



Menstrual Equity

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I. EXECUTIVE SUMMARY

Menstrual inequity in public schools is an education and public health issue that affects attendance, participation, and student well-being. Students who lack consistent access to menstrual products are more likely to miss school or experience distraction and distress in the classroom. Period poverty disproportionately affects low-income students and reinforces existing educational disparities. Although several states have adopted policies requiring free menstrual products in schools, access remains inconsistent across districts. This brief evaluates menstrual equity as a structural barrier to education and examines policy approaches that treat menstrual health as a necessary component of school infrastructure.

II. OVERVIEW

Menstruation is a routine biological process experienced by roughly half of the student population, yet many school systems fail to accommodate it as a predictable educational need. Public schools routinely provide sanitation infrastructure such as toilet paper, soap, and hand-drying supplies, recognizing these items as necessary for maintaining hygiene and a functional learning environment. Menstrual products, however, are often treated as optional

items that students must provide themselves.

Research demonstrates that lack of access to menstrual products has measurable effects on students' educational experiences. A 2023 report from the nonprofit PERIOD found that 23% of teens have struggled to afford period products, and many students report feeling embarrassment or anxiety when they must ask teachers or nurses for supplies. These experiences can lead students to leave school early, avoid extracurricular activities, or skip class altogether.

The burden of managing menstruation at school is not evenly distributed. Students from economically vulnerable households are more likely to experience period poverty, which refers to the inability to access adequate menstrual products, hygiene facilities, or education about menstrual health. In school settings without accessible supplies, students may resort to using improvised materials such as toilet paper or paper towels, which can be uncomfortable and unreliable.

School-based menstrual product programs have emerged as a public policy response to this issue. However, implementation varies widely across the United States. Some states have enacted laws requiring free product access in restrooms, while others allow districts to decide whether to provide supplies. This uneven policy landscape produces

geographic inequities in student support.

Treating menstrual health as optional rather than essential contributes to avoidable learning disruptions and reinforces socioeconomic disparities in educational access.

A. Relevance

Public health researchers increasingly classify period poverty as both a hygiene issue and an educational equity concern. Studies show that menstruating students without reliable product access experience higher levels of stress and decreased classroom participation. The American Medical Women's Association reports that 65% of students have felt distracted or unable to concentrate in school because of concerns about managing their period.

Educational access depends on consistent attendance and participation. When students miss school due to lack of menstrual supplies, they lose instructional time that is difficult to recover. Chronic absenteeism already affects approximately 14.7 million students in the United States, according to the U.S. Department of Education. Preventable absences caused by lack of menstrual products contribute to this broader problem.

Providing menstrual products in schools can help remove these barriers. The cost of implementing school-based distribution programs is relatively small compared to other educational expenditures. Estimates from several state education departments suggest that providing menstrual products in schools costs between \$3 and \$5 per menstruating student per year when purchased in bulk.

Addressing menstrual inequity also aligns with broader public health goals. Access to hygiene supplies reduces infection risks, supports mental well-being, and helps normalize conversations about reproductive health. When schools integrate menstrual products into standard restroom infrastructure, they acknowledge menstruation as a predictable biological need rather than a private burden placed on individual students.

III. HISTORY

For much of U.S. history, menstruation was treated as a private responsibility rather than a public policy concern. School systems were built without incorporating menstrual health needs, leaving students to rely on products provided by their families or obtained informally through school nurses or teachers.

Advocacy around menstrual equity gained national attention in the 2010s as researchers and nonprofit organizations began documenting how lack of menstrual products affected students' ability to participate in school. This advocacy reframed menstrual access as an educational equity and public health issue.

Several states have since adopted legislation requiring public schools to provide free menstrual products. New York passed one of the first statewide policies in 2018 mandating free menstrual products in public middle and high school restrooms. California expanded access through Assembly Bill 367 in 2021, requiring schools serving grades 6–12 and community colleges to provide free products. Illinois enacted a similar law the same year through House Bill 3215, mandating product access in schools serving grades 4–12.

Despite these developments, there is no federal standard for menstrual product access in schools. As a result, availability continues to vary across states and districts, leaving many students without consistent access during the school day.

IV. POLICY PROBLEM

Menstrual inequity in public schools manifests locally in districts where access to free menstrual products depends on school-level budgeting decisions rather than uniform standards. In districts without mandated access, students may rely on school nurses, teachers, or friends for supplies, creating stigma and inconsistent availability. This places the burden on individual students rather than treating menstrual health as part of school infrastructure.

Key stakeholders include students who menstruate, school administrators, district budget officers, teachers, parents, and state policymakers. Students are directly affected through attendance and academic performance. Schools must consider cost, distribution logistics, and maintenance. Taxpayers and policymakers evaluate fiscal responsibility and long-term educational outcomes.

The risks of indifference are measurable. When students miss class due to lack of products, instructional time is lost. Chronic absenteeism is already a national concern, and avoidable absences further widen achievement gaps. Indifference also reinforces gender-based disparities by failing to address a predictable biological need that affects educational participation.

From a nonpartisan perspective, menstrual equity can be framed as both a public health and educational efficiency issue. Supporting consistent attendance improves graduation rates and long-term workforce readiness. Ensuring access is

less about ideology and more about removing preventable disruptions to learning.

V. TRIED POLICY

Several states have already implemented policies requiring free menstrual products in public schools. These programs provide useful examples of how menstrual equity initiatives can function in practice.

New York was one of the first states to adopt a statewide policy in 2018 requiring menstrual products in public school restrooms. Evaluations conducted by the New York City Department of Education found that students reported increased comfort and reduced anxiety when products were available in bathrooms rather than distributed through nurses' offices.

California expanded menstrual product access through Assembly Bill 367, which took effect in the 2022–2023 school year. The law requires public schools serving grades 6–12 and community colleges to stock restrooms with free menstrual products. The legislation allocated funding for product purchasing and restroom dispenser installation.

Illinois implemented a similar requirement in 2021 through House Bill 3215, mandating that public schools serving grades 4–12 provide menstrual products at no cost to students.

While these policies improve baseline access, implementation challenges remain. Some districts report supply shortages, vandalism of dispensers, or unclear maintenance responsibilities. Schools that attempt to provide products without statewide mandates often rely on donations or nonprofit partnerships, which can lead to inconsistent availability.

These examples demonstrate that statewide standards improve access but require clear funding mechanisms and operational guidance to ensure consistent implementation.

VI. POLICY OPTIONS

Option 1: Maintain Local Discretion

Under this approach, districts decide whether and how to provide menstrual products. This preserves local autonomy but results in uneven access. In a local context, implementation may depend on PTA fundraising or discretionary campus funds. This option risks continued inequity between districts with different fiscal capacities.

Option 2: State-Level Mandate with Dedicated Funding

A state law could require all public middle and high schools to stock free menstrual products in restrooms, paired with a specific funding allocation. Implementation would involve calculating projected student need, contracting with suppliers, and integrating maintenance into custodial routines. In a local district, this would require coordination between campus administrators and facilities staff but would create consistent access standards.

Option 3: Hybrid Model with Accountability Measures

The state could establish minimum access requirements while allowing districts flexibility in distribution methods, such as restroom dispensers or nurse-based distribution. Implementation would include annual reporting to ensure compliance. In a local community, this could reduce administrative burden while maintaining oversight.

Implementation challenges include supply chain reliability, preventing vandalism, ensuring discreet access, and maintaining consistent

funding. Addressing these requires clear procurement guidelines and integrating menstrual product restocking into existing sanitation workflows rather than treating it as a separate initiative.

A. Global Policy Lessons and Applications

Menstrual inequity is not limited to the United States. Many countries face similar challenges in ensuring that students have consistent access to menstrual products and sanitation infrastructure in schools. UNESCO reports that millions of students globally experience disruptions to their education during menstruation due to lack of supplies, inadequate restroom facilities, or stigma surrounding menstrual health.

Several countries have implemented national policies that address this issue directly. Scotland became the first country to guarantee universal access to free menstrual products through the Period Products (Free Provision) Act. This law requires local governments and schools to make menstrual supplies available at no cost. New Zealand has adopted a nationwide school distribution program that provides free products to students in participating schools.

These international policies demonstrate that treating menstrual products as essential hygiene supplies can improve consistency in access and reduce stigma. By integrating menstrual supplies into existing sanitation infrastructure, governments normalize menstruation as a predictable biological need rather than an individual burden.

Global policy experiences also highlight the importance of pairing product access with education initiatives. Programs that include menstrual health education alongside product distribution tend to reduce stigma and improve

student confidence in managing menstruation at school.

Applying these lessons locally suggests that successful policy implementation requires clear funding structures, integration into existing school maintenance systems, and public health education efforts. International examples therefore reinforce the argument that menstrual products should be treated as a standard component of school infrastructure rather than an optional service.

VII. CONCLUSION

Menstrual inequity in public schools is a structural barrier to education that directly affects attendance, participation, and student well-being. When access to menstrual products depends on geography or district wealth, educational equity is compromised. Evidence shows that lack of access contributes to absenteeism and psychological stress, reinforcing disparities that schools are meant to reduce.

Policy approaches that classify menstrual products as essential school infrastructure align with public health standards and educational goals. A statewide mandate with dedicated funding provides the most consistent and sustainable solution, while accountability mechanisms ensure effective implementation at the local level.

Treating menstrual health as an expected and supported need strengthens attendance, reduces stigma, and supports academic engagement. Addressing menstrual inequity is therefore not an optional enhancement but a necessary component of equitable public education, as outlined in this brief's executive summary.

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