project *Pentru Tine* focused on health and society information in four Swedish cities, among them Stockholm. The target group was "vulnerable EU citizens" in general, but many of the participants were Babadag Roma. The conclusion of the project report states that female "vulnerable EU citizens" need information about health. The project workers evaluated that some of the women they talked to have low

knowledge about menstruation. The women did not know, for example, that it is normal to have abdominal pain when they are ovulating or menstruating which led to them believing they were seriously ill. Several women reported having difficulties to obtain MHP. Furthermore, the lack of equality between men and women and strong gender norms found within the Babadag Roma group can be expressed in sexual oppression (Sveriges Stadsmissioner, 2021).

2.6 The concept of period poverty

The four key elements of period poverty are:

- Lack of MHP
- Lack of changing facilities/bathrooms (including clean water and soap)
- Lack of education and knowledge regarding menstrual health
- Stigma and shame surrounding periods

Geng (2021) declares period poverty a global public health crisis. It is estimated that about 500 million people globally experience period poverty. Research on period poverty is lacking, despite it being such a widespread problem. One of the reasons is shame regarding menstruation. Embarrassment stops people from talking openly about menstruation and period poverty. Because there is no dialogue, people lack access to MHP, there is still a tax on such products and the ingredients of MHP are controversial and obscure (Geng, 2021). According to Swedish-based non-profit association Mensen, people who menstruate must be able to have access to the MHP of their choice and a safe space to change such products, including clean water and soap. They also stress the importance of sufficient knowledge about one's body and on how to manage one's period in a healthy and secure way (Mensen, n.d.). Menstrual health includes taking part in all aspects of life and being surrounded by a positive and supportive environment (Geng, 2021).

Research by Cardoso et al. (2021) found that period poverty can have effects on people's mental health because menstruators can feel uncomfortable, upset or distressed if they lack access to MHP. Globally, 88% of people who menstruate do not use proper MHP (Hallencreutz & Rydström, 2020). Instead, people who cannot afford MHP, use toilet

paper, rags, grass or newspapers (Cardoso et al., 2021, Hallencreutz & Rydström, 2020). Moreover, such products are used longer than recommended. Menstruators who use these alternatives and who use the same product for a long time have an increased risk of infections and toxic shock syndrome (Geng, 2021). This is especially appalling considering the challenges Babadag Roma face accessing health care in Sweden.

2.7 Human rights and the SDGs

The following human rights treaties are relevant to period poverty:

- Universal Declaration of Human Rights (UDHR)
- International Covenant on Economic, Social and Cultural Rights (ICESCR)
- International Covenant on Civil and Political Rights (ICCPR)
- International Convention on the Elimination of All Forms of Discrimination against Women (ICEDAW)

According to the United Nations Population Fund (2021), menstruation is closely linked with human dignity which is stated in Article 1 of the UDHR. When people who menstruate suffer from period poverty, they are unlikely to care for their period with dignity. The results can be exclusion, teasing and shame. Menstruating can be a time of deprivation and stigma for people suffering from poverty and gender inequality which can proceed to compromise people's enjoyment of fundamental human rights. Menstruators are prone to discrimination, neglect and exclusion (United Nations Population Fund, 2021).

The right to clean water and sanitation is included in the right to an adequate standard of living, as stated in Article 11 of the ICESCR. The right to water and sanitation is a precondition for menstruators to manage their periods in a safe, healthy and dignified manner and to be able to enjoy the highest attainable standard of physical and mental health, as stated in Article 12 of the ICESCR. The right to health is immensely relevant when discussing period poverty because reproductive health which includes menstrual health is embedded in the right to health. Furthermore, the right to non-discrimination and gender equality as stated in Article 26 of the ICCPR and in the ICEDAW are significant.

Hence, menstruators are discriminated against in countries that ignore gender issues (Rodriguez, 2022).

In most countries, people with a uterus face restrictions while menstruating. Therefore, they are less likely to engage in public life (United Nations Population Fund, 2021). Lack of MHP and access to safe bathrooms prevent menstruators to fully participate in society and cultural life which is a right stated in the UDHR Article 27 and ICESCR Article 1. Moreover, period poverty challenges people who menstruate to attend school and go to work. Their right to education (UDHR Article 26, ICEDAW Article 10 and ICESCR Article 13) and their right to work (UDHR Article 23, ICEDAW Article 11 and ICESCR Article 6) are therefore endangered. Furthermore, menstrual literacy must be guaranteed to all girls and women.

The 17 Sustainable Development Goals (SDGs) set up by the UN General Assembly seek to realize human rights for everybody and are an urgent call for action by high- and low-income countries. Strategies that improve health and education, and lower inequality are preconditions to eradicating poverty. To meet the SDGs, policy makers and relevant actors must implement a comprehensive approach to menstrual health which is grounded in human rights. Therefore, social norms and practices impacting menstrual experiences of people with a uterus must be addressed. Furthermore, an environment free of stigma and discrimination must be created to empower menstruators (Office of the United Nations High Commissioner for Human Rights, 2022).

Having access to MHP, safe changing facilities and soap and water contributes to mainly 3 of the 17 SDGs (Menssäkrad, 2022a).

- Goal 3: The right to health - Good health is a basic prerequisite for people's ability to reach their full potential and to contribute to the development of society. Having MHP in all public toilets contributes to increased security and less stress for people who menstruate. It also requires that each toilet has access to water and soap to avoid bacteria and disease.
- Goal 5: Gender equality - means that women and men have the same rights, obligations and opportunities in all areas of life. To work for greater equality means to work for all people to be able to shape their lives as individuals, without perceptions of gender limiting us. Eradicating period poverty helps to ensure that women and men have the same basic conditions for taking care of their personal

hygiene which leads to reduced stress and anxiety and makes women feel more secure.

- Goal 10: Equality - An equal society is based on the principle of equal rights and opportunities for all, regardless of gender, ethnicity, religion, variation in function, age, etc. By giving those who are menstruating the opportunity to manage their periods in a safe and secure way at work, school, the restaurant, the gym, the museum and everywhere, the injustice is evened out and allows us to function in everyday life on more equal terms.

Furthermore, period poverty relates to the following SGDs: Poverty reduction (Goal 1), Clean water and sanitation (Goal 6) and Good education (Goal 4) (Menssäkrad, 2022a).

According to Human Rights Watch and Wash United (2017), while nation states are responsible for the realization and enjoyment of every person's human rights, NGOs should strive to work in a way that respects and promotes these rights. This way, beneficiaries are seen as rights-holders with entitlements, whereas governments and their partners are regarded as duty-bearers. Special attention must be placed on the needs of marginalized groups and all activities must be implemented in accordance with human rights. Many governments are ignorant about menstrual hygiene management. This results in a lack of understanding of the impact menstruation has on the enjoyment of human rights for menstruators. Human rights provide a lens for understanding such detriments and therefore, professionals must be sensitized to the connection between menstruation and human rights (Human Rights Watch & Wash United, 2017).

2.8 Summary

The chapter provided information about the Swedish welfare state. The rights of a person residing in Sweden are dependent on their legal status in the country. Babadag Roma are EU citizens without a Swedish personal number which means that their rights in Sweden are limited. The chapter explores how the Swedish government tries to convince its citizens that poverty does not exist in Sweden. One of the tools they use to do that is that they solely include people who have an address and are registered with social services in the national statistics. Homeless women have other needs than homeless men and face unique challenges. Homeless women are more exposed to violence than men and

experience ignorance from health care providers. Moreover, this chapter introduced the Babadag Roma. Not much is known about the place the women come from, except for that Babadag is a small town in Romania. Babadag Roma live in a highly patriarchal community with strong gender norms. In the end of the chapter, the connection between human rights, the SDGs and period poverty is scrutinized. The UDHR and three UN core conventions are of relevance when seeking the connection between period poverty and human rights. Additionally, six of the 17 SDGs are relevant to the issue of period poverty.

3 Contextual background

This chapter addresses elements of the cultural context we live in. It is essential for understanding the societal climate in today's white capitalist patriarchy. The chapter describes why countries should aim for menstrual equity and it discusses the tampon tax and the free of charge provision of MHP. Creative examples of menstrual art and activism in Sweden are mentioned. Making periods more visible publicly can help to normalize periods which in return can dismantle stigma and shame surrounding menstruation.

3.1 Menstrual equity

As stated by Briggs (2021), period poverty is a form of poverty, such as food poverty and hygiene poverty. However, it is important to recognize it as a distinct form of poverty because of its gendered nature. Aggravatingly, the burden of austerity policies is carried by women to a greater extent than by men (Briggs, 2021). According to Fettig (2021) poverty plays a big role in deciding who is affected most by the lack of menstrual equity. In the US and the UK, the majority of people living in poverty are women (Briggs, 2021, Fettig, 2021). Often, they must also take care of children and families. Many of these women must make a choice between whether to buy food or MHP, both necessities. The lack of access to MHP, soap and water for people living in homelessness in the US is an issue left unaddressed. This overlooked and devastating reality creates serious health concerns for people who are affected. It is therefore important to use a menstrual equity lens in practices, policies and laws to expose the challenges experienced by the most "vulnerable" (Fettig, 2021).

According to Fettig (2021), 800 million people menstruate every day. 500 million of them do not have access to appropriate menstrual hygiene management facilities. During an average life span, menstruators spend 7 years bleeding. People with a uterus carry a health, economic, cultural and social burden because of their periods. Societies must therefore, strive for menstrual equity which means that MHP must be safe and affordable for all to fully and equally participate in society (Fettig, 2021). In Kiribati, for instance, it is common for girls to miss on average three days of school per month because of the lack of access to MHP. Moreover, diapers are often used to absorb menstrual blood because they are cheaper and last longer. Many girls and women in Kenya report about the fear of

becoming victims of sexual assault when using public bathrooms at night (Office of the United Nations High Commissioner for Human Rights, n.d. a).

In 2022, the UN High Commissioner for Human Rights issued a statement on menstrual health for the first time in history. The Commissioner concedes that in past years, menstrual movements have emerged all over the world recognizing menstruation as a human rights, gender equality and public health issue. Several countries have addressed these issues by lowering or eliminating taxes on MHP, better access to knowledge about menstruation and the introduction of paid menstrual leave (Office of the United Nations High Commissioner for Human Rights, 2022). According to the World Health Organisation (WHO) (2022) these are helpful actions to combat period poverty, but governments must do more to normalize periods and break the silence.

3.2 The tampon tax and free of charge MHP

According to Cotropia (2021), period poverty cannot be eliminated by modifications of laws alone. Nevertheless, changes in legislative are essential if societies want to reach gender equality. Laws have a symbolic and informative character. They state what is considered right and therefore, passed laws and proposals regarding menstrual equity signal that the needs of menstruators are to be taken seriously. However, these laws must be accompanied by education in schools and governments must be committed to tackle the taboo and stigma around menstruation (Cotropia, 2021).

An example of changes in law is the so-called tampon tax. According to Cotropia (2021), taxation on MHP is unjust because of their necessity and therefore taxation occurs on biological necessity, whereas many products that are treating male-oriented conditions are exempt from sales tax. The debate about period poverty in several European countries has led to the value-added tax (VAT) on MHP either being reduced or abolished completely (Cotropia, 2021). Menstruators in Sweden spend around SEK 70,000 on MHP during their lifespan, according to Statista, ActionAid (2020). In Sweden the VAT rate of 25% on MHP is among the highest in Europe (Holm, 2021b). This is rather surprising for a state that is often perceived and likes to portray itself as one of the most feminist countries on earth (Persdotter, 2022). According to Rodriguez (2022), high taxation on MHP is a form of gender-based discrimination.



Figure 1. Tampon tax in Europe in 2020

Source: Statista (2020)

The WHO (2022) encourages governments to equip schools, workplaces and public institutions with free MHP. Menssäkrad is a Swedish organization that makes workplaces, educational settings, restaurants and cafes *period proofed*. They provide their customers with boxes filled with MHP that are placed in the bathroom and encourage menstruators to make use of them (Menssäkrad, n.d.). This is a great and important business idea, however it should ultimately be the responsibility of the government to provide every menstruator with free MHP, not only those who can afford to eat at restaurants and are lucky to rely on nice employers who provide their employees with MHP. Marginalized groups, such as the women from Babadag are so excluded from the rest of the society that they do not have access to these settings. Thus, the ones who are affected by period poverty the most are not reached.

Findings of Gruer et al.'s study (2021) show that interest in the provision of free of charge MHP must be generated in order to receive social and financial support and to push for an anti-discriminatory menstrual health and rights legislation. Small-scale pilot projects, advocacy and social media campaigns and surveys can be used to highlight importance (Gruer et al., 2021). An extraordinary example of a supportive government that takes gender issues and intersectionality seriously is Scotland. The Period Products (Free Provision) Scotland Act 2021 came into full force in January 2023 which guarantees menstruators access to free MHP at over 700 locations in Scotland. A mobile app

conveniently connects users with venues. Those, who do not have access to a mobile phone or the app can ask their local authorities on where to access free MHP (Scottish Government, 2022).

Wall (2020) expresses that menstruation must never be the basis for discrimination since it is a normal physiological process. Menstrual hygiene and urinary hygiene requirements fall into the same category but are dealt with very differently in public spaces. Having toilet paper and water and soap available in workplaces and public bathrooms is expected and suggesting carrying one's own toilet paper would end in public outrage. Failure to offer free MHP is the denial of equal protection of the law to menstruators. And in this regard, the basic human right to be treated with dignity is being violated (Wall, 2020).

3.3 Dignity and menstrual etiquette

According to Patterson and Hale (1985), menstruation is an “all-encompassing social, emotional and biological event” in need of constant management to accomplish regular daily tasks (Patterson & Hale, 1985, p. 20). Briggs (2021) states that the lack of economic resources to buy MHP can cause embarrassment, shame, humiliation and an increased risk of anxiety. Moreover, Briggs (2021) specifies that the risk of bleeding through creates more anxiety and feelings of being overwhelmed and highlights that assessing daily blood flows and calculating an appropriate amount of MHP requires time, space and supplies. It is energy consuming (Briggs, 2021). On top of the stigma that menstruators face, those experiencing homelessness also have to deal with having limited access to bathrooms, showers and laundry facilities (Sommer & Mason, 2021). Menstruation management imposes extra planning and work on a group that finds itself in an already vulnerable situation. In case of miscalculations, accidents can occur and homeless menstruators who have access to toilet paper or tissues have no other option than to make use of these alternatives (Briggs, 2021).

Briggs (2021) emphasizes that upholding a “menstrual etiquette” by not talking about menstruation openly and not asking for help is a breeding ground for sustaining unequal power systems which ensure that menstruation and period poverty remains hidden (Law (1990) in Briggs, 2021, p. 94). The belief and expectation that periods must be hidden away is reinforced by advertisements for MHP which emphasize women to be fresh and clean. This message contributes to the fear of shameful leaks (Briggs, 2021). Strömquist

(2017) agrees and adds that two words are overrepresented in advertisements for MHP: fresh and secure/protected. In her bestselling book “Fruit of Knowledge”, Strömquist (2017) wonders whom or what menstruators need to be protected from and why it is so important to feel safe in the context of periods? She concludes that people with a uterus fear that other people might notice that they are menstruating. It is salient to hide away such a big part of their lives because menstruation is a taboo which looks slightly different in various cultures, however it is continuous. Some researchers even believe that the word “taboo” derives from the Polynesian word “tupua” which means menstruation. Already the Old Testament in the Bible includes a long passage about how impure periods are. The menstruating woman is unclean, as well as people who touch her and the things she sits on. Moreover, Roman philosopher Plinius thought that menstrual blood is poisonous and destructive. He writes that plants and bees die when they get in contact with menstrual blood. Witch trials in the late Middle Ages were strongly influenced by this ancient menstruation hate. And even today people believe in the destructive power of menstrual blood. Women were not allowed to work in the opium industry in Saigon, for example, because it was thought that opium would turn bad if menstruating women were in close vicinity (Strömquist, 2017).

3.4 Menstrual activism in Sweden

According to Gaybor and Harcourt (2022), global public health politics have paid more attention to menstruation in recent years than ever before. To raise awareness and in an attempt to break the stigma around periods, menstrual activism brings together millions of menstruators in activities that range from advocacy in the UN to social media campaigns and art exhibitions. Menstrual activism unfolds from feminist practices which take sexism and gender discrimination into account (Gaybor & Harcourt, 2022).

In Sweden, there have been various campaigns and public art exhibitions depicting menstruation in recent years. Liv Strömquist is an author, artist and activist. In 2017, her menstruating figure skater was shown on giant posters in Stockholm’s second busiest subway station Slussen. Strömquist’s aim was to destigmatize periods (BBC, 2021).



Figure 2-4. Liv Strömquist’s menstruating figure skater at Stockholm’s subway station Slussen

Sources:

Figure 2: Askegård (2017), Figure 3: Too cute to puke [Facebook] (2018), Figure 4: Carr (2017)

In her bestselling book “Fruit of knowledge”, Strömquist (2017) writes that before patriarchal religions emerged, indigenous people regarded menstruation as divine and magical. They encountered menstruation with curiosity. However, Christian colonialists were not interested in menstruation having a form of religious status. Strömquist (2017) contemplates if the aggression towards menstruation in religious texts stems from the competition with male divinity. The resulting ignorance and lack of knowledge about menstruation by men nowadays might possibly be one reason why periods are stigmatized.

In 2022, My Period is Awesome (MPIA), a global platform with focus on menstrual health and reproductive rights, launched a social media campaign called “Periods in Public” to highlight menstruation related experiences on the metro in Stockholm. The idea behind the campaign is to break stigma by showing that menstruation is a normal part of more than half of the population’s lives and that having period cramps or losing a menstrual pad in public should not be embarrassing. Illustrating menstrual experiences in public is a form of activism to break and challenge the taboo. The aim of the campaign is to become more period positive and reverse the silence and shame surrounding menstruation (My Period is Awesome, 2022).

A defeat in Swedish menstrual activism took place in 2019 when Linnéa Håkansson was denied exhibiting her “Re:nude” menstrual art exhibition in the city of Sölvesborg. According to the right-wing coalition, classic and timeless art must be prioritized over

challenging contemporary art. In Sweden, this is known as menskonst-gate (“menstrual art-gate”). Women and their experiences have been left out of history for centuries. For instance, 87% of the most common history textbooks are written by men. Men’s reflections are considered important and acceptable. People rarely have problems with paintings depicting wounded soldiers or a crucified Jesus, but "wrong" blood, such as menstrual blood is considered offensive (Aftonbladet, 2019).

3.5 Summary

The chapter highlighted that period poverty is a gendered form of poverty. Moreover, it gave examples of how to implement changes in practice. It showcased why menstruation and period poverty are human rights issues. The tampon tax in Sweden is among the highest in Europe and an example of how Sweden ignores gender issues. Negative discourse around periods has been as old as time and the lack of knowledge paired with ignorance led our ancestors to believe in myths and superstitions that are upheld until today. Taboos and shame surrounding menstruation are so deeply rooted that it is tremendously demanding to dismantle them. Therefore, societies need to normalize periods. One tool to do that is menstrual art and activism of which a few examples from Sweden were mentioned in the end of the chapter.

4 Literature review

It is indispensable to have a look at what is already known about period poverty to explore the complexity of the issue. According to Bryman (2012), the existing literature serves as an important element in research and should be viewed as a written discussion. Apart from this, the motive of a literature review is to identify which theories and concepts are relevant to the area of research (Bryman, 2012). For this study, the concept of stigma, feminist perspectives and social support theory were deemed relevant.

Investigating the literature for this dissertation was undertaken through the Scopus database and the Sociology Collection, two large sources of information in the social sciences. The following search words were used: “period poverty” OR “menstrual poverty” OR “period hardship” which resulted in 42 documents on Scopus and 22 documents (of which 17 were peer reviewed) in the Sociology Collection. The search words “vulnerable EU citizens” OR “vulnerable EU migrants” OR “excluded EU citizens” OR “excluded EU migrants” OR “poor EU migrants” resulted in 9 documents on Scopus and in 8 documents in the Sociology Collection. Combining the search terms, using “period poverty” AND “vulnerable EU citizens” did result in 0 documents in both databases. Most of the documents available in the Sociology Collection were duplicates of the search results in Scopus. Since the outcome of the search was scarce, the suggested literature was examined without trying to reduce the results by adding the search words “Sweden” OR “Scandinavia” OR “Nordic countries”. Additional literature was found through the Gothenburg University library search engine where 505 search results were received for “period poverty” after narrowing them down by language (English, German, Swedish), year of publication (2015-2022), peer-reviewed texts and full text available only. However, out of the 505 results, only 25 articles and books were determined relevant for this study. The selection was made on the base of the research topic and aim. Therefore, documents which discussed period poverty in a solely medical context were dismissed, as well as papers on seasonal poverty. Some of these 25 documents, were duplicates of the search results in Scopus.

Typing the search word “mensfattigdom”, the Swedish equivalent of period poverty, into Scopus, the Sociology Collection and the Gothenburg University library resulted in 0 documents. However, a general Google search provided two relevant studies and several articles specifically targeting the issue of period poverty in Sweden.

By exploring the literature, it became clear that most research about period poverty correspond to low-income countries such as India and Kenya. Research that focuses on high-income countries, for example, the UK or the US approaches period poverty through the lens of adolescents in educational settings. Because research in a Swedish context is scarce, a decision was made to widen the context. Since Sweden is a high-income country in the Global North, focus was given to other high-income countries, such as the UK. The lack of education about menstruation and especially menstrual stigma are difficulties that affect menstruators globally. Therefore, some examples of low-income countries were deemed relevant and are included in the literature review.

Moreover, delving into the literature revealed that most research on period poverty has been undertaken in the past five years. Period poverty is rarely mentioned in the literature before 2019. For this reason, it was possible to implement an extensive literature review. The very first study about period poverty was implemented by Crichton et al. in 2012 in Nairobi. Their research is the oldest source included in this chapter, whereas the latest documents are derived from the time of writing. The languages of the comprised studies, books, reports, essays and newspaper articles are English and Swedish. Literature was included or excluded based on titles and if in doubt, the abstract, and in some cases the entire document was reviewed.

The literature review first discusses period poverty in a Swedish context. It explores what research has been implemented on a national level and what influential organizations in the field have to say about period poverty. The chapter then points out period poverty research that has been conducted outside of Sweden, for example Spain, the UK and the US. It demonstrates the consequences of menstrual inequity. What follows is a thorough presentation of international studies regarding the free distribution of MHP at schools, workplaces and prisons. The chapter ends with delving into the topics of taboo, shame and stigma and how they are related to period poverty and menstruation.

4.1 Period poverty in Sweden

There are no scientific and peer reviewed studies about period poverty in Sweden. However, two surveys were conducted in 2021 that indicate that period poverty does occur. The first survey was implemented by Intimina and Pink Room. Intimina is a Swedish company selling products for women's intimate health care while Pink Room is a

community for girls and non-binary people. The second survey was commissioned by non-profit organization Mensen which stives for the realization of menstrual rights. The two surveys will be discussed as they are the only available documents that offer an indication about how prevalent period poverty is in Sweden. Additionally, Persdotter (2022) conducted an ethnographic study about menstrual experiences in Sweden which is discussed later on in the chapter.

In 2021, Intimina, in collaboration with Pink Room conducted a survey with 700 respondents aged 13-44 years old to investigate how many menstruators in Sweden on one or more occasions in the past year have not been able to afford MHP. The overall results show that as many as 21% of the respondents could not afford to buy such products. Of these, 41% experienced that this had a negative effect on their mental health. 29% of the respondents experienced that the limited access to MHP has prevented them from maintaining health-promoting habits and 15% had to stay home from school or work due to the lack of MHP. However, the worst affected are jobseekers and those on sick leave, where almost every second respondent stated that they could not afford to buy MHP. Intimina hopes that the survey can help open people's eyes because MHP are essential needs that should not be a class issue (Intimina, 2021).

In 2021, the first Kantar Sifo survey of its kind in Sweden on behalf of non-profit organization Mensen was conducted. 742 girls and women across Sweden aged 16-21 were interviewed about their experiences of menstruation. The survey concluded that menstruation is an even bigger taboo than anticipated. According to the study, 20% of the respondents find it embarrassing to buy MHP and almost as many often hear condescending comments and jokes about menstruation. 15% state that they have used MHP for so long that they bleed through because they do not have the opportunity to change or because they do not have access to MHP (Holm, 2021b). Hallencreutz and Rydström (2020) stress that menstrual infrastructure is crucial for menstruators no matter what products they are using, therefore, a safe place to change or dispose of MHP, clean water and soap to wash hands and MHP must be made widely available. 16% of the study participants have often or quite often used toilet paper or fabric because they did not have access to MHP. 17% of the respondents answered that they had received enough information before they had their first period. 29% stated they would have liked more information and knowledge from their parents while 59% stated they would have liked more information from school (Sifo, 2021).

Educational institutions have the power to break down taboos and provide everyone with equal knowledge (Holm, 2021a). Around the world, young girls believe they are dying when experiencing their first period because they do not have sufficient knowledge (BBC, 2021). Therefore, it is important to educate children about menstruation from a young age on. Menstrual health literacy is defined as the “the level of capacity a person has to obtain, process, and understand basic information about menstruation so they can make appropriate health decisions.” (Critchley et al., 2020, p. 626). Furthermore, Hallencreutz, as stated in Holm (2021b), stresses the importance of mandatory sex education in teacher education.

It is noticeable that organizations that endorse the issue of period poverty and companies that sell MHP seem more interested in doing research regarding the matter than higher education units. One of the reasons for the lack of scientific research in Sweden could be that Sweden is regarded as one of the most feminist countries in the world with a good and functioning welfare system where poverty does not occur. Another reason might be research funding for period poverty which has only been made available for Swedish educational institutes in recent years (Holm, 2021b). The ages of the study participants in both surveys reflect what was found out while combing through the existing literature about period poverty. In high-income countries, such as Sweden, focus is assigned to girls and younger women.

4.2 Period poverty in other countries

Holst et al. (2022) conducted a qualitative study with a critical feminist research approach with 34 participants aged 18-55 in Barcelona, Spain. The aim of the study was to investigate experiences of menstruators regarding menstrual health and menstrual inequity. The results show that the interviewees have a general lack of menstrual education and financial problems to afford MHP. Moreover, they have experienced barriers to manage menstruation in public spaces. They also reported having difficulties accessing and navigating the health care system. A systematic neglect of menstruation and the menstrual cycle was identified which has a big impact on the respondents’ daily life (Holst et al., 2022).

Briggs (2021) draws on findings from a qualitative study in an area experiencing significant deprivation in the UK, one of the richest nations in the Global North and

confirms that period poverty is a growing problem for menstruators from low-income backgrounds. 1010 young women aged 14-21 were surveyed by Plan International UK. Additionally, in-depth interviews with women living in the area and experiencing period poverty were carried out. Moreover, focus groups including staff and students at local schools were conducted to understand the consequences of period poverty on participation in education (Briggs, 2021).

Briggs (2021) validates that there is a lack of empirical research about period poverty around the world to provide further insight. However, charities and the media have been reporting about the issue. According to the Trussell Trust, as stated in Garthwaite (2016), an increasing number of women in the UK have turned to foodbanks for non-food items. Menstruation is a monthly expense that many in the UK are struggling to afford. Findings from Garthwaite's ethnographic study (2016) highlight the component of embarrassment and shame to ask for MHP when visiting foodbanks. Stigma is then created which can prevent people from going to foodbanks and accessing items (Briggs, 2021). According to Schmitt et al. (2022), a user-centred approach when distributing MHP is beneficial. In their qualitative case study, they interviewed students and actors involved in developing and implementing menstrual equity policies at schools in New York City. Female students recommended storing MHP in the bathrooms to maintain their menstrual privacy (Schmitt et al., 2022). Further evidence comes from a study that was implemented with women experiencing homelessness in the US. Interviewees reported feelings of shame and humiliation by formally asking for MHP. Removing gatekeepers should therefore be considered (Schmitt et al., 2022).

In his paper, Wall (2020) refers to a study by Sebert Kuhlmann et al. (2020) which looks at the lack of access to MHP for students at a public school in a low-income area in Missouri, USA. In the study, 58 9th to 12th graders completed a self-administered survey. Sebert Kuhlmann et al. found that almost half of the participants would have needed MHP in the previous year but were not able to afford them. Furthermore, one out of five students were missing school because they had no access to MHP (Wall, 2020).

Researchers from four universities in New Zealand collaborated on a representative survey of over 7700 adolescents in 52 schools about the wellbeing of youth at school. The study found that 12% of students have experienced difficulties obtaining MHP due to their costs and on average 8% of the students have missed school because of the lack of MHP. However, at one particular school, the number raised to 21%. Worth noting is that

minority groups such as Maori and Pacific students are disproportionately affected (Fleming et al., 2019).

According to Gruer et al. (2021), a recent online survey of 471 undergraduate university students concluded that over 14% of university students in the US were unable to afford MHP in the previous year. This number increases if the lens of intersectionality is added. Latina and Black women reported suffering from period poverty disproportionately. The purpose of the study was to explore if there is a correlation between period poverty and depression. Subsequently, Gruer et al. (2012) conducted a qualitative multiple case study where data was collected by 20 key informant interviews of administrative actors and college and university students at four educational institutions. The aim of their study was to recognize factors that facilitated or disrupted initiatives providing access to MHP at higher educational institutions. The researchers found that social and financial support is crucial to the success of counteracting period poverty. The biggest obstacle was to convince decision makers to support the work of the advocates. To prove that period poverty is a problem at their schools, they submitted surveys and petitions and designed social media campaigns. At first, small pilot projects were run where menstruators could take MHP from centralized locations on campus. Later, these pilots were used to demonstrate the need and proof of concept of the free provision of MHP. As a matter of course, fears of misuse and of menstruators taking an excessive amount of products emerged, but in most cases there was no evidence of abusing the system (Gruer et al., 2021). In fact, small scale pilot projects at 26 high schools in low-income areas in New York City concluded that having access to free MHP had a positive impact and smothered fears of misuse and hoarding of products. The few cases of known misuse have occurred in male-assigned bathrooms (Gruer et al., 2021). This can possibly be explained with the curiosity of teenage boys about how MHP work which can be a great opportunity to inspect and improve reproductive health, menstrual health and sex education at high schools. According to Fettig (2021), deficient education and knowledge about menstruation is observed in all population groups in the US and can be compared to women in low- and middle-income countries.

Fettig (2021) describes the situation of incarcerated women in prisons as degrading and a hazard to psychological and physical health. Fettig is the Executive Director of The Sentencing Project, a human rights lawyer and a leading expert on criminal justice reform. She has years long professional experience with claims regarding medical and mental

health care in prison, solitary confinement and sexual assault in detention settings and has talked to numerous incarcerated women in the US. In her essay for the *Colombia Journal of Gender and Law*, she shares stories of inmates wearing blood-stained clothes, undergoing strip searches while menstruating and a unit of thirty women having to share 12 menstrual pads. A first-of-its-kind comprehensive study by the Correctional Association of New York found that over 50% of women in prisons in New York State did not have sufficient access to MHP. The study even discloses cases of male correctional officers withholding MHP in exchange for sexual services (Fettig, 2021).

4.3 Dignity, stigma and shame

For her ethnographic research, Persdotter (2022) talked to women in Sweden about their menstrual experiences. Study visits, surveys and interviews with mostly ethnic Swedish (cis) women from the upper middle class were conducted. Interviewees reported about fears of being discredited, perceived as out of control, disgusting and uncivilized. Moreover, they expressed suffering from emotional distress and engaging in obsessive self-monitoring as a result of stigmatization. They thought of themselves as angry, disgusting and shameful in relation to leaks which shows that periods have a concrete effect on the well-being of menstruators (Persdotter, 2022). Cousins (2020) highlights a case in Nepal where a girl committed suicide after being teased at school for having her period. Also, the stereotypical picture of women who are unreliable and unfit for certain tasks while menstruating possibly results in lower salaries and fewer promotions at work (Office of the United Nations High Commissioner for Human Rights, 2022).

Zeng et al. (2021) conducted a qualitative study where they interviewed volunteers who distribute menstrual pads to students in rural areas in China and people living in Chinese cities to compare menstrual experiences of people living in different parts of the country. According to Zeng et al. (2021), girls in China are embarrassed to buy MHP and feel ashamed for having periods. Many do not discuss menstruation with their families which leads to a lack of knowledge. In rural areas in China, many girls do not even know what periods are and how to handle them. Even if there was clean and safe MHP available for them, they would not know how to use these products (Zeng et al., 2021).

4.4 Summary

The literature review shed light on research about period poverty in a national and international context. Most of the existing studies have been published in the past couple of years which shows that the interest and acknowledgement of the problem has grown only recently. However, there is still a lack of research in the field. According to Casola et al. (2022), deep-rooted stigma, shame and embarrassment explains the absence of attention to period poverty in research, society and medicine. Period poverty seems to be considered a problem of low-income countries. When talked about publicly in high-income countries, the discussion often embraces teenagers in educational settings. The literature suggests that period poverty does exist but goes unexplored in Sweden. Marginalized groups, such as Babadag Roma, or in general people without a Swedish personal number are entirely left out of the discourse in Sweden. The literature review cannot capture an adequate picture of the situation of marginalized groups in Sweden. Hence, this dissertation will be a legitimate addition to existing research and can be regarded as the first study in Sweden about period poverty among a “vulnerable” group.

This chapter shows that regardless of age, race, class and disability, menstruators around the globe lack knowledge about their bodies and experience shame and stigmatization in a patriarchal society which can result in the loss of dignity. Adding the lens of intersectionality, shows that marginalized and socially excluded people are affected disproportionately by period poverty regardless of the country they reside in. In order to obtain a more accurate picture of period poverty and to understand the extent of period poverty among menstruators worldwide, specific research on countries’ minority groups and marginalized people is required because they are the ones suffering the most from period poverty. Marginalized groups are not only ignored in period poverty research. In high-income countries, the debate about providing free MHP addresses mainly students at educational institutions, staff at workplaces and customers at restaurants. However, marginalized groups do not have access to these environments and cannot benefit from the free provision of MHP in these settings.

5 Theoretical framework

Three theoretical frameworks were considered relevant to the study. The concept of stigma, social support theory and feminist perspectives are used to analyse the qualitative data. Social support theory is relevant when looking at the first research question and how period poverty is identified and handled by the workers. The concept of stigma is suitable to analyse the second research question and the effects of period poverty among Babadag Roma. Feminist perspectives will be used to examine all three research questions, including the third one regarding how the services the social centers provide can be understood from a human rights perspective. In this chapter, the theories will be described before the results will be presented in chapter seven.

5.1 The concept of stigma

Social psychologist Erving Goffman (1963) writes that the term stigma is used to describe an attribute that is discrediting and makes an individual less desirable and different from others. According to Goffman (1963), there are three types of stigmas: the stigma of untypical physical attributes, the stigma of character traits that are perceived as negative or not normalized (for example, homosexuality, unemployment and mental health issues) and the stigma of race, nation and religion. People who fall in any of these categories or groups possess a stigma; an undesired and shameful differentness (Goffman, 1963). It can be said that the women from Babadag carry a double stigma: menstrual stigma and the stigma of race.

Goffman (1963) states that because the majority population believes that an individual who carries a stigma is inferior, the stigmatized person is discriminated against and therefore, their opportunities in life are reduced. The stigmatized person is self-conscious and worries about the impression they make when meeting someone who is not stigmatized. When being confronted with the latter, the stigmatized individual may respond by, what Goffman (1963) calls “defensive cowering”. This means that one feels exposed because others stare at them or even harass them. Since the stigmatized face an unaccepting world, social situations can awaken anxious feelings and they can develop a permanent feeling of being on stage. However, also non-stigmatized individuals can feel

insecure when meeting a stigmatized person which can result in the latter being perceived as too aggressive or too ashamed (Goffman, 1963).

Those who share the same stigma are “sympathetic others” according to Goffman (1963). Within their own group, the stigmatized feel accepted and “normal”. Therefore, people who possess a particular stigma tend to meet in smaller social groups to experience a sense of belonging. National associations such as Alcoholics Anonymous, self-help groups, sports clubs for people with a disability, residential communities and religious congregations are only a few of many examples. A second group of sympathetic others are those who Goffman (1963) calls “wise”. Wise people do not belong to the stigmatized group, but they might work with stigmatized people in establishments that cater to their wants and needs, for instance nurses, or in the context of this thesis, people who work at the social centers. Wise people accept the stigmatized, who in return accept and validate wise individuals (Goffman, 1963). The staff at the social centers, or wise people, offer social support to the women from Babadag. Both parties accept each other which is a precondition to build trust. Because they trust the workers, Babadag Roma share tremendously private issues regarding menstrual health with the staff. This knowledge is significant in answering research question one which addresses the identification of period poverty.

According to Goffman (1963), symbols, or signs reveal social information. Examples are handcuffed wrists of transitioning convicts and bodily marks of attempted suicide. Our sense of sight is a crucial factor in recognizing these signs. The stigmatized person attempts to control the information that is visible to others by trying to hide something private and shameful which can lead to anxiety, depression and isolation. Some stigmas, for instance being diabetic, are easier to hide than others, such as a physical disability. This “passing” depends on how visible and detectable the stigma is. It is possible to unlearn concealment, though. Voluntary stigma disclosure takes place if the stigmatized person accepts and respects themselves (Goffman, 1963). Passing is impossible when an individual is stigmatized because of their race such as Babadag Roma. However, passing in regards to menstrual stigma can occasionally be achieved, but this depends on several factors, such as the accessibility of MHP, menstrual infrastructure and menstrual literacy. The degree of possible passing can be an indicator to answer research question one which looks at how period poverty is counteracted. Do the social centers provide MHP, bathrooms and information regarding reproductive and menstrual matters in order to pass?

Goffman (1963) classifies “deviators” as people who deviate from the social norm. Deviators are stigmatized. They have a disadvantaged position in society and cannot live up to the middle class ideal. One group of social deviators are ethnic minority groups, such as Roma. The groups share a common history and culture and expect loyalty signs from their members according to Goffman (1963). Another group are “second class citizens” or “members of the lower class who quite noticeably bear the mark of their status in their speech, appearance and manner” (Goffman, 1963, p. 145). This depicts that stigma arises in relation to others and social norms. Goffman (1963) states that the place an individual has in the social structure determines what they are or can be. The person highest on the social ladder in the US is a young, white, tall, married, heterosexual father who enjoyed a good education and has a full-time job. Others who deviate from this norm feel at least sometimes inferior and unworthy (Goffman, 1963). This hints at the concept of intersectionality which is discussed later in the chapter.

Link and Phelan (2001) add that stigma takes place by labelling, stereotyping, status loss, discrimination and separation. They utter that power must be exercised for stigmatization to take place (Link & Phelan, 2001). Coleman Brown (2013) agrees with power being an important element in creating stigma. When people are stigmatized, or devalued, they lose their place in the social hierarchy. Many stigmatized individuals themselves feel like they are inferior and accept their status. However, people who ignore the norms and rise above the feeling of being stigmatized have realized that the problem lies within the powerful dominant group and not within the stigmatized. They comprehend that social rejection and social isolation are only tools used by non-stigmatized people to make the stigmatized feel inferior (Coleman Brown, 2013).

According to Coleman Brown (2013), stigma “represents a view of life; a set of personal and social constructs; a set of social relations and social relationships; a form of social reality” (Coleman Brown, 2013, p. 147). Furthermore, she expresses that stigma is “a response to the dilemma of difference” (Coleman Brown, 2013, p. 147). Humans can differ in various ways, for example, gender, sex, age, skin colour and cultural background. What is stigmatized in one social context can be acceptable and not stigmatized in another. It is the dominant group, or those possessing power that determine which differences are desirable and which are not (Coleman Brown, 2013).

5.2 Feminist perspectives

According to Hirudayaraj and Shields (2019), feminist theory repels injustice based on gender and places women and the issues they experience at the core. Gender differences and matters relating to inequality are at the centre of any interaction and investigation. The key goals of feminist theory are to investigate the power differences between the sexes, focus on the power in relationships and end oppression (Hirudayaraj & Shields, 2019). In a white capitalist patriarchy, men possess more power than women and most decision-makers are men. With reference to period poverty, one can argue that the lack of research interest and funding, free public restrooms, free MHP for all menstruators, menstrual literacy and accessible reproductive health care services are a product of the patriarchy. This can be kept in mind when answering the research questions.

American feminist theorist bell hooks (2015) admits that one concern with feminism is that it lacks a clear definition which results in difficulties constructing theory. Nevertheless, Hirudayaraj and Shields (2019) quote Shaw and Lee (2004) who make an attempt at defining feminism by stating that it “seeks to eliminate systems of inequality and injustice in all women’s lives.” (Hirudayaraj & Shields, 2019, p. 320) According to hooks (2015), feminism has generated positive changes in the lives of girls, boys, women and men living in a white supremacist capitalist patriarchy. However, the cutbacks of the neoliberal welfare state put pressure on women and in many countries, they have no access to health care (hooks, 2015). Accessing health care in Sweden is challenging for the men and women from Babadag. However, the absence of medical services affects the women from Babadag disproportionately because of the complex female reproductive system.

According to hooks (2004), feminism includes men and masculinity because when discussing sexism and the patriarchy, masculinity cannot be ignored. hooks (2004) believes that we are experiencing a crisis of masculinity but that feminism addresses the issue and can offer solutions. The patriarchy teaches men that they are not manly if they express other feelings apart from anger which creates men who are emotionally unaware. Men must never do anything considered feminine in the patriarchy, but instead be tough, not talk about problems, demand respect and dominate women. Therefore, the concept of masculinity must be redefined and reshaped. To be able to change, men must question the patriarchy and understand in what ways it holds them back from knowing themselves and

their feelings (hooks, 2004). This type of toxic masculinity plays a role when discussing research question one and two.

According to Biana (2020), hooks can be considered a radical voice of feminism. hooks (2015) is well known for her work addressing gender, race and class in feminist discourse and theory. She believes firmly that gender, race and class determine a child's fate from the start and are interconnected (hooks, 2015). She is therefore recognized as a figurehead of intersectionality. Wade et al. (2022) explain the concept of gendered racism. When a woman experiences harassment, violence or prejudice based on her ethnicity there is talk of gendered racism. Gendered racism can create chronic psychological stress and for people who are affected. It involves navigating through a sexist and racist society which results in very different lived experiences of Black women and white or Black men (Wade et al., 2022).

hooks (2015) demonstrates how gender and class can intersect by the example of education. Many girls and women around the globe are deprived of education which results in written material being only accessible to certain classes or groups. hooks (2015) refers to Bunch when she states that teaching girls and women to read and write should be one of the main goals of the feminist movement and part of feminist education. hooks (2015) believes that feminism must focus on literacy training for women to illiterate especially women who come from poor backgrounds. Being able to read and write is the foundation for acquiring information and knowledge. Furthermore, having literacy skills fosters the ability to imagine and think critically which is necessary in order to question societal and cultural norms. When a woman can read, she can survive and be successful in this world (hooks, 2015). Preferably women are able to read and write in order to have and acquire menstrual literacy. However, most of the women from Babadag are illiterate. Research questions one and two address this reality by answering how period poverty is identified and how the women are affected.

It would be absurd and ignorant to neglect the diversity and differences between women when writing a dissertation about period poverty among a Roma group. Davis (2008) broadens the definition of intersectionality when she writes: "intersectionality refers to the interaction between gender, race, and other categories of difference in individual lives, social practices, institutional arrangements, and cultural ideologies and the outcomes of these interactions in terms of power." (Davis, 2008, p. 68) Davis' definition includes more

components to hooks' gender, race and class factors and in addition, it addresses power dynamics. Davis (2008) announces that the concept of intersectionality has been exceptionally successful in feminist scholarship and is regarded as fundamental and highly advanced in present-day feminist theory.

Iris Young (1990) is another feminist theorist whose essay "Five faces of oppression" include a framework with five categories about how oppression shows up in today's society. The classifications are are exploitation, cultural imperialism, violence, marginalization and powerlessness (Young, 1990). The two latter categories are of special interest regarding the topic of this thesis. Marginalization is the act of excluding a group of people and push them to the edges of society. Powerlessness refers to one group having less power than another (Young, 1990). Power dynamics play a role when addressing research question two and the lack of sufficient menstrual infrastructure and health care services in the city of Stockholm.

5.3 Social support theory

Social support theory is used to identify what people who work with Babadag Roma found to be the most suitable and effective approaches when meeting the group. Social support is the "experience that one is cared for, esteemed, and part of a mutually supportive social network" (Taylor, 2011, p. 192). Social support can originate from relatives, friends, colleagues, partners and community ties. Moreover, social support has "the potential to provide emotional and informational support to people who might otherwise lack social support" (Taylor, 2011, p. 192). Informational support occurs when an individual is given advice and information. Instrumental support is the actual assistance an individual receives, for instance financial assistance or goods. Emotional support means meeting an individual with warmth and empathy (Taylor, 2011).

According to Vaux (1990), social support is a rich idea and complex process in an ecological context involving transactions between people. Moreover, social support is embedded into a theory of human connectedness. Support network resources are relationships through which an individual receives support. Vaux (1990) states that social support is a meta construct consisting of three components. What Taylor (2011) calls informational, instrumental and emotional support, Vaux (1990) acknowledges as practical, material and emotional support. Furthermore, Vaux (1990) recognizes that a

large network is favourable because the more resources the better. Another key factor is relationship closeness between network partners because then motivation is higher to provide support. To assure the quality of so-called “support incidents”, network resources must be developed and maintained. If neglected, social support networks can be damaged. The effectiveness of social support depends on what kind of support and how an individual receives help. For successful support incidents to take place, uninterrupted time must be made available to explore feelings and opinions (Vaux, 1990). Networking with relevant actors is indeed one of the key themes that emerged from the data. Social support theory is used to answer research question one which looks at how period poverty is identified and counteracted.

5.4 Summary

The fifth chapter addressed three concepts and theories that are used to analyse the collected data. Goffman’s concept of stigma investigates how different types of stigma are attached to the women from Babadag by the patriarchal society and what the consequences of this stigma are. Feminist perspectives are used to examine the challenges the women from Babadag experience. Intersectionality looks at how gender is racialized and how race is gendered (Davis, 2008). The women from Babadag are not only women, but they are also BIPOC (Black, Indigenous and People of Colour) and belong to an ethnic minority group. Social support theory assesses what kind of support Babadag Roma receive from the social centers operated by the organizations.

6 Methods

Semi-structured interviews were chosen to collect data for this qualitative study. The following chapter explains the process of data collection and analysing the obtained material. It starts describing the initial planning phase, what type of interview was chosen and how the interview schedule was developed. What follows is an account of the interview arrangements and the sampling method and final selection of interviewees. Furthermore, it depicts the transcription, codification and analysing process. It continues with outlining trustworthiness and ethical considerations which accounts for my prior knowledge and access to the field of study. The chapter finishes with illustrating the limitations of the study, as well as reflecting on the chosen research methods.

6.1 Planning the interviews

In order to obtain first-hand information about period poverty among Babadag Roma in Stockholm, it would have been necessary to conduct interviews with those in question. However, it was assessed that interviews with the women from Babadag could not have been implemented in an ethical manner because of the ongoing Covid-19 pandemic. In the end of 2021, the time of preparing the research, Sweden had implemented its harshest restrictions during the course of the pandemic, thus face-to-face interviews with a group that is extremely exposed to the virus due to their lifestyle, could not be justified morally. Online interviews were impossible due to the exceptional vulnerability of Babadag Roma. Most of them do not own a computer and while some own a mobile phone, assuming to be capable of using video communications would derive from a classist perspective. Another obstacle was the language barrier when interviewing the group. A translator would have been necessary. Apart from the lack of funding for a master's thesis, the liability of the obtained data would have been questionable because of the sensitive nature of the research. Instead of one person, the interviewee would have been in a situation to share very personal information with two people. Because of these hindrances, it was decided to interview those who work with Babadag Roma professionally and meet them on a regular basis. However, by not interviewing the women from Babadag directly, it is not possible to explore what their own experiences are like. How period poverty affects their life can ultimately only be answered by the women themselves. By relying on information given by those who work with Babadag Roma, it is feasible to obtain a more extensive picture

of period poverty among the group, including structural problems. Yet, personal feelings of the women from Babadag cannot be conveyed.

6.2 Type of interview

According to Bryman (2012), interviews in qualitative research are flexible and therefore a popular means of collecting data. Several options of conducting the interviews were considered. Structured interviews in form of a questionnaire sent to the study participants via email was first contemplated. This would give the interviewees time to reflect and answer whenever they have the resources to do so. However, this initial thought was deemed unsuitable for the purpose of the study because by not being in direct contact with the participants, it is impossible to ask for clarifications and follow-up questions. Additionally, the risk of interviewees not elaborating could possibly lead to a different research outcome (Bryman, 2012). Moreover, focus group interviews were briefly considered. They could be an eye-opening experience for the professionals, but in practice, they are challenging to arrange because the professionals who were contacted to take part in the study have their own work schedules to follow. Furthermore, the risk of focus groups is that dominant voices can easily take over and shut down participants who are less confident (Smithson, 2000). Finally, it was decided that the participants would be interviewed one-by-one. This is an opportunity for them to feel more comfortable to express their opinion and expertise (Knox & Burkard, 2000). According to Casola et al. (2022), qualitative research designs including key informant interviews and in-depth, or semi-structured interviews should be considered when specifically researching period poverty in order to catch the complexity of the issue. Therefore, the individual semi-structured interview was chosen. It consists of a series of questions that can be varied in sequence. Furthermore, questions are more general and open-ended than in a structured interview and the interview process is somewhat flexible since the interviewer has the possibility to ask further questions (Bryman, 2012).

6.3 Interview schedule

After developing the research questions and aims, the interview schedule was developed. (Appendix 3) The questions are divided into three categories. The main questions are

open-ended questions exploring the participants' awareness about period poverty, as well as how the organizations they work for, support the women from Babadag. The last block of questions aimed to discover what challenges Babadag Roma experience in regard to period poverty. Some of the questions were built on what was found while exploring the literature. To a minor extent, the interview guide was adjusted between the interviews by adding more questions which were viewed important for the research. Most of the interviewees' answers were followed up by additional questions. Many of the participants were eager to speak about practical examples from their work with the women which resulted in them naturally covering other questions that had already been prepared.

6.4 Interview arrangements

Because of the sensitive nature of the research, it was of utmost importance to create a pleasant interview environment that makes the participants feel comfortable and safe to talk openly about a rather delicate topic (Kvale & Brinkmann, 2014). Because I aimed to establish a safe space for discussion, the interviewees were able to choose where they would like to be interviewed, depending on where they felt most comfortable. Four professionals chose to be interviewed online via Zoom and Teams, while five study participants chose to meet up in person to execute the interview. These interviews took place at their workplaces, a café and a participant's home respectively. All interviews took place between February and May 2022.

6.5 Sampling method and final selection of interviewees

In February 2022, the City of Stockholm and third sector organizations working with Babadag Roma were contacted via email. Due to the scarcity of respondents, it was considered to extend the research to include the cities of Gothenburg and Malmö. This resulted in contacting additional NGOs and municipalities. However, in the meantime, further participants from Stockholm were recruited through snowballing. Bryman (2012) points out that the snowball method is used when individuals having knowledge of the research area, for example interviewees, establish contact with other professionals.

In the end, nine professionals based in Stockholm agreed to be interviewed and a decision was made to follow the initial plan and focus the research on Sweden's capital. To

maintain confidentiality, the participants' personal details such as work title, personal background and the organizations they work for will not be revealed.

According to Cleary et al. (2014), working knowledge is mandatory to ensure the quality of collected data. Therefore, a prerequisite of taking part in the study was that the participants must have previous or current work experience with the women from Babadag and a willingness to talk about the challenges of period poverty in the English language.

At the time of the interviews, all nine participants have or had between three and ten years of experience in doing practical social work with Babadag Roma in one or more social centers in Stockholm. They are between 33 and 54 years old and most of them are women. More than half of them come from an Eastern European country. Their educational backgrounds vary. Some of them have not received formal education after high school, while others completed vocational training or have university degrees. All respondents are or were formally employed at different levels by various NGOs.

According to Bryman (2012), an appropriate sample size can be a balancing act in qualitative research. It must be large enough to allow data saturation, yet small enough to be able to execute a deep analysis (Bryman, 2012). For the scope of this master's thesis, the figure of nine interviews was determined appropriate. Moreover, interview responses appeared to be repeated.

6.6 Thematic analysis

Thematic analysis was used according to Braun and Clarke's (2006) step-by-step guide. After each interview, the data was transcribed verbatim. I familiarized myself with the written words which included repeated reading in an active way. Moreover, notes were taken and ideas were marked. After the transcription, each interview was read repeatedly to scrutinize the content and to evaluate if there were instantly detectable themes. In phase two, initial codes were generated by organising data into groups which resulted in many coded patterns. The use of NVIVO, a computer software which helps turning data into fragments was briefly considered. However, I felt more comfortable using a colour coding system in a Word document. A challenge here was the limited number of available colours. Phase three involved sorting the many codes into potential overarching themes. In

phase four, the potential themes were refined. Some themes collapsed into each other, for example, “Women must ask for MHP” was included into the sub-theme of “Embarrassment to ask the staff for MHP”. In the fifth phase, five themes were named and defined. Moreover, twelve sub-themes were identified. They are as follows:

Theme 1: Awareness of period poverty

Theme 2: Access to MHP

- Sub-theme 1: Access to MHP at the social centers
- Sub-theme 2: Menstruating is a financial burden
- Sub-theme 3: Are MHP essential needs?

Theme 3: Menstrual infrastructure

- Sub-theme 4: Menstrual infrastructure at the social centers
- Sub-theme 5: Menstrual infrastructure in Stockholm

Theme 4: Menstrual literacy

- Sub-theme 6: (Menstrual) illiteracy among the women
- Sub-theme 7: Menstrual knowledge provided by the social centers
- Sub-theme 8: Structural barriers to public health care
- Sub-theme 9: Networking with relevant actors

Theme 5: Menstrual taboo

- Sub-theme 10: Embarrassment to ask the staff for MHP
- Sub-theme 11: Menstruation is a woman’s problem
- Sub-theme 12: Scepticism towards outsiders

Phase six consists of writing up the analysis which is done in the next chapter of this thesis (cf. Braun & Clarke, 2006). While coding, I was mindful of the research questions. The aim of the study is not to generate new theory; hence, the choice of the theoretical framework was made due to the codes that emerged.

6.7 Trustworthiness

According to Bryman (2012), reliability, replication and validity are important criteria in evaluating social research. Reliability examines if study results are repeatable which can be challenging in qualitative research because social contexts change over time.

Replication indicates that research must be replicable in case another researcher decides to

repeat the study. Therefore, it is necessary to document the research step by step. Criticism directed at qualitative research involves being prone to subjectivity and consequently having issues with generalizing findings. This is what external validity is concerned about. Hence, recruiting study participants is pivotal. While reliability, replication and external validity play a bigger role in quantitative research, ecological validity is relevant in quantitative and qualitative research respectively. Ecological validity focuses on research findings being connected to people's natural and social environments. The more artificial the settings are, the more prone the study is to being ecologically invalid (Bryman, 2012). To make the study participants of this research feel comfortable, a decision was made to let them choose the location for the implementation of the interviews. Lincoln and Guba (1985), as stated in Bryman (2012), suggest using the terms credibility, transferability, dependability and confirmability in qualitative research instead of reliability, replication and validity. Their proposed terms refer to trustworthiness which is a measurement for how virtuous a qualitative study is (Bryman, 2012).

6.8 Ethical considerations

According to Vetenskapsrådet, the Swedish Science Council (2002), good social science research practice is based on the four fundamental principles of information requirement, consent requirement, confidentiality requirement and user requirement. Bryman (2012) explains that a study information sheet and an interview consent form ensure that potential study participants are fully informed about the research and what is expected of them. Moreover, these forms serve the purpose of validation of the researcher (Bryman, 2012). When relevant actors in the field were contacted via email, they were concomitantly provided with a study information sheet and an interview consent form to sign their consent prior to the execution of the interviews (Appendices 1 & 2). Emails were sent out only once to not pressure the receivers into taking part in the study. After the online correspondence, the three study participants who I had met previously contacted me individually to express their interest in taking part in the research. Their decisions were voluntary and not anticipated. The study information sheet dispensed my own and my thesis supervisor's contact details, in addition to the aim and knowledge about the study. The interview consent form stated that the respondent can retract from participation in the

study at any point during the process. This was also emphasized before the beginning of each interview. Furthermore, the participants were informed about the interview being audio recorded and their right to decline answering any question without giving an explanation. The five study participants, who were met in person signed the interview consent form in print, whereas the four interviewees who chose to take part in the study online returned the interview consent form as an email attachment. This was regarded as confirmation to be a participant in the study. The recorded research material is stored on my computer which is accessible via password verification only. After the finalization of the master's thesis, the interview data will be deleted.

6.9 Being an insider

At the time of planning this dissertation and collecting research data, I had been working at one of the social centers that offer services to Babadag Roma for less than a year. In fact, the topic of this dissertation and the research questions are a direct response to what I observed at the workplace in the first six months of employment. By virtue of working with the women from Babadag, I have access to a network of actors and NGOs working in the field which is an asset of this study. Therefore, the sample selection was obtained by professional networking. Because of internal knowledge, I was able to identify professionals who have practical experience and comprehension of the research topic which can contribute to developing new knowledge.

Roth and von Unger (2018) express that anonymity in research can only prevail when the researcher is not aware of the identity of the participants. I had met three of the interviewees prior to the interviews in occupational environments and in the following months of data collection, I met four other study participants at networking meetings in professional settings. Therefore, it is not appropriate to discuss anonymity in this research, but rather confidentiality. To ensure confidentiality, the participants' personal details, such as names, background and organizations will be anonymised in the findings chapter. Instead, pseudonyms are given to assist the discussion.

According to Roiha and Iikkanen (2022), collecting data by interviewing acquaintances, colleagues and friends is fairly common in academic research. It is important to be aware of the fact that full anonymity cannot be guaranteed when interviewing a person one

knows is. Study participants might be unknown to an outsider reader, but interviewees might be able to recognize each other (Roiha & Iikkanen, 2022). Therefore, great care was taken to anonymize the interviewees as much as possible, for example, the nationalities of the participants and the organizations they work for are not mentioned. Roiha and Iikkanen (2022) stress that when conducting acquaintance interviews, the researcher must be highly self-reflective because they have contextual information that would not be available otherwise. This contextual knowledge influences how experiences are illustrated by the interviewees and how they are interpreted by the interviewer (Roiha & Iikkanen, 2022). This raises the question of objectivity. According to Bryman (2012), qualitative researchers are influenced by their own perspectives while collecting and analysing data. It is the researcher who decides what is significant and personal relationships with the respondents can affect the findings (Bryman, 2012).

Being an insider in my field of study, I was aware of the risk of losing distance. Having met study participants prior to the data collection could have had an influence on the interviews and ultimately the results of the research. According to de Jong et al. (2013), there is a fine line between distance and closeness in academic research when the researcher is immersed in the field of study. When analysing the data, one must be able to zoom in and zoom out which can be challenging. A helpful approach to not to get absorbed by the familiarity is to “make the familiar strange” (de Jong et al., 2013, p.169) or by being a chameleon which is experience-near but, at the same time, able to step back and use an outsider’s perspective. One strategy to stay objective is to be open to surprises and to constantly “try to show that what I think is going on probably isn’t” (de Jong et al., 2013, p. 174). There were several occasions during the interviews where I was indeed surprised about what some of the interviewees had said because it collided with my own emancipated, bourgeoisie values. An example is when a worker stated that MHP cannot be categorized as basic needs. This point of view surprised me as I did not expect this attitude from someone who does social work and specifically works with marginalized women. The interviewee’s perspective can possibly be explained with internalized patriarchal ideas and the concept of that some experiences just have to be coped with (Millen, 1997 in Bryman, 2012). From an academically privileged point of view, it is obvious that certain experiences must be analysed in terms of gender systems. Nevertheless, researchers cannot expect their study participants to have the same perspective (Bryman, 2012). Bryman (2012) adds that feminist studies are often engaged

with a wider political goal of emancipation which can potentially result in tension between the researcher's position and the participant's worldview.

Another strategy to create distance according to de Jong et al. (2013) is to look for the irrational or strange. Different behaviours or choice of words can create ethical dilemmas. In fact, I experienced getting triggered by several words and terms the study participants chose to use in the interviews. Some examples of these are: the G-word instead of Roma, "woman problems" when referring to menstrual or reproductive issues, "necessities" when referring to changing MHP and expressions such as "their culture". A third strategy to not get absorbed by the familiar is to break the friendship bond (de Jong et al., 2013). By putting up clear boundaries during the interviews, I made sure that the participants are aware of the research context. Examples of this are that I declined a glass of sparkling wine when offered in the end of the interview and that I tried to steer the conversation back to the actual topic when the interviewees started telling me about something personal.

6.10 Limitations of the study

Initially, it was planned that this thesis would explore period poverty through first hand data collection by interviewing the women from Babadag. It would have been a groundbreaking study to talk with Roma women about how they experience period poverty when residing in Stockholm. However, there were several reasons why this was deemed unsuitable. The most prominent reason being the Covid-19 pandemic at the time of preparing and implementing the research. Another reason was the language barrier because the women and I do not have a common language. A third reason was the ethical awareness of interviewing people who live in vulnerability without offering them anything in return. It was therefore decided to extract information and experiences from those who work with Babadag Roma and adjust the research questions to them and their workplaces. Consequently, the findings of this thesis are subjective in nature and can be seen as the reality of the workers. Personal experiences and feelings of the women from Babadag cannot be addressed in this study. How Babadag Roma are authentically affected by period poverty can ultimately only be answered by the women themselves.

6.11 Reflections on the research methods

I deliberately decided to conduct the interviews in English even though none of the participants, nor I are native English speakers. However, English is my preferred language of communication after having lived in English-speaking environments for most of my life. Furthermore, I know that most of the people working with Babadag Roma are migrants themselves and do not necessarily speak Swedish. Therefore, I found it more likely to attract and include as many workers as possible in the study. During the interviews, questions were asked clearly and slowly for optimal comprehension. If they were struggling to find the English equivalent, some interviewees used Swedish words, for instance, vårdcentral (public health care center), mens (menstruation) and samarbetspartner (cooperation partner).

The study information sheet stated that the language of conducting the interview would be English. Thereby, the study participants were able to choose if they felt comfortable enough to engage in the topic in English. In fact, after a first correspondence, one professional decided not to take part in the research because they did not feel comfortable communicating in English. It was briefly considered to make an exception and execute one interview in Swedish, however, I did not fully feel comfortable understanding and analysing the material in Swedish and therefore decided to not include them in the study.

The collected data was transcribed verbatim. However, I decided to adjust some of the quotes in the findings chapter to help with readability. Fillers such as “like”, “yeah” and the repetitive use of words were deleted. In some cases, the word order was changed and long monologues were divided into segments. In rare cases, sentences were re-written for better understanding. The content of these citations was never changed. Henderson (2018) calls this practice of re-working interviewee quotes tidy transcript.

After contemplating which method for data collection would be most suitable, the semi-structured interview was chosen. The advantages of this method are that questions are general and open-ended and therefore allows room for the interviewee to elaborate. Furthermore, the interview process is flexible because questions can be asked varied in sequence and there is room for follow-up questions from the interviewer. Being interviewed one-on-one allows the study participant to share their opinion and feel comfortable. However, occasionally I felt like the respondents were too comfortable during the interviews because they shared personal menstrual experiences that were

irrelevant to the research. This happened with workers I had met prior to the study, but also with interviewees I had not met before. In these cases, I had to set a boundary and steer the conversation back to the actual study topic. Sharing personal narratives could have possibly been avoided by having chosen focus group interviews where the atmosphere is not as intimate as in one-on-one interviews.

As mentioned previously, the study participants' comfort was important to me, therefore I decided to let them freely choose the location for the interview. The intention was to create a trusting atmosphere where the interviewees feel relaxed and open enough to talk about such a stigmatized topic as menstruation. This showed empathy, flexibility and reflection skills from my part. The disadvantage of this procedure was that the interviews that were conducted at a workplace and a café were interrupted several times by clients and customers. These interferences influenced the interview flow and resulted in lost thoughts of the participants. Therefore, it is optimal to implement a research interview in a quiet and calm environment.

For the scope of a master's thesis, the sample size of nine study participants was deemed suitable. Some statements were repeated already after the first interviews which can be regarded as a sign of validity. The services for Babadag Roma in Stockholm are limited and so is the number of people working with them. However, it was important for the study to interview workers from as many social centers as possible in order to obtain a rich and varied data set. All respondents included in this research are or were working for NGOs. Even though workers from the municipality were contacted several times, they did not reach out to be included in the study. It could have added value and affected the findings if workers from the City of Stockholm would have taken part in the study. Most likely they could not have answered questions regarding the practical work at the social centers which many questions in the interview schedule aimed at. Instead, they have a bird's eye perspective of all the centers and regularly meet Babadag Roma in the streets and forests around Stockholm.

The interviews were recorded on two devices, a laptop and a cell phone in case technical difficulties would arise. This practice proved to be crucial because the third interview was not recorded by the computer. Fortunately, I prepared myself and was able to rely on my cell phone which recorded the discussion.

The interview data was coded using a colour coding system in a Word document. Since there are only a limited number of colours available this proved to be a challenge. Consequently, I highlighted text segments by underlining them and using the bold and cursive options in the Word panel, in addition to using both, font and text highlight colours.

6.12 Summary

The chapter exposed the process of collecting and analysing the data. The individual semi-structured interview was chosen as method to collect data. It was decided that nine study participants are sufficient for the scope of this master's thesis. Coding the data happened manually by using a colour coding system in a Word document. The data was analysed using thematic analysis. Reflections on being an insider in the field of study were discussed in depth. In the context of this thesis, it is not appropriate to speak of anonymity of the study participants, but rather confidentiality. When conducting this research, the four ethical principles of the Swedish Science Council were taken into consideration. An extensive reflection on the research methods showed the advantages and challenges of the dissertation.

7 Findings and analysis

This chapter answers the three research questions using the qualitative data which was collected during the interview process with the participants of the study. Even though the interview data was transcribed verbatim, some citations in this chapter are minorly adjusted for better readability. When referring to the people who took part in the research, the terms interviewees, respondents, study participants, workers, professionals and staff are used interchangeably to avoid repetition. The data is analysed by means of the previously described theoretical framework: the concept of stigma, social support theory and feminist perspectives. Additionally, the data will be compared to earlier research that was illustrated in the literature review. The findings are displayed in five overarching themes, including twelve sub-themes which were identified using thematic analysis.

7.1 Awareness of period poverty

Most study participants are not aware of the term “period poverty”. One interviewee describes his thoughts as being “familiar with the concept of poverty and period, but not together” (Lasse). Regardless of the majority of the workers not being aware of the term, all of them can identify practical examples of period poverty from their workplaces which shows that they recognize the phenomenon.

After clarifying what period poverty means, one respondent realizes that she indeed possesses knowledge about the issue and has even worked together with an organization in the field:

Now when I hear the explanation, of course I know something. I had some cooperation with a woman who started this organization for menstrual health for women. (Annika)

One of the two interviewees who are familiar with the “term period poverty” states:

I’ve heard it. And I know that it’s present all over the world in poor countries where women don’t have access to [menstrual hygiene] products because of poverty and the lack of education also. (Lotta)

This reaction reflects the general deficiency in academic research regarding period poverty among marginalized groups in high-income countries. The literature review

illustrated this. Moreover, Geng (2021) underlines this notion by stating that studies about period poverty are lacking because embarrassment inhibits people from discussing menstrual issues which results in less funding for research projects.

Towards the end of the interviews, when asked why the women from Babadag are affected by period poverty, the interviewees identify at least one element each that contributes to the situation. One of the workers rounds it up wholly by describing all four reasons:

The shame and their economical situation make it difficult for them to get access to [menstrual] pads. Of course, access to a place where you can go back to and where you can keep your daily hygienic routines to wash and change. Of course, the cultural aspect and the traditions. It's a taboo to talk about it. (...) So yeah, the cultural aspect, the access to facilities, clothes, underwear. (...) It's more about poverty and access to school and knowledge and information. (Malin)

According to Malin, reasons for period poverty among Babadag Roma are the lack of financial means to purchase MHP, the lack of a place to wash and change, shame and taboo to talk about menstruation and the lack of formal education and information for girls and women in their home community in Romania. Moreover, she addresses the limited access to clothes and underwear in case they need such. Mensen (n.d.) stresses the importance of menstruators having access to MHP, changing and washing facilities and sufficient knowledge about their bodies. However, Malin's quote demonstrates that the women from Babadag are unlikely to care for their period with dignity which compromises their enjoyment of fundamental human rights. (cf. United Nations Population Fund, 2021).

What Malin expresses shows the connection between gender, class and race. Period poverty among the women from Babadag can be described as gendered poverty. The women do not have the financial means to purchase MHP and they lack menstrual infrastructure and literacy because they are homeless. According to Amnesty International (2007), Roma are the poorest ethnic minority group in Europe. They have mostly been living at the edges of society and experience massive discrimination (Amnesty International, 2007).

7.2 Access to MHP

The second identified theme is “Access to MHP”. All study participants express that the women from Babadag face challenges accessing MHP. Sub-themes that emerged are “Access to MHP at the social centers”, “Menstruating is a financial burden” and “Are MHP essential needs?”. The accounts of the workers are analysed by means of feminist perspectives, the concept of stigma and the framework of human rights.

7.2.1 Access to MHP at the social centers

Most interviewees state that their workplace hands out MHP to the women from Babadag. One respondent explains:

We have tampons and we have everyday pads. The thing is that we don't have a budget for it. So, we always try to get donations. We've had donations. Now we only have tampons left, but women from Babadag don't want to use them. They use pads. (Lotta)

Lotta and other workers confirm that the social centers do not have a specific budget for MHP which means that availability is highly dependent on donations. Moreover, Lotta uncovers that the women from Babadag do not use tampons which results in menstrual pads being out of stock more often and limits their freedom to choose their preferred MHP. Though Mensen (n.d.) advocates that people with a uterus must be able to have access to the MHP of their choice. Uncertainty about the budget is also disclosed by other interviewees. Stina, for instance, reveals:

We never know exactly what the budget for the upcoming year can be used for. They [the managers] only tell us in the beginning of the year that we have a general budget, but they don't say for what it can be used in particular. (Stina)

Consequently, the staff at Stina's workplace is informed about the center's budget in the beginning of the year. However, it remains unclear to her how it can be spent. According to Stina's recite, somebody in the organisation makes a decision about what the annual budget can be used for. According to Gruer et al. (2012), it can be challenging to convince decision-makers to create more equal environments by providing free MHP. Looking at this through a feminist lens can point towards decision-makers not being attentive to menstrual issues. In doing so, they display a lack of understanding of the impact periods

have on the enjoyment of human rights (cf. Human Rights Watch & Wash United, 2017). Moreover, Rodriguez (2022) accentuates that menstruators are discriminated against in environments that ignore gender issues.

When asked if Lasse's workplace offers MHP, he responds:

No. (...) Probably it's a good idea. This is a good opportunity because they are sleeping there [at the center he works for] during the night and they must have access to those products to complete their necessity and hygiene. I think this can be helpful. (Lasse)

The center Lasse works for is the only one that does not provide MHP. However, Lasse himself says that the women from Babadag must have access to MHP to take care of their hygienic needs. What is noticeable about Lasse's workplace is that it consists exclusively of men. According to Hirudayaraj and Shields (2019), there is an absence of the consideration of feminist viewpoints in work environments. Male perspectives are overrepresented in organizational cultures and discourse which results in not examining issues regarding gender inequity. The masculine rationality can fail to benefit the interests of marginalized groups (Hirudayaraj & Shields, 2019). Jacobs (2022) adds that creating an inclusive and diverse workplace is beneficial for improving performance. In this context, performance could be regarded as services for Babadag Roma. Another interesting perspective comes from Taylor (2011) who remarks that evidence suggests that women are better at providing social support because they practice it more often than men. By not providing MHP, Lasse's workplace does not offer instrumental support to the women.

Another study participant admits that her workplace has not been very attentive to the needs of the women from Babadag in the past. She stresses that there are currently discussions taking place on how to improve their work and make the environment more convenient for Babadag Roma:

This is something that we are having conversations about because the thoughts about their necessities is something new. We don't have a strategy for it. We don't have space, or products available for them, they need to ask us for products. We don't have a lot of different products, for example. (Lisa)

Lisa communicates that her workplace is considering implementing period proofed bathrooms for the women from Babadag, so that they do not have to ask a staff for MHP. At the same time, she finds it challenging because of the limited amount of space and selection of MHP. What Lisa states, represents what most interviewees acknowledged.

Babadag Roma cannot obtain MHP in privacy but need to ask a staff for such products. According to Schmitt et al. (2022), not being granted menstrual privacy can lead to embarrassment, shame and humiliation. Furthermore, it proves that the social centers do not employ a user-centred approach when distributing MHP by, for instance, implementing period proofed bathrooms (cf. Schmitt, 2022).

7.2.2 Menstruating is a financial burden

All study participants agreed that if the women from Babadag decide to purchase MHP, they must save on other ends. According to the interviewees, buying MHP means not being able to afford food, a ticket for public transportation, access to a public bathroom or to send money home to their families. One of the workers remarks that probably every woman has had to make the decision to waive something at some point, but that the women from Babadag “are in this position every month”. Human Rights Watch and Wash United (2017) agree that menstruating is a financial burden for people with a uterus, particularly those who do not have formal employment, such as Babadag Roma (cf. Intimina, 2021). Fettig (2021), Geng (2021) and Rodriguez (2022) add that it is common for many menstruators to choose between purchasing food or MHP.

This validates that being able to afford MHP can be regarded as a class issue. Additionally, it is a gender issue which displays the interconnectedness of class and gender. According to hooks (2015), a child’s fate is determined at birth by gender, class and race. This suggests that by being born into a Roma family, a girl is likely to experience gender-based poverty and discrimination in the future.

Most interviewees state that the women do use alternatives to MHP, such as, cloths and toilet paper in case they do not have access to MHP. Some respondents have seen Babadag Roma cut clothes into small pieces that they use as an MHP substitute. Cardoso et al. (2021) confirm that people with a uterus who cannot afford to purchase MHP, use rags, toilet paper or other alternatives. Moreover, Briggs (2021) explains that homeless menstruators are often left with no other options than to use unhealthy and unhygienic substitutes.

Furthermore, some study participants report of some Babadag Roma using the same product for too long because they do not have access to MHP or changing facilities.

Lisa, for example, states:

Sometimes I ask them: “How long do you use this?” And then they say: “During the whole day because I can’t go to toilet and change.” or “I don’t have other, I need to use one during the whole day.” (Lisa)

Lisa’s comment reveals that Babadag Roma do not have sufficient access to MHP and public restrooms. Summer and Mason (2021) validate that people living in homelessness have limited access to bathrooms. Furthermore, Hallencreutz and Rydström (2020) stress that menstrual infrastructure is crucial for people with a uterus to be able to live a dignified life.

A different worker raises another interesting aspect. She expresses that Babadag Roma are overwhelmed by the abundance of different MHP available at the stores in Sweden:

I think many use toilet paper and clothes just because. Not always because of the money. Also because of not knowing what to buy. (Malin)

Malin points out that Babadag Roma, if they wanted to buy MHP, do not know what kind of product to purchase because they are swamped with options. This indicates a lack of menstrual literacy among the group. Zeng et al. (2021) relates with their observations of girls in rural China not knowing how to use MHP. One of the causes is the absence of discussion about menstruation within families because of shame and embarrassment (Zeng et al., 2021). This could suggest that Babadag Roma are embarrassed to talk about menstrual issues with their families which could imply an occurring menstrual stigma. According to Goffman (1963), an individual who carries a stigma tries to hide something private and shameful which can lead to isolation and anxiety. The girls in China from Zeng et al.’s study and the women from Babadag have in common that they grow up in rural areas. Therefore, another suggestion is that menstrual illiteracy is recurrent in poor communities.

7.2.3 Are MHP essential needs?

Most interviewees agree with each other that MHP are basic needs comparable to food, sanitation and water. One worker wishes that MHP would be free of charge in general because women did not choose to have periods:

[Menstrual hygiene] products should be free of charge for everybody, honestly. Because we didn't choose to have periods. For me and you, it might not be a big cost. But for others, especially if they have a big family, so it's the mother, the mother-in-law, daughters (...) One package [of MHP] will not last long. (Anna)

Anna addresses that the costs for MHP add up when one has a big family which is the norm for Babadag Roma. According to the professionals, it is common for many generations in the Babadag community to live together and share expenses. Therefore, if a family consists of many girls and women, the costs for MHP amass.

Another study participant reflects of how the necessity for MHP changed over time:

Maybe it [MHP] wasn't necessary in an agricultural environment where you didn't have a society that was built so much on interaction, but now I think they [MHP] are a necessity to live, to feel clean, to feel confident to feel that you can produce some value because if you feel ashamed about your condition, I don't think you can be so productive. Even if you have dirt on your face, you feel like something is devaluating you. If you have a [menstrual] stain there somewhere and go like that in the society, you're stigmatized. (Lasse)

In Lasse's opinion, MHP were not as necessary before the industrialization as they are today. In today's society, MHP are essential to feel confident and productive according to him. Furthermore, he compares bleeding through with having dirt in one's face which is shameful and one is stigmatized. What Lasse describes can be called menstrual stigma. Menstrual stigma "refers to the negative perception of menstruation and those who menstruate, characterizing the menstruating body as abnormal and abject." (Johnston-Robledo & Chrisler, 2013; Bobel, 2019, in Olson et al., 2022, p. 2). Persdotter (2022) found out in her study that menstruators suffer from emotional distress and considering themselves and being perceived as disgusting in relations to menstrual leaks. According to Strömquist (2017), people with a uterus are afraid of others noticing that they are menstruating. Goffman (1963) remarks that stigma includes a physical attribute that is not normalized in society and perceived as something negative. Menstruation can be considered such.

The lens of intersectionality suggests that menstruators who are poor have a higher chance of suffering from the consequences of menstrual stigma because the stigma is potentially more visible. According to Briggs (2021), menstruation management, such as calculating blood flows and an appropriate amount of MHP is energy consuming and imposes

additional work and planning on menstruators. Those who experience barriers to manage menstruation in public spaces, for instance women who are homeless are disproportionately affected (Holst et al., 2022). The process of appropriate menstruation management can certainly be considered a class issue. Insecurity about possible leaks, worries about not having enough MHP and not having secured access to shower and laundry facilities imply that it is difficult for Babadag Roma to take part in society.

However, one of the respondents is hesitant to classify MHP as essential:

No, I don't think so. I don't think that it's on the same level [as food]. No, of course not. Food you have to have. For periods you can put something else.
(Annika)

Annika does not consider MHP to be an essential need because there are alternatives that can be used. Yet, according to Geng (2021), substitutes, such as rags and toilet paper are health hazards and can lead to death in worst cases. From a feminist perspective, Annika's point of view could possibly be an example of how patriarchal attitudes are embedded in all of us. According to hooks (2004), the patriarchal rationale shapes us and is usually taught to us by our mothers when growing up, thus we are socialized into the system of the patriarchy. Many men and women support patriarchal action and thinking equally and consequently help to keep up the system; often unconsciously (hooks, 2004).

According to Criado Perez (2019), in a white patriarchal society, men are the default. Stories which are told, books that are written, art that is exhibited, opinions which are expressed and decisions that are made derive from men. Men's perspectives and experiences are everywhere, whereas the other half of the population is invisible (Criado Perez, 2019). Men and women have very different needs and live through different experiences. One of the interviewees addresses this differentness:

A woman needs a little bit more. There are a few extra steps that she needs to take and that's why the competition practically starts out on the wrong foot. Women sometimes need to choose between a pair of jeans or sanitary products. I saw in ICA the other day that they [MHP] are 99 kr. The point is that a pair of jeans is also 100 kr. A pair of jeans is essential to go to work. (...) It doesn't even make sense for me to choose between these kinds of thing. (Lasse)

Lasse talks about the injustice of women having to make extra effort in a patriarchal society by taking care of menstrual needs. He noticed that MHP and a pair of jeans cost the same amount of money. Both are essential to enjoy the right to participate fully in

society and cultural life by, for instance, going to work. Nevertheless, women need to choose if they purchase trousers or MHP according to Lasse.

This indicates that the patriarchy socializes us into thinking that women need “a little bit more” and “a few extra steps” by being able to manage their periods. If menstruation was normalized in all arenas of life, it would potentially not be considered extraordinary and problematic that half of the population menstruates. According to Geng (2021), it is important to acknowledge that periods are a part of every menstruator’s daily life. It is therefore important to make the distinction between equality and justice. According to Erdmann (2021), equality means that every individual benefits from the same kind of support. In the case of providing free MHP, equality means that every person, regardless of them menstruating or not receive free MHP. This would not make sense. Justice, on the other hand, focuses on removing the structural barrier and fixing the system (Erdmann, 2021). In the example of free MHP, justice would then mean that menstruating and non-menstruating individuals have equal opportunities in life, for instance by providing every person who menstruates with MHP. The Period Products (Free Provision) Scotland Act 2021 is an example of a just political decision.

At a later point during the interview, the same worker shares his views about the services at his previous workplace:

We were not specialized in expanding the universe of sanitation among women. We were focused on finding them more like a purpose in life, a job. And this is why this [menstrual literacy] was secondary all the time, even if it is important. Probably it should be included in the package, but it’s not the [center’s] purpose. But probably it is necessary because it affects the lives of women in general, especially if you need a job. (Lasse)

In the beginning of the quote, Lasse says that the aim of the center he previously worked at was not to distribute knowledge about menstrual health, but rather to find a “purpose in life”, for instance, by assisting Babadag Roma to find a formal job. In the end of the recite, he realizes that to be able to go to work, menstruators must first have access to MHP and menstrual literacy. Menstrual equity is therefore a precondition to feel confident to apply for work. It is unlikely that the women from Babadag have equal opportunities to finding employment in Sweden. They are women who live in poverty and additionally belong to an ethnic minority group that faces structural discrimination. According to

Wade et al. (2022), women who experience prejudice based on their ethnicity experience gendered racism and can struggle navigating through a sexist and racist society.

7.3 Menstrual infrastructure

The lack of menstrual infrastructure plays a key role when experiencing period poverty. The interviewees expressed opinions and thoughts about the issue and the two following sub-themes were identified: “Menstrual infrastructure at the social centers” and “Menstrual infrastructure in Stockholm”. The concept of stigma, feminist perspectives and the framework of human rights are used to comprehend the accounts of the interviewees.

7.3.1 Menstrual infrastructure at the social centers

All social centers provide bathroom and shower facilities for the women from Babadag. Menstrual infrastructure at the centers is therefore guaranteed during opening hours. One worker states that the center she works for allows women who are menstruating to skip the shower line so that they can take care of their menstrual hygiene as fast as possible. Human Rights Watch & Wash United (2017) state that NGOs must respect and promote human rights. The center’s routine to prioritize menstruating women in the shower queue suggests that the staff is aware of the impact that menstruation has on the enjoyment of human rights. Based on the account of the interviewee, it can be concluded that the center recognizes the importance of menstrual hygiene management (cf. Human Rights Watch & Wash United, 2017). Another interviewee exhibits women arriving at the center in a rush to use the bathroom. Additionally, most interviewees mention that the social centers they work for offer laundry facilities and some provide underwear and pain killers.

The Office of the United Nations High Commissioner for Human Rights (n.d. a) states that menstrual hygiene is part of the human rights to water and sanitation. To be able to enjoy these rights, the following requirements must be ensured: availability, affordability, accessibility, dignity, as well as safety and privacy (Office of the United Nations High Commissioner for Human Rights, n.d. a). It can be said that that the social centers promote the rights to water and sanitation, dignity, health and gender equality by

providing bathrooms, showers and laundry facilities. However, because of the limited opening hours of the centers, these rights are not warranted to Babadag Roma at all times.

7.3.2 Menstrual infrastructure in Stockholm

Since the women from Babadag are homeless, it is interesting to take a look at the availability of public bathrooms in Stockholm. Almost all study respondents express their discontent with the absence of menstrual infrastructure in the city. According to the interviewees, there are not enough public restrooms available and the ones that do exist cost money. One worker points out that even if the women decided to spend money on using a public bathroom, chances are that they need to pay by credit or debit card because Sweden is almost a cashless society. And in most cases the women from Babadag do not own a bank card. According to the study participants, often the only option for the women is to take care of their menstrual needs or to release themselves in parks, bushes or forests.

According to Criado Perez (2019), not having access to public bathrooms is the failure of urban planning. City planners exclude girls and women by gender insensitive design. The absence of public toilets is a health concern that affects especially girls and women because they are in need of a bathroom more often than men. One reason being that women have to change MHP. Research shows that toxic shock syndrome from using MHP for too long increases if there is a lack of available changing facilities. One out of three girls and women worldwide are not able to access safe bathrooms and 97 billion hours are spent by girls and women finding a restroom (Criado Perez, 2019).

One interviewee says that she met with decision-makers from the City of Stockholm to discuss the absence of public toilets. Before the meeting, the city had received complaints from people living in a residential area close by a park about Roma releasing themselves in the park.

That's one of the biggest challenges the city has. (...) The topic about public toilets came up [at the center] and then we organized a meeting with Stockholms stad to look at the problem. We had some network meetings because we were thinking about specific places where they [Stockholms stad] could put at least temporary toilets. It's definitely a question of will. But the city's argument was that they have had big issues with people vandalizing public toilets. So that's why they decided to not put up any temporary ones. But then you [Stockholms

stad] cannot complain that people are using the park [to release themselves].
Actually, one of the reasons why [name of the center] started to open early in
the morning was so that people could use the toilets. (Malin)

Malin discloses that her advocacy to equip Stockholm with portable toilets was denied by decision-makers. One of the reasons for the denial was that portable toilets had been vandalized in the past. Malin states that if the city does not offer sufficient public toilets, people who live in homelessness need to release themselves in parks because they do not have other options. Furthermore, she explains that the opening hours of her former workplace were based on the needs of the clients. From an intersectional feminist perspective, the decision to open the social center early shows that the staff are aware of the obstacles Babadag Roma face being homeless.

Sweden ratified the ICESCR in 1971 which includes the right to an adequate standard of living. The right to clean water and sanitation is embedded in this right. However, Babadag Roma are not granted these rights. Another right which is violated by not providing enough public toilets is the right to dignity. When people must change MHP or release themselves outdoors because they have no other option, their right to dignity is not protected. Women are affected disproportionately. Criado Perez (2019), points out that though it can be shameful for men to urinate in public, it is humiliating for women and considered unacceptable to do so.

Furthermore, Malin expresses her discontent and disappointment with the decision of removing a cheap shower possibility at the central railway station:

There were very cheap shower facilities in T-centralen. But they [Stockholms stad] took them away because they've seen that there are many people using them. Instead of understanding that there is a need, they took them away, so they don't have to handle the situation. (Malin)

Malin states that instead of recognizing the popularity of the shower facilities as a need, the City of Stockholm made the decision to remove the facilities because of its high demand. According to Malin, the city was overwhelmed and not able to manage the situation.

This demonstrates the power dynamics between the City of Stockholm and a disadvantaged group. According to Young (1990), powerlessness is one “face” of how

oppression occurs in society. Homeless persons possibly experienced powerlessness when the city decided to discontinue the shower facilities.

When people do not have access to clean water to take care of their personal hygiene their right to dignity is endangered. Menstruators are affected disproportionately because not being able to take care of menstrual needs is a threat to living a dignified life (United Nations Population Fund, 2017). The social centers seem to be the only places in Stockholm where Babadag Roma can take showers and thereby they contribute to the promotion of human rights.

Another respondent addresses the costs of bathroom and changing facilities:

Having access to a toilet is becoming an issue. It costs like 10 crowns, 15 crowns. I'm not sure how much it costs but the price has an impact. 10 crowns might not be a lot for a Swede, but it is a lot for a homeless migrant who has to collect 10 cans to use the toilet. Sometimes they have to walk for 1 hour to get 10 cans just to spend it on a pee. I'm thinking that all [Babadag] women could get at least one toilet pass per day. (Lasse)

Lasse points out that the costs for using a public bathroom has an impact on Babadag Roma. According to him, SEK 10 might not be a huge sum for a Swede, but for a homeless migrant, it means investing time to collect 10 cans first, only to use the bathroom. As a solution, he suggests that the women from Babadag could get one free toilet pass per day. Lasse's idea can be considered an intersectional feminist approach to partly removing a structural barrier because it would reduce the injustice menstruators experience in the patriarchy.

By providing bathrooms, the social centers promote the women's right to water and sanitation, dignity, health and gender equality. The following quote from a worker emphasizes the challenge Babadag Roma face when in need for a bathroom in the center of Stockholm:

The first thing is that there are not a lot of [public] toilets and the other thing is that you need to pay for them. Most of them prefer to not use money for the toilet, but to buy something that they need more or to send the money to their families in Romania. It's a big problem if they don't have a social center to go. (Lisa)

Lisa says that there is a lack of availability of free public bathrooms in Stockholm. Moreover, she addresses another crucial reality. Whatever the women from Babadag

decide to purchase is thoroughly thought through because spending money means they will have less money to send to their relatives in Romania.

Malin raises the issue of not being able to use the bathrooms in restaurants:

There are many restaurants that use codes for the bathrooms now. They [the restaurant staff] kick you out if you just want to use the toilet and I think that there are two reasons. Definitely many have discriminatory attitudes. They [the restaurant staff] don't want them [Babadag Roma] inside. And the second reason is the fact that they [Babadag Roma] used the restaurant toilets for washing their clothes or themselves in the sink. They were taking too much time and there was a mess after them. So, of course restaurants restricted access. (Malin)

Malin says that in order to use the bathroom in a restaurant, one needs a code. One of the causes is that the owners do not want to have Babadag Roma inside their premises because of “discriminatory attitudes”. She also adds another reason. Before the codes were installed, the women from Babadag had washed themselves and their clothes in the restaurants’ bathrooms which resulted in the restrooms being occupied for a long time and “a mess” after the women left. While pointing out discrimination, she also shows understanding for the problems the restaurants face when being confronted with occupied and dirty bathrooms. According to Goffman (1963), people who deviate from the social norm, such as Roma are stigmatized. They have a disadvantaged position in society and are easily recognizable and discriminated against (Goffman, 1963). The women from Babadag have a distinct dress code and are easily noticeable by the restaurant staff because of their appearance. If the restaurant staff had biased attitudes towards Babadag Roma, it could be considered gendered racism towards a stigmatized group.

7.4 Menstrual literacy

The third theme includes four sub-themes: “(Menstrual) illiteracy among the women”, “Menstrual knowledge provided by the social centers”, “Structural barriers to public health care” and “Networking with relevant actors”. The narratives of the study participants will be analyzed using social support theory, feminist perspectives and the framework of human rights.

7.4.1 (Menstrual) illiteracy among the women

All interviewees recognize insufficient menstrual and reproductive health knowledge among Babadag Roma. According to some of the study respondents, this is due to most girls not attending school in Romania and if they do, they drop out after a few years. Therefore, they do not receive sex education and menstrual knowledge from school. One worker describes the situation:

Most of them didn't go to school, but in school they explain to you what happens when you get your period. Most of them didn't get this information. (Lina)

In Lina's opinion, the responsibility of teaching girls about menstrual and reproductive knowledge lies with educational institutions. Since many girls from Babadag do not attend school, they do not have the opportunity to obtain menstrual literacy. Holm (2021a) agrees that schools have the responsibility to provide girls with menstrual knowledge because they have the power to tackle the taboo and shame surrounding periods.

Anna points out the strong gender roles embedded in the patriarchal environment Babadag Roma grow up in:

The ones that I met [from Babadag] don't have any education. They were not allowed to go to school. As a woman, the main focus is to get married, to have children and to take care of the house, the children and the husband. And to be honest, I'm not so sure how much information they get when they have their first period. (Anna)

According to Anna, none of the women from Babadag she has met were allowed to go to school. While boys receive basic education, girls are expected to get married, have children and take care of the chores at home. Moreover, Anna doubts that the girls have sufficient knowledge when they menstruate for the first time. According to the BBC (2021), the lack of not having enough information when experiencing menarche results in young girls believing they are dying at the onset of menstruation. Anna's narrative is an example of how being a girl or woman intersects with being poor and simultaneously belonging to an ethnic minority group. Strong patriarchal gender norms and the necessity to help their mothers with household chores prevent young girls from Babadag from attending school where they would not only obtain literacy skills, but also receive (menstrual) health education which would spare them from a possible traumatic experience when encountering menarche.

Another study participant agrees that the motivation for girls not attending school or leaving school early is the financial situation of the family where the focus is on making ends meet:

It was quite early identified that many had very little knowledge about what actually happens in their body. I think it's because of education. The girls stop going to school quite early. (...) Maybe when you are poor, you don't have enough support to continue school and maybe you have to help your parents earning money. (Malin)

Malin points out that the professionals identified that the women from Babadag lack menstrual literacy. She agrees with Lina when placing responsibility of distributing menstrual knowledge to the educational sector. Furthermore, Malin confirms that girls need to help earning money or help their mothers with household chores and taking care of younger siblings.

Receiving good education is not only a goal of feminism (hooks, 2015); it is also a human right and an SDG. However, Malin's statement demonstrates how class and gender intersect through the example of depriving the girls and women from Babadag of schooling. By being illiterate they do not obtain the foundation for acquiring knowledge and information. This prevents them from being able to think critically and question patriarchal norms which in return perpetuates these norms (cf. hooks, 2015)

7.4.2 Menstrual knowledge provided by the social centers

In addition to providing access to MHP and menstrual infrastructure, the centers offer information regarding menstrual and reproductive health for Babadag Roma which can be classified as informational and possibly emotional support (cf. Taylor, 2011). One worker expresses:

What I hope is that the women spread the knowledge they gained at the shelter [the center where Anna works] to their daughters and family and everyone. (Anna)

Anna hopes that the women from Babadag share the menstrual knowledge they obtain at the centers with others so that as many Babadag Roma as possible have access to the new insights.

Menstrual and reproductive health information at the centers can look very different in practice. One interviewee describes that she has explained the different sizes of menstrual pads and daily panty liners and when and how to use them. She also clarified to Babadag Roma how to change a pad and how to properly get rid of menstrual trash after noticing that the women discarded the used pads in the toilet. Another of her observations was that some Babadag Roma threw out their underwear after the use of a menstrual pad. It remains unclear if this happened because of the lack of knowledge or for other reasons. Furthermore, the workers mention that the women do not use tampons because they are unsure about the different sizes and they are hesitant about how to use them properly. Moreover, according to some workers, the women are afraid that the tampon will get stuck inside of them.

The staff at the centers counteract the absence of menstrual literacy by providing knowledge and education regarding reproductive health to the women they meet. This can be understood as social support. According to Taylor (2011), social support is divided into three categories: informational, instrumental and emotional support. Informational support is, for instance, explaining how MHP work or referring the women to a health care provider. Providing MHP and changing facilities can be regarded as instrumental support. An example of emotional support is empathetically listening to the women's problems and questions (cf. Taylor, 2011). However, social support can also simply be the perception of help and support being available when needed (Taylor, 2011). This means that only by knowing that the centers exist, social support can potentially be experienced by the women from Babadag.

According to Goffman (1963), those who work with stigmatized people in settings that provide services for them are so-called wise people. Hence, the workers who were interviewed for this dissertation can be called wise. The wise and the stigmatized accept and validate each other (Goffman, 1963). The fact that the women from Babadag ask intimate questions and share personal issues with the staff from the social centers can be proof of a trusting relationship.

One interviewee raises the topic of menopause which is often overlooked:

Someone [from the Babadag Roma group] said: "I didn't get my period for three or four months. And then I got it again. What's happening?" So, we explained what menopause is. A woman is not just the period part. You also have an after.

And we were talking also about all the changes during menopause, the flashes and mood swings. (Anna)

Anna addresses the lack of awareness regarding menopause among the women from Babadag. Apparently, a woman visiting the center where Anna works felt insecure about what was happening with her body because she did not menstruate for a few months and therefore consulted Anna who then explained what happens during menopausal transition. Anna's account highlights the advantages of an inclusive workplace for the clients. Vaux (1990) points out, the more diverse a work environment, the better information and assistance, therefore employing people of all ages adds value to the services of the organisation.

One study participant wishes for more educational classes for the women at the centers:

...more classes about how to properly use pads and tampons. And I think it should be a doctor or a nurse who implements the classes because it's more trustworthy when a doctor says it. (Lotta)

Lotta recognizes the need for educational classes about how to use different kinds of MHP properly. According to her, these classes should be implemented by medical professionals for credibility reasons.

According to some of the workers, distributing menstrual information can be challenging because Babadag Roma are not used to sitting down and listening to lectures. Moreover, most of the women did not attend school in Romania and are illiterate. Wade et al. (2022) mention the importance of accessible health promotion classes for women experiencing vulnerability. Classes must be geographically accessible, interactive and informative. Formal education while sitting down is not favoured, instead classes should be participative and fun. Useful group settings would be those where participants who share similar experiences meet (Wade et al., 2022).

One interviewee explains the women's reluctance to formal classes:

We had this specific project at the center about health. The plan was from the beginning to have educational meetings for women. But then it changed as they are not used to sit in classes and have patience to get information presented in a more structured way. (Malin)

Malin reveals that the staff at her previous workplace planned to implement educational meetings for women about menstrual and reproductive health. At one point, the workers

noticed though that Babadag Roma are not patient enough to receive information in such manner.

On the contrary, the same worker remembered a very unofficial situation, where the center's staff interacted with the women by showing them how to use a phone app regarding menstrual and reproductive health:

We, the female staff at the center, installed an app on our mobile phones which showed how menstruation works with videos and digital interactive pictures. It also showed what happens during pregnancy and what happens in the body in general. For five minutes we were just sitting and drinking coffee with the women, not having a specific activity. We had resources for the staff to have time to do so. (Malin)

Malin demonstrates how beneficial spontaneous and unobtrusive conversations with Babadag Roma are. Sitting down in a peaceful environment with the women, taking time and drinking coffee was indeed an approach that was mentioned by several interviewees. According to many study participants, being genuinely interested in the women from Babadag is crucial for making them feel comfortable to open up. Another respondent expresses how meaningful it is to meet Babadag Roma in a respectful and caring manner at the social centers.

Vaux (1990) agrees that social support is always dependent on the setting and personal characteristics, such as personality type, social skills and stress level. The atmosphere where social support takes place plays a key role. It is easier to discuss a personal problem, for instance menstruation, in a calm and peaceful environment than in busy surroundings or when the staff is stressed (cf. Vaux, 1990). Furthermore, Vaux (1990) adds that offering social support to others means establishing a connection. In fact, connection, trust and being curious are key words that are mentioned by some of the interviewees. By being curious about the women's lives and meeting them in a calm and respectful manner, the study participants show awareness of the importance of how to approach and meet the women and eventually be able to connect with them.

According to Vaux (1990) different modes of supportive behaviour are embedded in social support theory: emotional, guidance, material socializing, feedback and practical. The interviewees gave numerous examples of all of these, for instance listening to the women, linking them with health care professionals, providing them with MHP, and arranging menstruation workshops.

Vaux (1990) stresses the importance for the person giving social support to detect what difficulties people are experiencing and what kind of support is adequate. Taylor (2011) agrees and states that the actions of the social support provider must meet the needs of the recipient for successful support incidents. At times, this can be challenging for the workers. Some of them point out the high workload at their workplaces which results in not having as much time to sit down with the women as they would wish though Vaux (1990) stresses that having sufficient uninterrupted time with people is a key factor in giving social support.

To counteract the lack of menstrual literacy, the staff at the social centers hand out health related advice and answer the women's questions. However, some respondents hope to focus more on health. One interviewee says:

We need to focus more on health. There is not enough focus on health support in general, not even in the NGOs. They [the social centers] offer a lot of food. They focus on providing food, offering a place to sleep and helping people to find jobs. (Malin)

Malin states that the centers mainly focus on food, sleeping and finding a job. Nevertheless, she believes that health information should be prioritized.

At the same time, Malin and another study participant stress the importance of starting to educate girls and women already in Romania:

You cannot change so much when they are already in Sweden. You can be available and try to change small things by solving a challenge they go through. (Malin)

Malin expresses that the women can only be supported to a certain extent when they are in Sweden. The options of learning about reproductive health are limited because they are not part of the social welfare system and have no Swedish and English language skills.

The implication here is that education is a precondition to combat period poverty. By addressing the issue and informing the women from Babadag about menstrual and reproductive health, the social centers promote the right to education and the SDG of good education.

7.4.3 Structural barriers to public health care

There seems to be confusion among the interviewees about the rights to access the public health care system without having a Swedish personal number. While some state that the women cannot receive health care from public health care centers (*vårdcentral*), other respondents say that they do have the right to access the public health care system. However, the workers express that it is challenging in practice and depends on the individual working at the reception of the health care center and how much knowledge they have about who has the right to consult the health care provider. Therefore, Annika stresses the importance of a worker accompanying the women from Babadag to the public health care center:

It is possible to go to vårdcentralen. They have to take you in. But I know it's not easy. They [Babadag Roma] have the right to go there, but it looks different in practice. You have to fight for your right. Vårdcentralen can make a special number [reservation number] for them [Babadag Roma]. Some clinics say they cannot. So you have to convince the staff there. The workers [at vårdcentral] are not trained enough. Some places have been taught the rules [regarding people without a personal number] and they know what to do, but usually you need help and take somebody with you who can talk for you and explain. (Annika)

Annika says that Babadag Roma have the right to receive public health care. The reception staff at the public health care clinics can create a so-called reservation number (*reservnummer*) in case a person does not have a Swedish personal number. In practice, it is difficult though to receive help from public clinics according to Annika. She believes this is due to the lack of trained health care staff. Furthermore, Annika says that the language barrier between the medical staff and Babadag Roma is a challenge when consulting the clinics. In order to receive medical attention, Annika experienced it helpful to accompany the women from Babadag.

It can be said that, in the moment, this practice is beneficial and leads to medical examination. However, relying on another person to speak up for oneself undermines a person's integrity and dignity. Annika's narrative proves that Babadag Roma experience difficulties accessing the health care system even though Sweden ratified the ICESCR and is therefore obliged to guarantee medical care to everybody residing in the country regardless of their legal status or language skills. In fact, earlier this year, Amnesty International and Doctors of the World reported the Swedish state to the European

Committee for Social Rights for violating “vulnerable EU citizens”“ human rights (Amnesty International, 2023). According to Amnesty International (2023), “vulnerable EU citizens”, among them Babadag Roma, are denied access to medical care and forced to pay full costs after care has been provided which results in many avoiding seeking care due to the fear of costs that are impossible to pay. Marginalization and powerlessness are two “faces” of how oppression occurs in societies according to Young (1990). Annika’s account describes how not having a Swedish personal number excludes people from accessing health care. Moreover, it demonstrates the power relationship between an ethnic minority group and decision-makers (cf. Young, 1990) and emphasizes the fact that Babadag Roma are powerless and stripped off their rights in a society that excludes them.

7.4.4 Networking with relevant actors

Since receiving public health care is challenging for Babadag Roma, the study participants report that the social centers they work for collaborate with one or more health care providers in Stockholm. The interviewees mention, for example, Doctors of the World (*Läkare i Världen*), The Red Cross (*Röda Korset*), RFSU and Mikamottagningen. All of them, except for Mikamottagningen, are NGOs. The cooperation between the health care providers and the social centers can look very different as this study participants explains:

We try to link them [Babadag Roma] with different organisations that can help them, for example, RFSU. We also have a partnership with Mikamottagningen, who is coming twice per month to our center if they [Babadag Roma] want or need consultations or information about health. (Ida)

Ida mentions that she and her colleagues refer the women from Babadag to other organizations where they can get professional medical advice. On other occasions, collaborating means offering regular health care services directly at the social centers by the networking partners.

A third form of cooperation is to invite health care professionals for specific activities. According to one interviewee, some women from Babadag do not trust the information they receive from the workers at the centers. When she realized this, she contacted a professional from one of the health care clinics to visit the center:

I invited someone from Mikamottagningen. First of all, I asked them [Babadag Roma] if it is okay to invite someone to talk about health. (...) The nurse came

over and we [the center] opened earlier. The nurse explained about menstruation and at the same time, we had a discussion about contraceptives. (Anna)

Anna explains that before contacting the health care provider, she asked the women from Babadag if they are interested in meeting a medical professional at the center. Regardless of how many women were interested, Anna invited them over to discuss menstruation and contraceptives.

According to Vaux (1990), developing and maintaining network resources are employed to create effective social support behavior. A large network and close network relationships result in more resources, expertise, better quality and greater motivation to help (Vaux, 1990). By networking with other organizations, the social centers are able to offer informational support to the women from Babadag. The various kinds of networking between the centers and third sector health care providers suggest that the social centers are aware of the benefits of close network relationships.

7.5 Menstrual taboo

The final key theme includes the sub-themes “Embarrassment to ask the staff for MHP”, “Menstruation is a woman’s problem” and “Scepticism towards outsiders”. The narratives of the study participants will be analyzed by the concept of stigma and feminist perspectives.

7.5.1 Embarrassment to ask the staff for MHP

In most cases, Babadag Roma need to ask a staff to receive MHP. Many study participants state that most of the women were embarrassed to ask for MHP in the past, but since many are recurrent visitors, the workers were able to build a trusting relationship and create an open environment where the women feel less ashamed to ask. One interviewee explains the situation as follows:

In the beginning, it was a taboo subject. We couldn't reach out. I started opening the subject and they were blushing. But then, since I'm a woman, we started to build a connection and trust. But this took time. It wasn't overnight. I started to tell them what's happening with my body, what kind of problems I have and

how I cope with them. (...) We talked about pain during menstruation and how often you have to change the pads. (Anna)

According to Anna, a good and trusting relationship between the workers and the women from Babadag is important to connect. She says that building trust took time. Another approach she finds beneficial when interacting with the women is to share problems that she experiences.

Another interviewee adds that previous projects targeting the women's health helped in feeling less embarrassed about asking for MHP:

If I compare how it was a couple of years ago and how it is today, I say that before, they were more embarrassed. But now, because of so many health projects, they are more open. But if men are around, they are more shy and they are more stigmatized. (Ida)

Ida refers to several projects which were implemented in different cities in Sweden in recent years. In her opinion, the projects resulted in the women from Babadag feeling more comfortable asking for MHP and talking about menstruation with the staff. However, only in the absence of men.

Two other professionals experience that the women feel more serene asking for MHP when there are no male staff and male clients around:

I think it's easier to talk to women and to ask women for [menstrual hygiene] products... For me too. If I was in a restaurant, for example, I'd ask a woman, not a man [for MHP]. (Annika)

For some of them, it's not a problem. They ask anyway. And others are a bit shy. It also helps that it's just women there [at the center], but even then, some of them are very shy and whisper when asking for pads. (Lina)

Annika says that she would also prefer to ask a woman instead of a man for MHP. Lina mentions that even around other women, some Babadag Roma are shy and feel inhibited to ask for MHP. Being chronically shy creates difficulties receiving emotional, instrumental and informational support according to Taylor (2011). This suggests that it is possible that Babadag Roma who are shy do not get the support they need. However, being hesitant about asking for MHP does not necessarily mean that an individual is shy. According to Garthwaite (2016), people experience embarrassment and shame when having to ask for MHP at foodbanks. By having to ask a staff at the social centers for

MHP, Babadag Roma are compelled to reveal that they are menstruating. Thus, they are not in control of hiding their menstrual stigma since they disclose their shameful flaw to others (cf. Goffman, 1963). In order to respect people's integrity and maintain menstrual privacy, RFSU (2021) suggests applying a strategy where menstruators do not have to ask around for MHP.

7.5.2 Menstruation is a woman's problem

Briggs (2021) remarks that not being able to afford to purchase MHP causes stress and anxiety because of the risk to bleed through in public which results in stigmatization. This fear of social disclosure is often so overwhelming that women decide to not engage in social life and stay home when they are menstruating (Briggs, 2021). Staying at home is not an option for Babadag Roma because they lack proper housing in Stockholm.

One of the workers imagines that the women from Babadag feel unsafe when menstruating in public:

You don't have a place, you don't have a house. You don't feel safe changing [menstrual hygiene] products. You always have to be scared. Maybe somebody is coming. (Annika)

Annika refers to the "vulnerability" of homeless women when menstruating. She assumes not feeling safe is scary.

Babadag Roma who sleep in the forests outside of Stockholm could hypothetically stay there instead of coming to the central areas to beg or collect cans and bottles. However, there is another obstacle of telling their husbands and/or families that they are menstruating and are not able to go beg. According to the study participants, talking about periods is a taboo in the culture the women come from. The following quotes regarding menstrual taboo are made by the interviewees:

Almost all cultures that I worked with at the center have degrees of shame. But the Roma from Romania are the most feeling shame about menstruation. (Lasse)

Lasse compares the extent of shame among the women from Babadag with female clients from other cultural backgrounds. In his opinion, women from other countries do not display as high levels of menstrual shame as the women from Babadag.

Anna discloses that the women from Babadag do not talk about their periods with their husbands:

You cannot share this kind of woman problem with your husband. This is something that only you deal with. It's your problem. You don't have to share it. (...) It's really important that the others don't know that you are having your period. It's a kind of shame. I once told someone that if she doesn't tell her husband that she is having her period, she could be pregnant and therefore, the husband has to be involved. (Anna)

Anna refers to menstruation as a “woman problem” which is not meant to be shared with others. Once, she told a women from Babadag that her husbands must be part of the discussion because menstruating is a precondition to becoming pregnant which consequently affects both.

Annika and Stina disclose that women who menstruate are considered dirty in many cultures:

Women who are menstruating are not clean. That's why you have to hide it and not show it. In many cultures it is like that. (Annika)

No way! For the Roma people it's a big shame. For example, if a woman has her period, she is not accepted to cook food because she is seen as unclean. (Stina)

Annika states that women try to hide their periods because they do not want to be perceived as unclean. Stina refers to what she heard several years ago from some women from Babadag. Apparently, when a woman is menstruating, she is not allowed to cook food because she is not considered clean.

Malin agrees with Annika and Stina:

You cannot bring it up in the family and it's difficult to talk even with your mother-in-law. You would think that they are women, they can relate to the same problems. (...) In very traditional Roma families, women are seen as unclean. It's a shame if you smell just a little bit or have [menstrual] stains. That's not only when menstruating, but in general, the women are unclean halfway down. (Malin)

Malin wishes for more support from female relatives. Furthermore, she refers to the embarrassment women experience if bleeding through or if odours occur because of the lack or wrong use of MHP. Malin's and Stina's recites clearly demonstrate the existence

of menstrual stigma. Babadag Roma can be considered self-conscious menstruators who are expected to hide their periods (cf. Goffman, 1963). Menstruation is a shameful differentness which leads to discrimination and exclusion (cf. Goffman, 1963).

The adjoining quote shows that in addition to the stigma surrounding menstruation, there is another element of why periods are not addressed in the families. The aspect of not wanting to be a burden:

If you grow up in a family with a lot of challenges, they [menstrual issues] are not things that you usually talk about. It's just...normal that you will not talk about those things. If you have pain or if you feel uncomfortable, you just have to accept it. It's not something to discuss. (Malin)

Malin points out that in families who face a lot of problems, menstruation is not a priority to discuss. Periods are considered something that women just have to deal with.

Not talking about periods and asking for help contributes to “upholding menstrual etiquette” (Law (1990) in Briggs, 2021, p. 94). It ensures that menstrual related issues remain hidden and reinforces unequal power relations (Briggs, 2021). According to Bashford (2020), women are socialized into being nice, quiet and good. Female uncensored voices and their energetic presence are not supposed to be heard and seen. Women are masters of holding back and covering up because the controlling patriarchy expects them to not be “too much” and not taking up too much verbal and physical space (Bashford, 2020). This emphasizes that menstrual activism does not exclusively take place in public places or online. It can happen at an individual level when people talk about periods with family and peers. Breaking the silence means being period positive which can eventually result in normalizing menstrual issues.

Another worker ponders about the possibility to involve men in the discussions:

Another thing that can support the women is to talk with the men. Because there is a connection. It's quite sensitive though. If men's perception can be changed, then women will also change their perception. (...) In my experience, it's better when men are involved, taking into consideration the hierarchy and their cultural background. (Ida)

Ida is conscious about that creating change and destigmatizing periods involves inviting men to the discussion. She is aware that this is a sensitive issue. In fact, many study participants express that the women feel more comfortable talking about menstruation and

reproductive health when their husbands, fathers or brothers are not present. Malin confirms this:

[Name of the center] has an area at the center only for women. And it's directly connected to the washing room. That helped a lot because there was a place where men are not allowed to come in. And we could see that most were open to talk with other women when specifically there were women only from their own group and not other Roma groups. (Malin)

Malin refers to a designated area in one of the social centers which is only available to women. Men do not have access to this part of the center. She also highlights that being among their own Roma group in this section of the center helps the women to feel comfortable to discuss menstrual health issues.

Social norms and strict gender roles of the patriarchy can make it challenging to include the men from Babadag in menstrual conversations. In addition, it is questionable if the women from Babadag would feel comfortable discussing menstrual issues in the presence of men. It is clear that menstrual stigma lingers over the group.

According to Link and Phelan (2001), stigma includes labelling, stereotyping, separation, discrimination and power play. To create stigma, people must be divided into groups. The division is done by oversimplification (Link and Phelan, 2001). In relation to this research, there are people who menstruate and people who do not menstruate. The second component of stigma is when labelled differences are linked to stereotypes (Link and Phelan, 2001). Stereotypes menstruators face are, for instance, that they are unclean and cannot control their emotions. Here, Link and Phelan (2001) raise awareness to the concept of John Henryism which is the impulse to do everything to disprove the stereotype. Two interviewees express that Babadag Roma are extremely “clean” and that smelling good is important to them. One worker reports that a group of women from Babadag washed their vulvas with regular soap because they wanted to be clean. The practice resulted in inflammation which was the reason the worker was consulted. The third element of creating stigma is separation according to Link and Phelan (2001). It is “us” men versus “them” women. The three previous components lead to the fourth one which is discrimination. The stigmatized group is devalued and excluded (Link and Phelan, 2001). Coleman Brown (2013) goes even as far as saying that stigma is social death because people who are not stigmatized treat people who are stigmatized as if they were non-existent. According to Link and Phelan (2001), discrimination can be direct or

structural. An example of direct discrimination is that some women are not allowed to cook food when menstruating. The absence of public toilets and not providing free MHP for all menstruators can be considered structural discrimination. The fifth component of stigma is power. Power is crucial to create stigma (Link and Phelan, 2001). In the patriarchy, men are the ones in charge and have the power to create stigma.

7.5.3 Scepticism towards outsiders

According to hooks (2015), bonding by talking to other women is enriching. Most interviewees said that some Babadag Roma do talk with their female relatives about menstrual health issues. But what became clear when analysing the data is that men are completely left out of the conversation. One worker said that the knowledge the women get from their own “family cell” is very limited and there is not much room for being curious and asking questions because of the taboo.

Two other study participants address the potential dangers of knowledge which are passed on within a specific group:

I think it depends on age and education. But what I see is that it's still a taboo and it's still a subject that is not so well discussed among them. The education that they have is like a network between the girls. If one knows something, or finds something out, she spreads it to the rest. But there's a lot of misinformation there. Because each one understands from its own perspective. (Lasse)

Lasse refers to the talks between the younger women from Babadag as a “network between the girls”. According to him, they share useful information with their relatives and friends. However, Lasse pinpoints to the possible misinformation this entails.

According to Criado Perez (2019), women's health is disregarded in conventional scientific studies. Studies suggest that MHP contain dubious chemical compounds. However, there is little research on how these ingredients affect menstruator's health (Nicole, 2014). Therefore, diminishing the knowledge of Babadag Roma seems unreasonable.

Lotta points out the importance of education regarding potential misconceptions:

I think taking care of your body is very connected to education. Education can destroy all the myths and you might realize that what grandma told you might not be true. So it starts with education which is very hard to impose. (Lotta)

According to Lotta, by obtaining education, the girls and women from Babadag do not need to believe in “myths” that other people tell them because education has the power to make them question such myths. hooks (2015) agrees and underlines that education fosters critical thinking.

Some interviewees state that the women from Babadag trust the menstrual knowledge they receive from their own group more than professional opinions they can obtain from medical staff. Malin reports:

There is a lot of group pressure. If somebody heard that one specific product is the best or what is the best way to do something, they all follow that. It doesn't matter if a nurse or a professional staff in front of them tells them something else. (Malin)

Malin indicates that the women from Babadag rather believe in the knowledge of their own group than in the expertise of medical professionals. Analysing Malin's account through the lens of intersectionality implies that the women experience security and safety within their own group and therefore, it can be difficult to allow “outsider knowledge/opinions” about reproductive health from the majority society when having been excluded from them for centuries.

In addition to the menstrual stigma that the women from Babadag carry, it can be said that men and women from Babadag possess the stigma of ethnicity and the stigma of negative character traits since they are homeless (cf. Goffman, 1963). By sharing the two latter stigmas, the men and women from Babadag are considered sympathetic others that accept each other because they possess the same stigma according to Goffman (1963). By being sympathetic others, the group might experience a sense of belonging (cf. Goffman, 1963).

One interviewee points out that this feeling of belonging to a group is comforting:

They have been excluded for hundreds of years and learned that the only security is within the group. And to be part of the group, you have to follow the rules. (...) The situation with the Roma is not directly a result of the fact that they have a very strict culture. It's mostly a result of social, economic exclusion. (Malin)

According to Wakefield et al. (2019), our social world is formed by the feeling of we-ness that we get when belonging to a group. Group identification is closely linked to our well-being and has a direct effect on physical and psychological health. When experiencing discrimination from the majority group, minority group members can experience an increased sense of belonging (Wakefield et al., 2019). hooks (2015) consents and states that collective struggle binds people together. This indicates that the men and women from the Babadag community feel unified because they experience discrimination and poverty together.

7.6 Conclusion

Five key themes were established by analysing the data using thematic analysis: Awareness of period poverty, Access to MHP, Menstrual infrastructure, Menstrual literacy and Menstrual taboo. Although most study participants were not aware of the concept of period poverty, they acknowledged the phenomenon and referred to numerous practical examples of period poverty and its effects on Babadag Roma. The workers believe that the women are affected by period poverty because they ask the staff for MHP. They do not have enough financial resources to purchase MHP. A discussion evolved around the question if MHP are essential needs. Furthermore, period poverty is identified by the absence of menstrual literacy among Babadag Roma. The social centers counteract period poverty by providing MHP, bathrooms, shower facilities and laundry services. Moreover, the staff provides menstrual knowledge and collaborates with non-profit health care providers. According to the study participants, shame and stigma surrounding periods is prevalent in the Babadag community. This results in the women being considered unclean by the men of their group and prevents them from talking about menstrual health particularly when men are present. Furthermore, the interviewees state that Babadag Roma are sceptical of knowledge that comes from outside of their own group. The social centers promote fundamental human rights by providing the women with MHP, bathroom and shower facilities, menstrual health advice and by connecting them with health care providers.

8 Discussion

This chapter rounds up the dissertation. It starts with a thesis summary, discusses helpful approaches when working with the women from Babadag and provides recommendations for organisations that work with Babadag Roma. Moreover, it stresses the importance of the incorporation of human rights at the social centers. Challenges for interventions on a political level are mentioned before the chapter concludes with suggestions for further research.

8.1 Thesis summary

The aim of this study was to generate scientific knowledge about period poverty among Babadag Roma residing in Stockholm, as well as the work carried out by NGOs from a human rights perspective. Scientific period poverty research in Sweden is non-existent. Internationally, period poverty has only gained attention in recent years and most of the studies focus on low-income countries. Period poverty is gendered poverty because it exclusively affects people with a uterus. Period poverty affects the right to health which menstrual health is part of. Furthermore, the right to dignity, the right to an adequate standard of living, the right to non-discrimination and gender equality and the right to fully participate in society and cultural life are relevant when discussing menstruation and period poverty. Moreover, the enjoyment of the right to education and the right to work are affected when experiencing period poverty. Good education and clean water and sanitation are SDGs that period poverty is linked to closely.

Stigma and deep-rooted shame surrounding periods is one of the causes for period poverty. Therefore, menstruation must be made more visible and period poverty awareness must be raised among social workers, medical practitioners, scientists, teachers and the general population. According to Casola et al. (2022), NGOs can help to raise awareness and engage policy makers. Discussions in academic settings are also desirable. Teachers and health practitioners should be made aware of period poverty which could lead to discussions about menstrual health and result in normalizing periods. The absence of attention to period poverty in research, society and medicine results in conditioned self-silencing of menstruators' needs and adds to a spiral of silence in society (Casola et al., 2022). The literature review suggested that access to MHP and public bathrooms may be

better in high-income and less patriarchal countries compared to low-income countries. Furthermore, girls are not expected to drop out of school to help their families to earn money or with household chores in high-income countries. They have a higher possibility to get an education and learn about reproductive health at school. However, stigma, shame, embarrassment and taboo surrounding menstruation remain even in high-income countries.

If our society is serious about democratic values and the human rights of all people's equal value, equality and solidarity, providing free MHP to every menstruator is necessary and overdue. It is inhumane if menstruators have to worry about straining their finances because they need MHP, about not having changing facilities close by or endangering their health because they are forced to use products for too long. Casola et al. (2022) state that distributing free MHP alone is not addressing the structural and discriminatory problem and inequality of period poverty. Nevertheless, it is a relief to menstruators in need (Casola, et al., 2022).

Babadag Roma are so-called “vulnerable EU citizens” who use their right of free movement within the EU to come to Sweden in search of a better life. They sleep in the streets of Stockholm and in the forests outside of the city. They survive by begging, collecting cans and bottles and by visiting social centers across Stockholm where they receive food, use the bathroom, obtain MHP, take a shower and wash their laundry. Furthermore, the centers serve as a knowledge and support site regarding reproductive health concerns. This dissertation illustrated the perspectives of people who work with Babadag Roma. Those who were interviewed worked or work in social centers operated by various NGOs in Stockholm.

What was noticeable when analyzing the data, was that most workers believed that Babadag Roma prefer talking to the staff at the centers about menstrual health issues rather than talking to medical professionals. However, other interviewees took the view of Babadag Roma believing more in the professional knowledge and credibility of medical staff from partner organizations. This demonstrates that the study respondents have different experiences and viewpoints and that the results cannot be generalized. Moreover, it indicates that just as the interviewees, every woman from Babadag is unique with her own perspective and experiences.

Another ambivalence is that most respondents agreed on MHP being essential needs. However, access to such products at the centers is dependent on donations which means that MHP are not included in the annual budget. One of the aims of the centers is to offer basic needs support to “vulnerable EU citizens”. Nevertheless, MHP seem to be forgotten when speaking of basic needs support. As one study participant expressed, the centers focus much on food, showers and help in finding a job. Therefore, period poverty must be made more visible at the centers, for example, by discussing the issue at staff meetings and by guaranteed access to MHP.

8.2 Helpful approaches

During the interviews, many workers shared ideas on strategies and approaches about how to work with the women from Babadag regarding menstrual health in the best possible way. Some suggestions are the following:

- Trust and connection is crucial for the women to feel comfortable to talk about menstrual topics.
- A calm and peaceful environment helps to set the right mood to talk.
- Being genuine, polite, respectful and meeting the women as “human beings”
- Casual one-on-one talks, possibly with coffee, are preferred over educational classes.
- Information must be accessible. Either a staff who speaks Romanian and/or the use of pictures help. Using a professional interpreter who is unknown to the women is not recommended. Verbal information is favored over written information because most women from Babadag are illiterate.

8.3 Recommendations to the organizations

All professionals who meet the women from Babadag must be made aware of the issue of period poverty among marginalized groups. Michel et al. (2022) suggest inviting professionals committed to period poverty to hold workshops and lectures for the staff of the organizations to sensitize them. It is important that workers comprehend the connection of menstruating and human rights. By promoting menstrual health, one

promotes human rights (Human Rights Watch & Wash United, 2017). The centers should aim for an open, positive and supportive environment where menstruation is normalized and the women from Babadag feel comfortable to ask questions regarding menstrual health. The managers and staff of the centers must comprehend the importance of employing female workers who the women from Babadag feel comfortable asking for advice. Schmitt et al. (2021) advocate for a user-centred approach for distributing MHP by removing gatekeepers which means that the women should not have to ask for MHP, but they should be made available to guarantee the women's integrity and menstrual privacy. Casola et al. (2022) recommend that NGOs raise awareness of period poverty on a higher, political level because they are the ones who meet the people who are affected and have knowledge about the issue.

Furthermore, Human Rights Watch and Wash United (2017) stresses that NGOs should respect and promote human rights in their work and that planning and implementing activities must always be rights-based. Non-discrimination, equality and participation must be assured. In practice, this means that the clients (the women from Babadag) should be regarded as rights-holders, whereas the workers of social centers are duty-bearers. This standpoint shifts the blame from the individual to the state (Human Rights Watch & Wash United, 2017). The responsibility to eradicate period poverty and for people to enjoy their human rights, ultimately lies with the Swedish state and not the organizations. The Swedish government signed and ratified all international human rights core conventions that are relevant when discussing period poverty. Sweden is therefore obliged to guarantee human rights to all people residing in the country regardless of a person's legal status.

Rodriguez (2022) expresses that states must prioritize menstrual equity policies which, in practice could mean making MHP more accessible by lowering taxes on such products or make them free of charge. Furthermore, public bathrooms in Stockholm should be made more accessible by adding more restrooms to the city picture and make them free of charge because menstrual rights are human rights.

8.4 Intervention challenges

Combating period poverty among the Babadag Roma is immensely complex and requires multi-layered approaches. The Swedish state must introduce legislation to guarantee access to MHP and a good menstrual infrastructure. Because of the insufficient education

in their home country, the women from Babadag are confined in their ability to absorb new knowledge as adults. Therefore, change must start in Romania and in their communities where strong gender roles and patriarchal norms predominate. When the women are in Sweden, access to reproductive education is limited. All the more so, it is crucial that the social centers and non-profit health care providers continue to educate the women about menstrual and reproductive health. Tackling menstrual stigma is challenging because of the many millenniums of shame and embarrassment women have experienced based on having their periods. It is especially arduous for women who grew up in communities which foster strong patriarchal norms. A positive societal climate, in Sweden and in Romania, where menstruation is normalized must be the aim. This can be done by making menstruation more visible by exhibiting menstrual art, menstrual activism, more funding for research, changing legislation, increasing education and addressing the issue in classrooms and public forums.

8.5 Suggestions for further research

This thesis offers initial insights into period poverty among a marginalized group in Sweden. More scientific studies regarding period poverty in Sweden are desirable. Research regarding period poverty among marginalized groups, such as undocumented people, are especially beneficial because period poverty in Sweden is mostly experienced by people living in vulnerability. In future studies, the target group could be interviewed directly to collect first-hand experiences of the people who are affected.

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Appendix 1

Study information sheet

My name is Britta Dohmen and I study Social Work and Human Rights at the University of Gothenburg. As part of my master's thesis, I would like to interview people who work with female vulnerable EU citizens in Sweden. This information sheet explains what my study is about and how I would like you to participate in it.

Period poverty affects around 500 million menstruators globally. Most of them live in low-income countries, but marginalized people in high-income countries like Sweden are affected, as well. Research on the problem in general is lacking, but research on period poverty in Sweden is almost non-existent. With this study, I would like to make period poverty among marginalized women in Sweden more visible because menstrual rights issues are human rights issues.

The aim of the study is to contribute to knowledge about period poverty among vulnerable EU citizens residing in Sweden from a human rights perspective. This includes examining the knowledge and awareness of period poverty among those working with the target group, as well as exploring the support and services organizations provide regarding period poverty. I am very curious to hear about your professional experience and reflections.

To obtain information, I would like to interview people who have experience in working with female vulnerable EU citizens. The interviews will take place via Zoom or Teams. They will be audio recorded and will last approximately 45 minutes. The data which I will obtain during the interviews will be coded and analysed.

The information provided by you will be used for research purposes only. Recorded material will be treated confidentially. Participants will not be identifiable in the study publication. No unauthorized person will have access to the material. Names and other information that can be linked to a person will be anonymized and coded at the time of transcription. At the end of the study, anonymised research data will be included in my master's thesis which will be accessible to the public on the internet.

If you would like to take part in my study, please contact me via email or telephone so we can arrange an interview time.

If you have any questions regarding my research, please do not hesitate to contact me or my supervisor Johan Lindwall.

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Appendix 2

Interview consent form

I hereby agree to participate in the research study “Period poverty among vulnerable EU citizens in Sweden”. I have received information about the aim and structure of the study. I have received information that the study contains of individual interviews which will be conducted via Zoom or Teams. I have also received information that participation is voluntary in all parts of the study. It is thus possible to choose not to participate at all or to agree to only participate in some parts of the study. I have also received information that it is possible to suspend participation after saying yes, without this having to be justified.

I further certify that I have received information that participation in the study is regulated between me and the researcher. I have been informed that no unauthorized person will come into contact with material that contains identifiable information about me or third parties, that names will be treated confidentially. I have also received information that no participants in the study will be identifiable in the study publications.

- I have read and understood the study information sheet provided.
- I was able to ask questions about the study.
- I understand that taking part in the study will include being interviewed and audio recorded via Zoom or Teams.
- I have been given adequate time to consider if I want to take part in the study.
- I understand that my words may be quoted in the research paper, but my name will not be revealed.
- I understand that I can withdraw from the study at any time without giving any reasons for my decision.

By signing this form, I give my consent to participate in the study through interviews.

Participant signature: _____ Date:

Researcher signature: _____ Date:

Appendix 3

Interview guide

Background

What is your educational background?

What is your current job title?

How long have you been working with vulnerable EU citizens?

Awareness / Organization

How familiar are you with the concept of period poverty?

How does the center you work for support women when they are having their period?

Follow-up:

Do you hand out MHP?

How is the process for obtaining such products?

Are the women aware of that they can get MHP at you center?

Do you think that some women feel embarrassed to ask for MHP?

What could be done to make the process less shameful?

What about the freedom to choose which kind of MHP they would like to use?

How comfortable are the women to communicate menstrual issues with the staff?

Does the center you work for have a budget specifically for MHP or do you rely on donations?

What could be improved at the center you work for to support women regarding menstrual issues?

General

What do you think contributes to period poverty among vulnerable EU citizens?

Can you tell me something about the women's access to MHP in general?

Follow-up:

Do they have enough economic resources to buy MHP?

Do you know if they use MHP longer than recommended?

Do you know what the women do in case they have no MHP at hand and no money to purchase them?

Follow-up:

Do they use alternatives, such as toilet paper?

Do you think that they are aware of the increased risk of infection in case they do so?

Can you tell me something about the women's access to public bathrooms?

What about the women's access to medical services regarding menstrual health?

In your opinion, how much knowledge do the women have about menstrual health?

Follow-up:

Where/How do they get information about menstruation?

What could be done to educate them?

Can you tell me something about the perception of menstruation in the cultures the women come from?

Follow-up:

Is menstruation discussed?

Are there feelings of shame involved?

Do you think that MHP fall into the category of essential needs?

Would you like to add something that we have not covered, but think could be relevant for the study?