

PANDEMIC PERIODS



SCOTTISH LOCAL AUTHORITIES IMPLEMENTATION POLICY ASSESSMENT

PERIOD PRODUCTS (FREE PROVISION)
(SCOTLAND) ACT 2021



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ACKNOWLEDGEMENTS

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LETTER FROM OUR GLOBAL DIRECTOR

This world-leading policy demonstrates Scotland's commitment to menstrual health, gender equality, and human rights. I am extremely proud of my country, what we have achieved, and how it will lead to the realisation of menstrual health as a right. Everyone involved must be proud because the Period Products (Free Provision) (Scotland) Act 2021 was the first policy in the world to address all areas of menstrual health. The policy is only the first step, so we must push for proper implementation so it can reach the people that need it most.

I also want to acknowledge the commitment and determination of our policy team, from five countries, who collaborated to produce this important analysis. This report highlights success stories and the areas where the Scottish local authorities need further support to optimize implementation.

We hope this report will continue to drive menstrual health across Scotland because menstrual health is central to the equality, rights, and dignity of women, adolescent girls, and transgender and non-binary people who menstruate worldwide.

Sincerely,

Dr J.S. Martin

Dr Jennifer S. Martin, Global Director, Pandemic Periods & proud Glaswegian





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EXECUTIVE SUMMARY

At the end of 2020, the Scottish Parliament enshrined the Period Products (Free Provision) (Scotland) Act in law. In January 2021, that law received royal assent.

We must first acknowledge the fantastic efforts of women across Scotland who have been championing menstrual health since 2016.

The journey to this world-leading policy was ignited by grassroots advocacy and research efforts from civil society groups across Scotland - civil society groups who had witnessed poor menstrual health, or as we call it in Scotland, “period poverty” in their communities.

These groups reported women using newspapers, old socks or wearing two pairs of leggings to manage their periods when they could not afford period products. Others reported women not leaving the house or rationing products, which could lead to infection, feelings of stigma and shame, and embarrassment.

Victoria Heaney was the advocate that led a research project by Women for Independence that was the first - and largest - qualitative data set that recorded the experiences of women, adolescent girls, and gender-diverse people experiencing period poverty in Scotland. Her work laid the foundation for a nationwide movement.

Then, Monica Lennon, a Member of the Scottish Parliament, stewarded the Bill through the Parliament, leading to a cross-party motion that would result in the Period Products (Free Provision) (Scotland) 2021 Act. The legislation puts the onus on local authorities to deliver initiatives that address menstrual health in their localities.

The Act is the world's first legislation to call for the mandatory provision of free period products by all public institutions.

The Scottish Government has mobilised an estimated £8.7 million annually to fight period poverty. The local authorities have their funding. How is implementation going?



Pandemic Periods has conducted a rapid policy analysis of the 32 local authorities' implementation strategies (published on their websites), which we accessed through the main Convention of Scottish Local Authorities (COSLA) – the analysis was based on publicly available data ONLY, so we acknowledge this as a limitation.

Six researchers focused on implementation plans, civil society engagement, and consultation with the local community and vulnerable populations.

We found that all local authorities outlined at least some progress towards realising the Act. These manifested in:

Progress and implementation: there were some challenges in implementation because menstrual health is a multi-dimensional issue that affects not only public health but also human rights issues. It also highlights the heterogeneity of the Scottish population and the need for further support from local governments, so they can explore and adapt the act implementation to reach the most vulnerable.

Focus on adolescent girls in school: most local authorities predominantly programmes for adolescent girls and gender-diverse individuals who menstruate in schools and those with access to council-run facilities such as leisure centres, libraries, GP surgeries, and pharmacies.

Centralised distribution of products through council and primary care facilities: most local authorities outlined implementation approaches only address providing period products through council-run facilities. Yet, menstrual health requires holistic approaches and interventions that unpick or seek to combat socio-cultural and patriarchal norms that perpetuate menstrual stigma and shame, which can prevent access to products.

We commend the local authorities on their progress thus far, and we look forward to learning more about their unpublished work.

The provision of period products should be the baseline; we need commitment to addressing all drivers that underpin poor menstrual health.



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ACRONYMS

COSLA: Convention of Scottish Local Authorities

LGBTQIA+: Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and (agender)

PP: Pandemic Periods

SDGs: Sustainable Development Goals

SRH: Sexual and Reproductive Health

UNICEF: United Nations International Children's Emergency Fund

WASH: Water, sanitation and hygiene facilities

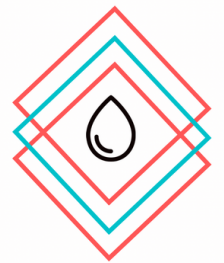
WHO: World Health Organization





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The provision of period products should be the baseline; we need commitment to addressing all drivers that underpin poor menstrual health.



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BACKGROUND

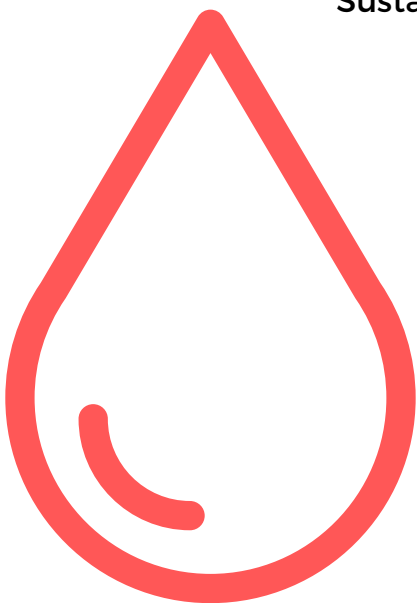
Approximately 1.8 billion people across the world menstruate every month. Millions of these girls, women, transgender men, and non-binary people (women, adolescent girls, and people that menstruate) cannot manage their menstrual cycle in a dignified, healthy manner. In 2021, Hennegan et al. defined menstrual health as:

"Menstrual health is a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity during the menstrual cycle."

These dimensions of menstrual health should be addressed across the life course (before menarche-after menopause). Menstrual health is often understood as solely a health or hygiene issue, but Babbar et al. (2022) emphasise that menstrual health is also a human rights and public health issue. The WHO has also called for menstrual health to be recognised as a holistic health issue with physical, psychological, and social dimensions. Sommer et al. (2021) further argue that menstrual health is a crucial indicator of achieving various United Nations Sustainable Development Goals (SDGs) by 2030.

GLOBAL FACTS

- UNICEF estimates that 1.8 billion people across the world menstruate every month. Millions of these girls, women, transgender men, and non-binary people cannot manage their menstrual cycle in a dignified, healthy way.
- An estimated 500 million individuals lack access to period products and adequate facilities for menstrual hygiene management.
- 2.3 billion people across the globe lack essential sanitation services, which can provide challenges for menstruating individuals.
- Due to stigmas surrounding gender, menstruation, and having a disability, girls and women with disabilities face compounded challenges managing their menstruation hygienically and with dignity.



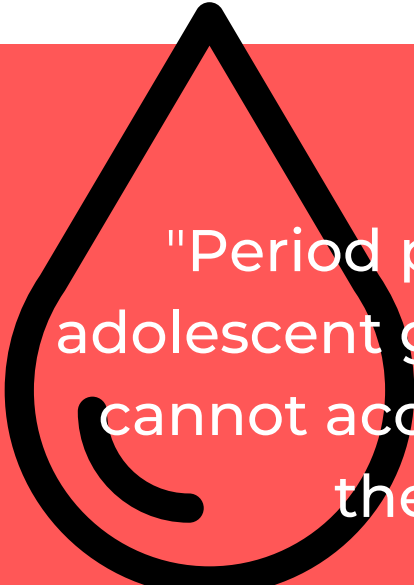


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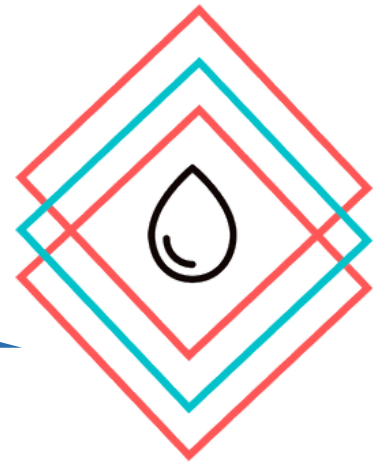
Menstrual health requires access to a variety of safe, affordable, and appropriate period products; comprehensive and contextually relevant sexual and reproductive health education; safe, private, and proper sanitation facilities and clean water; enabling environments free from menstrual stigma or shame; and access to quality, timely reproductive healthcare. Additionally, women, adolescent girls, and people that menstruate must live, study, and work in an environment where menstruation is seen in a positive and healthy light, without any shame or taboo.

When women, adolescent girls, and people that menstruate cannot achieve good menstrual health, it results in period poverty. Period poverty occurs when individuals cannot find the resources they require in environments free of menstrual stigma and shame to manage their periods with dignity. Period poverty can stem from social determinants of health and structural determinants of gender inequality, including the lack of access to menstrual education, information, and water, sanitation and hygiene facilities (WASH) and cultural norms, stigma, and taboos surrounding menstruation. These structures act as barriers to achieving good menstrual health.

Globally around 500 million individuals lack access to period products and adequate hygiene management. Additionally, about 2.3 billion people lack access to essential WASH, which can provide challenges for women, adolescent girls, and people who menstruate. Ultimately, they are denied access to their fundamental human rights when they cannot achieve good menstrual health.



"Period poverty occurs when women, adolescent girls and people who menstruate cannot access what they need to manage their periods with dignity"



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Scotland was the first country to enshrine a commitment to universally addressing period poverty in law through the provision of free period products via the Period Products (Free Provision) (Scotland) Act 2021



The Scottish Parliament
Pàrlamaid na h-Alba



A GLOBAL FIRST: THE PERIOD PRODUCT (FREE) (PROVISION SCOTLAND) ACT



Scotland was the first country to enshrine commitments to addressing period poverty in law. This monumental move cemented the country's place as one of the global menstrual health leaders. The Period Products (Free Provision) (Scotland) Act 2021 was enacted in November 2020 and received Royal assent on 12 January 2021. From the 15th of August 2022, it places the onus on local authorities and education facilities to provide free period products.

It is the world's first legislation to call for the mandatory provision of free period products by all public institutions. These items include pads, moon cups, and tampons for women, adolescent girls, and people who menstruate. The legislation puts the onus on local authorities to deliver initiatives that address menstrual health in their localities. The Scottish Government has mobilised an estimated £8.7 million annually to fight period poverty. This action was ignited following a campaign by several grassroots activists across Scotland, then taken through the Scottish Parliament by Monica Lennon, MSP, the spokesperson on health for the Scottish Labour party.

This was not Scotland's first foray into menstrual health policy. In 2017 the country's First Minister announced that period products would be free in Scotland's schools. This was part of the Programme for Government 17/18 Programme for the government's first launch of free period products. Then the scheme expanded to libraries, leisure centres, and sports clubs. There was then a national public campaign with the theme of "Call Periods Periods!" which promoted a more "straightforward" way of talking about menstruation.

The Scottish Government's commitment to menstrual health through policy, coupled with grassroots activism led by many groups across Scotland, resulted in a cultural impact of free period products via local authority-run venues, businesses, communities and social settings that self-organised and provided free products in their bathroom facilities.

Now, each of the 32 Scottish local authorities is tasked with implementing the Period Products (Free Provision) (Scotland) Act 2021 in their local areas across Scotland.



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RAPID IMPLEMENTATION POLICY ANALYSIS

Rationale

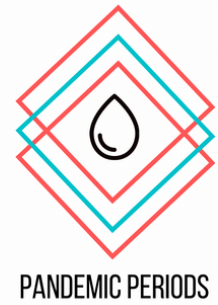
Pandemic Periods is committed to combating the global pandemic of poor menstrual health. Part of this is exploring how the Period Products (Free Provision) (Scotland) Act 2021 is being implemented and how that implementation is reaching the most vulnerable women, adolescent girls, and people who menstruate across Scotland. This will offer insight into the current progress towards alleviating period poverty in Scotland and highlight exemplars for other countries to follow so they can address period poverty.

Methods

This rapid policy analysis was conducted by six independent policy analysts that are not from and do not reside in Scotland or the UK. It was overseen by Dr Jennifer Martin, a Scottish menstrual health rights activist, researcher, and the Global Director of Pandemic Periods.

The policy analysts searched for the individual policies of each of the 32 Scottish Local Authorities via their websites (see Annex 1). They specifically focused on implementation plans, civil society engagement, consultation of the local community and vulnerable populations (people experiencing homelessness, illicit drug users, the LGBTQIA+ community, asylum seekers, incarcerated people, people who do not speak English as their first language, ethnic minority groups, and people with disabilities) through the websites of the 32 local authorities (publicly available data)

Search terms: menstruation, menstrual health, free period products, sanitary products, periods, periods of poverty, Period Products (Free Provision)(Scotland) Act 2021, sexual and reproductive health, reproductive health, and sexual health.



An Excel spreadsheet (available upon request) was used to reduce and order the data. Each policy analyst was assigned six local authorities and reviewed their policies between the 12th-17th of February 2023. The group then met to discuss emerging themes under the direction of Dr Martin.

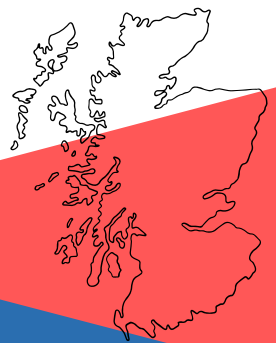
High-level statistics were recorded, and four major themes were finalised.

HIGH-LEVEL STATISTICS

Although the policy focuses on product provision, some local authorities have extended it to focus on other aspects of menstrual health. Highlighting the understanding that period poverty will not be addressed by product provision alone.

According to the published strategies available on the local authority websites

- All 32 local authorities provide free period products at some level.
- 12/32 local authorities mentioned strengthening menstrual health education
- 31/32 local authorities conducted community consultations before the implementation
- 5/32 local authorities mentioned providing access for the LGBTQIA+ community that menstruates
- 6/32 councils mentioned providing access to ethnic minority groups
- 21 of 32 local authorities have plans to eradicate stigma and shame.
- 0 councils reference sexual and reproductive health and rights education and information in their policies
- 0/32 local authorities mentioned strengthening Water, Sanitation, and Hygiene (WASH) facilities in their policies





HIGH-LEVEL THEMES



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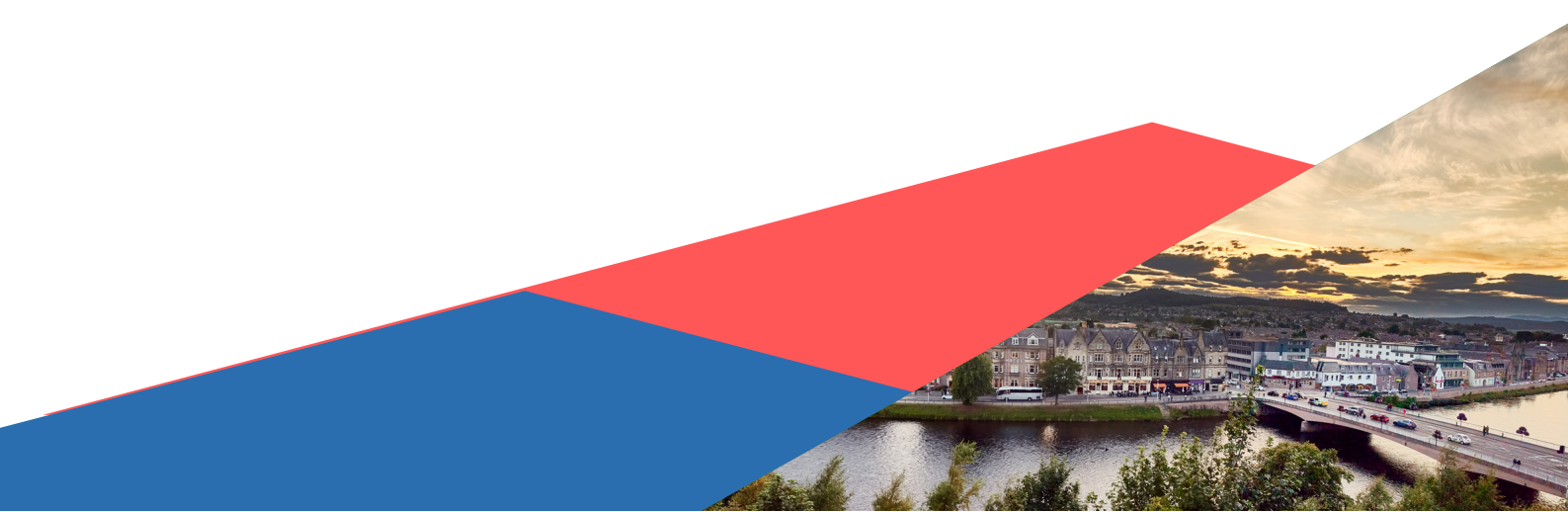
The following section outlines the high-level themes that emerged from the rapid policy analysis.

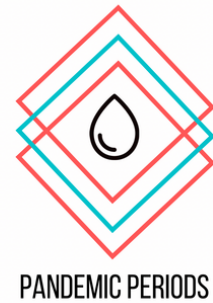
THEME 1: REACHING THE MOST MARGINALISED AND VULNERABLE PEOPLE IS STILL NOT BEING REALISED

The analysis indicated that most local authorities conducted a needs assessment or a survey with the most vulnerable in their communities through not-for-profit organisations. The consultations were conducted with small sample sizes compared to the population and were open to the public via surveys. Most should have mentioned how they captured the experiences of the most vulnerable in their communities.

Some local authorities covering a smaller population have easily accessible home delivery services linked to their websites where civilians could order period products for free. These local authorities considered how to reach vulnerable communities. Most of the local authorities highlighted that they provide free products through community settings in the local authorities through community venues such as sports centres, libraries, health centres, and food banks.

Most local authorities have free online ordering options; however, online ordering options can take a few days to a few weeks, which could be a barrier for time-sensitive needs. West Dunbartonshire stopped this service because the council deemed COVID-19 was “over.”

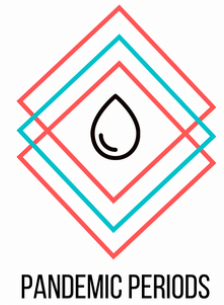




Local authorities that have shown exemplary strategies and commitments to reach their marginalised and vulnerable populations include:

- Aberdeen City Council indicates a commitment to reach “those who may face additional barriers, including those who are 'Black and Minority Ethnic’ (BME) groups, the LGBTQAI+ community, people with disabilities, those experiencing homeless, survivors of domestic abuse etc.; (Refer to statement)
- Angus Council leverages community-based activities and campaigns utilising the network of the partners in the Community Planning Partnership to identify premises and distribution methods for providing access in a way that maintains the dignity of those seeking access to period products” (Refer to statement)
- East Dunbartonshire and East Ayrshire Council explicitly state the intersectional makeup of vulnerable communities and reference people who might experience adverse outcomes that would impact their abilities to access products.
- Argyll and Bute Council focus on inclusivity.

In general, there needs to be more information about how local authorities are currently reaching and planning to reach the most vulnerable. Present information mainly focuses on geographic barriers, such as living in rural areas. Only a few local authorities acknowledge socio-economic factors, such as age, race, income, ethnicity, national origin, disability, and gender identity as contributing to vulnerability and marginalisation.



THEME 2: LOCAL AUTHORITIES PRIORITISED INCLUSIVITY IN THE CONSULTATION, POLICY IMPLEMENTATION AND FUTURE DEVELOPMENT

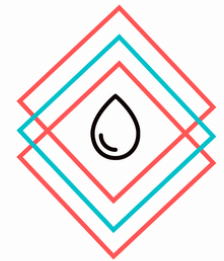
Aside from the compulsory free period product provision, Act 21 also includes a mandatory collaborative consultation with communities and stakeholders. This analysis found that most councils focused on students and adolescents attending school. There needs to be a greater inclusion of adults and the private sector in the development and implementation of consultations. Not every board had a gender diverse/gender inclusive lens, and most panels did not use gender-neutral and inclusive language. Race and ethnicity were often overlooked.

This analysis found the focus on adolescents attending primary and secondary education to be a further gap since menstruating years encompass more than the four years of secondary education.

Another key gap noticed is the lack of inclusion of the transgender community and their vulnerabilities when accessing menstrual products. This places a significant limitation on the inclusivity of the policies and a significant barrier to reaching the most marginalised.

There is a lack of inclusive language; for example, language like “anyone who menstruates, regardless of their gender” is not always used; (Argyll and Bute's focus on inclusivity is a good example where this language has been used)

- Most local authorities focused on primary and secondary schools; some only concentrated on secondary schools. The gap is that many respondents wanted to access period products from work or other community areas. Delivery was also a significant method of getting period products out (this point is also in Gap Section)
- Some consultations showed that students admitted to not knowing where to get period products during weekdays, which further indicates that focusing on school grounds is not comprehensive enough
- Local authorities reiterated the importance of communication with the public, but not all boards had easily accessible contact information.
- Just to let you know, Comhairle nan Eilean Siar might have policies in Gaelic.



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THEME 3: NOT ENOUGH ATTENTION PAID TO COMBATING MENSTRUAL STIGMA AND SHAME.

21/32 local authorities highlighted that they planned to eradicate stigma and shame. Menstrual stigma and shame were recorded in the local authorities' policies in three areas: individual, community aspect, and institutions.

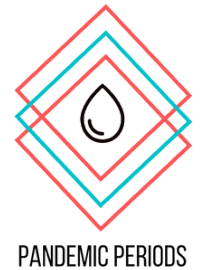
Most local authorities focused on "privacy considerations" instead of gender-transformative campaigns. Menstrual shame was addressed by enabling individuals to access period products privately without asking others; a few local authorities have specific campaigns to address more comprehensive shame and embarrassment. In the future, this needs to be addressed by more inclusive community-based activities and programmes.

Some local authorities did programmes to address stigma and shame by providing more comprehensive reproductive health education and information. For example, Angus Council worked to address stigma and raise awareness around menstruation health and periods through the Period Positive campaign.

Some local authorities focused on rhetorical commitments and forward-looking statements ("we will...") but did not specify how they would target shame. From a local/council/structural/institutional point of view: they are not prioritising this policy/having it at the forefront of legislation which could indicate that policymakers are uncomfortable talking about period poverty/periods/shame.

Some local authorities are taking a proactive approach to unpick menstrual stigma and shame in their communities. East Renfrewshire Council is an excellent example of how to outline the next steps and future developments, including further consultations.

THEME 4: STRONGER MONITORING & EVALUATING IMPLEMENTATION IS NEEDED



Policy and advocacy monitoring helps to identify gaps in the co-development and implementation of policies, outlines areas for improvement, provides valuable information to advocates and policymakers, and holds institutions that implement policy accountable for their activities. Evaluation is a crucial part of the policy cycle. It facilitates evidence-based policy co-design and implementation, increasing the policy's accountability and transparency, demonstrating achievements towards policy objectives and assessing the policies effectiveness, efficiency, results and impacts.

A baseline analysis was conducted via a survey by the Scottish Government in 2022 to understand the challenges. The sample, however, was limited to 1,400 responses, and although the sampling was reflective of age and location, it was small, and the individuals were recruited through online panels. They reported that " ...given the context and the aims of this baseline survey, it is unsurprising that half of the respondents had not accessed free period product provision. However, for those who had obtained products, these tended to have been obtained conveniently and with reasonable ease."

There needs to be a clearer and more accessible indication of how the policy will be measured nationally and regularly.. Instead, there is only some published information from independent local authorities outlining how they will review and update policies periodically. Only a few boards indicated the specific time frame and did not list their key performance indicators (KPIs).

Most local authorities still need to publish their impact evaluation strategy (how they will measure impact). However, there were a few examples of local authorities who have started to consider review processes. For example, Clackmannanshire Council developed a comprehensive partnership approach through third-sector partners and a local authority working group, with representatives from Third Sector, Facilities Management, and primary and secondary colleagues. They plan to review and renew the service consultation every two years (specific timeframe for review & evaluation) (Refer to Exercise of Functions). This local authority also has a report on the previous stage of accessing Free Period Products (Meeting on Nov 18, 2021). This is a good example of how local authorities could ensure sustainable approaches to improved and equitable delivery and engagement.

Shetland Islands Council will have the local authority's delivery plan reviewed at the end of 2022; and annually after 2022. East Dunbartonshire Council also has a comprehensive and detailed implementation strategy. They list many current provisions in place and intersectionality protections and commit to reviewing and updating policy and procedures at least annually.

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SPOTLIGHTS ON INNOVATIVE INITIATIVES FROM THE LOCAL AUTHORITIES

The following section outlines some innovative initiatives for the implementation of the Act that could be shared with other Scottish local authorities that we believed were stand out initiativesL

Angus Council ran a campaign (Free Period Angus), a dedicated brand for Free Provision, and has a website (also FB, Instagram) providing detailed information related to the Act, in-person events and talks about the Act. Their "Period Positive" campaign removes the stigma associated with periods & menstrual health. Additionally, "Period Positive" employers from the community organised community-based activities to address stigma and raise awareness around menstrual health.

This campaign encourages more business premises to be part of the Period Positive Employer Scheme: "encouraging the use of reusable products in partnership with D&A College to provide a long-term educational resource that can be used in Schools, Colleges, Universities and throughout our communities, regional approach (providing a consistent approach to period poverty in Dundee, Angus & Perth and Kinross)" (Statement)

Argyll and Bute (My Tribe initiative): dedicated brand for Free Provision, did rigorous consultations with young people, used gender-neutral and inclusive language in their policies, has a firm commitment to continue being inclusive of anyone who menstruates regardless of gender, is committed to continuing using gender-inclusive language, also includes information on reproductive health

Argyll and Bute focus on inclusivity (mention of gender-neutral inclusivity)

- Consultations resulted in the identification of barriers people face when accessing period products (Council)



Dumfries and Galloway Council had operational commitments in place to provide free period products for primary/secondary schools before Act 21 (the Period Poverty Project in schools) and had institutional/policy commitments as well (Anti Period Poverty Strategy 2015-2020)

- They also had an efficient and effective COVID response (free online period dignity project, monthly at-home period products delivery).
- To highlight for intersectional approach: Expansion of services in 2020, supporting vulnerable communities includes free food, welfare, benefits and other poverty mitigation strategies.
- Emphasized local cooperation to ensure nobody is left behind.
- Did extensive cross-collaborative work with local governments, authorities, NGOs and civil societies.

Dundee City Council committed to reviewing progress towards the realisation of the Act, but including a rhetorical, progressive commitment to monitor and review policy and execution. They also committed to emphasising sustainability and reusable period products through the provision of these products and education and information on how to use them.

East Ayrshire Council prioritises inclusion by using gender-inclusive and gender-neutral language and breaks down vulnerable communities by acknowledging race and ethnicity, LGBTQIA+, people with disabilities, and survivors of domestic abuse. East Ayrshire also has easily identifiable, easily accessible contact information for the public and works with the private sector business, "Hey Girls".

East Dunbartonshire Council identifies and breaks down vulnerable groups and those who may face additional barriers (racial and ethnic minorities, LGBTQIA+, people with disabilities, homeless, abuse survivors, etc.). Local authorities indicated that protecting and respecting individuals' dignity means providing free periods in toilets (consultations showed that that was the most preferred way of receiving period products). However, that is not a gender transformative strategy to target menstrual stigma and shame.

East Dunbartonshire Council also has a comprehensive and detailed implementation strategy, lists many current provisions in place and intersectionality protections, and commits to reviewing and updating policy and procedures at least annually.



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Perth and Kinross Council did break down the challenges faced by racial and ethnic groups by analysing the most vulnerable communities through civil society organisations' engagement. This council is optimising working with communities, working with charities and non-government agencies to ensure they are looking at the provision of products through an intersectional lens (looking at aspects such as working with people that are gender diverse and come from a background of different ethnicities and races).

North Lanarkshire Council had the most detailed policy, with a 40-page report breaking down goals, implementation, and methodologies of surveys:

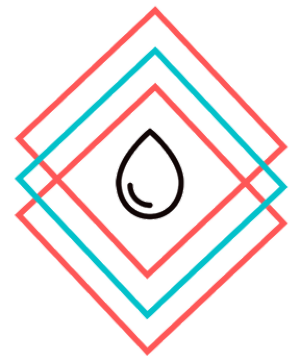
- They were very committed because of the extensive information and detailed plans for reaching the most vulnerable.
- By continually referencing geographical gaps (e.g. “anything that takes accessing period products more than 20-minutes”), North Lanarkshire indicated a commitment to reaching rural and vulnerable communities.
- Individuals from low socioeconomic households were also considered as North Lanarkshire Council recognised how not being able to afford public transport can affect one’s access to free period products.

Overall, North Lanarkshire Council was inclusive and considered gender, socioeconomic factors, etc.

West Dunbartonshire Council had a lot of good information (statement & consultation report)

- Some went further and included raising awareness about periods and complications like Toxic Shock Syndrome (e.g. South Lanarkshire C.)





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6

GAPS IN THE PUBLISHED IMPLEMENTATION POLICIES

Based on the publicly available data, this report found that all local authorities outlined at least some progress towards the realisation of the Act; however, there were some challenges in implementation. This can be expected because menstrual health is a multidimensional issue that cuts across health and human rights. Many additional factors prevent access to period products, such as working with different vendors and negotiating product placement in private schools and workplaces. Attention is still needed to close the gaps and address the myriad dynamics that prevent access to period products in Scotland.

Significant gaps in the publicly available data made it challenging to unpick the extent to which the Act had been adapted and implemented by each local authority. There is also a lack of information on how the local authorities support some key populations, such as the homeless, people who inject drugs, undocumented migrants, or those seeking asylum, and transient communities, such as the traveller community in Scotland.

Limited data on budget and spending were available on the local authority websites. However, we acknowledge the recent article from the Ferret (2023) that highlights an underspending across various local authorities. Most councils should have reported how much funding they had spent since receiving the grant money from the Scottish Government. Some councils reported spending per capita but needed to disaggregate the data before the Act came in and after they were obligated to address menstrual health in their localities.



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Further adaptation is required to capture the most vulnerable people in the localities. The heterogeneity of the Scottish population, including age, geography, ethnicity, race, and socioeconomic status, leads to different menstrual health needs and ability access. This means local authorities will require additional support to adapt the Act to reach these individuals.

Knowledge sharing and cross-council learning could support local authorities to adopt successful initiatives for other localities and share lessons learned. This may include building the capacity of local services, generating buy-ins from council employees and the community, and reducing reliance on volunteer-led initiatives and dependence on not-for-profit organisations to deliver period products, education, or campaigns that address menstrual stigma and shame.

None of the local authorities reported socialising their workers or communities through training on the importance and multi-faceted nature of menstrual health and the challenges of period poverty. Daily, more adolescent girls, transgender and non-binary people are experiencing menarche, and others are experiencing menstrual disorders, peri-menopause or menopause. SRH education for individuals, families and communities so they can improve menstrual health across the life course and they can make informed choices about which products to use.

There should have been a mention of local campaigns to address menstrual stigma and shame run specifically by local authorities. Most councils indicated that protecting and respecting individuals' dignity means providing free periods in toilets (consultations showed that was the most preferred way of receiving period products), but that is not an all-encompassing strategy to target menstrual shame. Furthermore, most local authorities indicated that consultation findings show a need to do more and better anti-stigma/shame work. There was little mention of menstrual health across the life course (including menstrual disorders, peri-menopause or menopause).

Additionally, each local authority needs key performance indicators (beyond the number of products issued) that will support monitoring and evaluation of the policy at the local level.



RECOMMENDATIONS



The following set of recommendations was deduced from the rapid policy analysis of the 32 local authorities. They prioritise implementation fidelity – the degree to which an intervention/policy is delivered as intended – which is critical to successfully translating policies into practice.

1. Provide community-wide campaigns that make menstrual health, the challenges of period poverty, and access to products more visible.

The focus should be on community-level, workplace, and education facility campaigns that address menstrual health freely. These campaigns could include encouraging schools and sports teams to allow women, adolescent girls and people who menstruate to wear dark shorts instead of light-coloured shorts when playing sports. Elevating the menstrual health conversation in areas that would not typically talk about reproductive health – like On the Baw – or by addressing menstrual stigma and shame through advertising – such as the campaign run by AMREF featuring Senator Gloria Orwoba (Kenya).

Visible campaigns targeted at the broader community, not only the individual, may address the knowledge, increase awareness, and encourage buy-in from individuals who do not experience period poverty/might not menstruate themselves, or feel like they do not have the self-efficacy to address their menstrual health. They will also help individuals access products if they need to be aware of the Act.

2. Transparent reporting, knowledge sharing, and enforcement as the Act is realised.

The 32 local authorities across Scotland must monitor and evaluate the implementation of the policy in their locality so that they can report their impact. A proper implementation framework could be co-created to optimise the adaptation of the Act for the local context.

Suppose the Act still needs to reach the most vulnerable. In that case, an iterative co-design process can be enacted to ensure that the people with lived experience of period poverty in the community can share their insights and improve implementation. This will also act as a tool for enforcement and could serve as a way of ensuring contextually appropriate policy performance across Scotland.

Promoting transparency will encourage the local authorities that are only delivering the baseline to expand programmes and seek support when needed. As Scottish local authorities are often under-resourced and underfunded, they may require additional resources beyond funding to ensure that the Act is implemented consistently.

There is also an apparent discrepancy between which local authorities focus are implementing the free provision of period products and local authorities enforcing the free provision of period products.

This Act requires instituting initiatives that address all facets of poor menstrual health that can lead to period poverty. This disproportionate focus on the provision of products was also identified by [the Ferret \(2023\)](#). The Ferret also highlighted that many local authorities needed to be more underspending and called for transparency in budget spending and allocation for 2024-2025.

It might be useful for the Scottish Government to mobilise funds for a point person who can review progress towards implementing this Act, answer queries from local governments, and ensure the Act covers all areas of menstrual health. This person could convene local authorities bi-annually to share lessons learned so that success stories and limitations can be discussed and resolved.

This information should also be available to the public throughout the implementation process, not only in 2026 – 5 years since the Act received royal assent.

3. Different people require different products – addressing the intersectional needs of women, adolescent girls, and people that menstruate across Scotland

Apply an intersectional lens and rights-based approaches to unpick the needs of key populations such as women of colour, people living with disabilities, people experiencing homelessness, incarcerated people, transient populations, and migrants. An intersectional lens is not a physical item but a concept or framework that aims to explain why every person uniquely sees the world. It's the compilation of all the influences and unique experiences that shape our worldview. This includes how they can access the healthcare systems and how social institutions treat these groups. Their experiences will influence their ability to promptly address stigma and shame and access pe products that are appropriate for them. This also extends to menstrual intersectionality training for healthcare professionals, so they can advise on products if needed.

Co-designing interventions that address menstrual health across life could address some intersectional needs. Most local authorities focused on providing pe products, mainly for adolescent girls and people who menstruate and are in school. Women and people that menstruate will spend most of their reproductive life out of school, so there is a need to protect and acknowledge menstrual health in the workplace, home, and everyday life. Furthermore, local authorities should also focus on supporting people and raising the visibility of menstrual disorders, such as endometriosis,



Peri-menopause and menopause were rarely mentioned, and this area needs to be addressed to preserve menstrual dignity. Women and people that menstruate should have different needs and potentially different types/volumes of products and resources so they can manage their menopause and vocalise their symptoms without experiencing stigma or shame.

There should be continuous evaluation of the policy through community consultation. Only a few councils conducted at least two streams of talks (for community and schools). During these consultations, they targeted different populations to encapsulate a broader understanding of their intersectional needs. This approach should be agile and include continuously co-developing with more specific target groups.

4. Expand the reach of the PickUpMyPeriod App

Scotland is considered a high-income country; however, a fragmented, isolated rural landscape and societal inequalities mean many have fewer opportunities than others to access local authority-run facilities. These factors also contribute to the issue of digital inequality. This is a particular concern in Scotland.

The PickUpMyPeriod App (an app focused on delivering period products by ordering on the phone) is a fantastic resource, but it should be coupled with social and structural interventions. Scotland has a digital gap where people need access to smartphones or do not use social media platforms.

Furthermore, the App currently only lists council-owned facilities and should include private sector companies providing complimentary products. The MyPeriod website offers alternatives to local authority-owned facilities and a comprehensive map of where you can access products across Scotland. Companies not included in the map, for example, football stadiums, cafes, and bars should be able to add themselves to the app.



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5. Promote environmentally friendly periods products.

Few local governments provided the choice between single-use and sustainable period products. There is an opportunity for more campaigns to focus on sustainability, the environment, and advocacy for sustainable period products. For example, other councils could learn from Midlothian Council, which is interested in environmental sustainability regarding period products (referenced in their provision). Additionally, Angus Council put Caring for the Environment as one of their next steps.

Furthermore, local authorities could work on informing women, adolescent girls, and people who menstruate about different period products available on the market and their advantages and disadvantages, so they can make informed choices when choosing the period product. This will also promote self-efficacy, body literacy, and bodily autonomy.

6. Optimise the reach of the Act through partnerships.

There needs to be more robust cooperation and collaboration with the private sector, civil society, and faith-based organisations, and to bring their skills, expertise, and resources to realise the policy's full ambitions.

The private sector could also be engaged to provide reduced-cost products. For example, most councils get products from Hey Girls. However, there are production issues. Falkirk Council reported a delay in producing period pants – approximately 6-8 weeks. Furthermore, there were also challenges in delivery, as Falkirk Council also references that orders may take three weeks to arrive for this reason. Another example of a successful public-private partnership is seen through the Angus Council, which continuously distributes products through existing locations with a campaign to encourage more business premises to be part of the UK-based Bloody Good Employer Scheme.

Continued partnership, knowledge sharing and collaboration with the media are very important. The media gets attention and helps promote change. A good example of how this could be actioned is the “Free to Menstruate” led by [GirlUp Brazil](#). It demonstrated the importance of collaboration between youth and media. “Free to Menstruate” was successful in generating connections with “old” and “new media.” It also championed the accommodation of vulnerable/disadvantaged women. Concerning Scotland, local authorities could work in partnership with the media to continue to elevate the agenda on social media, mainstream media channels, or advertising products in every community.

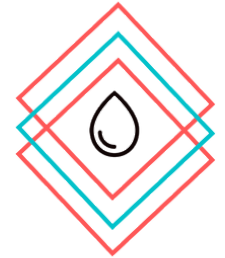


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Policymakers must also remember that visibility matters. Supplying period products is one step, but collectively we must work together to improve visibility will help individuals access them.



CONCLUSION



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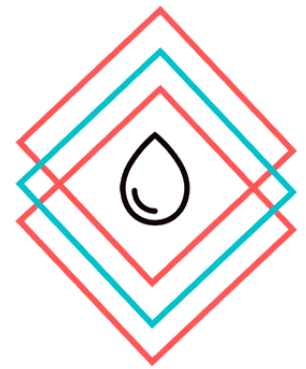
The Period Products (Free Provision) (Scotland) Act 2021 was the first policy in the world to address period poverty by making it a legal obligation that the 32 Scottish local authorities make period products available to all those that need them. We commend the local authorities on what they have achieved thus far but would like them to make their consultation methods and implementation more transparent.

The world-leading policy demonstrates a commitment to menstrual health, gender equality, and human rights. Optimizing implementation-- through knowledge sharing, monitoring and evaluation, and communication consultation can translate the promise of the policy into real impact.

Policymakers must also remember that visibility matters. Supplying period products is one step, but collectively, we must work together to make menstrual health visible by further adapting public awareness campaigns like "Let's Call Periods Periods" and the "On the Baw" campaign. By highlighting why it is necessary, we can generate community buy-in and build bodily autonomy and self-efficacy in women, adolescent girls, and people that menstruate across Scotland. Also, strengthening community partnerships can greatly improve awareness and access to period products. Some local authorities have made provisions for SRH education and information, appropriate WASH facilities, and addressing menstrual stigma and shame.

Pandemic Periods welcomes the 32 local authorities of Scotland's review of this rapid policy analysis and hopes that gaps and recommendations in this paper can fuel the next iteration of growth of this landmark policy. We also welcome and invite feedback and reflections, recognizing that this analysis was based only on publicly available information to date.

The Period Products (Free Provision)(Scotland) Act 2021 is an essential and groundbreaking policy. Still, fundamental transformation requires going beyond legislation to meet women, adolescent girls, and all people who menstruate's menstrual health needs.



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ANNEX 1: COSLA

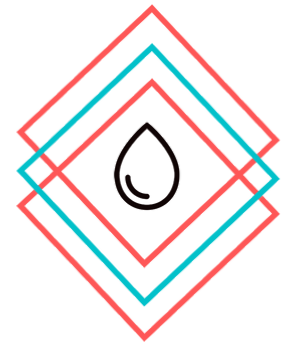
COSLA is the voice of Local Government in Scotland.

COSLA was established in 1975, but standing up for Scotland's local priorities goes back 800 years when we evolved from the Convention of Royal Burghs- once the oldest representative body in Europe.

Today, we are a councillor-led, cross-party organisation that champions councils' vital work to secure the necessary resources and powers. We work on councils' behalf to focus on their challenges and opportunities and to engage positively with governments and others on policy, funding, and legislation.

Every day people rely on the services that the local government in Scotland delivers. Together, they spend over £19 billion a year and employ over 240,000 people - almost 10% of all jobs in Scotland.

Link to COSLA - you will find links to all of the Scottish local authority websites - <https://www.cosla.gov.uk/councils>



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ANNEX 2: EXPANDED METHODS

The following section outlines the methods utilised by the policy analysis team during the Pandemic Periods to achieve the aims and objectives of the research project:

Overall Aim

To explore the implementation of the Period Products (Free Provision) (Scotland) Act 21 across the 32 local authorities in Scotland.

Objectives

1. Explore how each local authority in Scotland is implementing the Period Products (Free Provision) (Scotland) Act 2021.
2. Record how each local authority adapts the policy implementation to reach the most vulnerable people that menstruate in their area.
3. Identify any gaps in their implementation, monitoring or evaluation process.

Process

Each policy analysis team member will be assigned six local authorities (divided on the spreadsheet available on request). They accessed the local authority websites via the COSLA website. They searched for implementation plans and policies relating to the act through each of the 32 local authority websites.

We reviewed the implementation policies from the 32 Scottish Local Authorities: Aberdeen City Council, Aberdeenshire Council, Angus Council, Argyll and Bute Council, City of Edinburgh Council Clackmannanshire Council, Comhairle nan Eilean Siar, Dumfries and Galloway Council, Dundee City Council, East Ayrshire Council, East Dunbartonshire Council, East Lothian Council, East Renfrewshire Council, Falkirk Council, Fife Council, Glasgow City Council, Inverclyde Council, Midlothian Council, North Lanarkshire Council, Orkney Islands Council, Perth and Kinross Council.

Renfrewshire Council, Scottish Borders Council, Shetland Islands Council, South Ayrshire Council, South Lanarkshire Council, Stirling Council, The Highland Council, The Moray Council, West Dunbartonshire Council, and West Lothian Council



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