



RE: Status of Women – Menstrual Equity Committee  
Expert Testimony Brief

My name is Dr. A.J. Lowik (they/them) and I am a Postdoctoral Research Fellow with the University of British Columbia’s Faculty of Medicine and the Centre for Gender and Sexual Health Equity. My research focuses on the sexual and reproductive health (SRH) and healthcare experiences of trans people – people whose current gender identities differ from the genders/sexes they were assigned at birth. I have published and lectured extensively on a range of SRH topics, including on trans people and menstruation (Lowik, 2020). I am also a member of the Government of BC Period Poverty Task Force.

Thank you for the opportunity to provide expert testimony on how period poverty impacts trans people, and how to ensure that solutions to period poverty are adapted to meet the needs of this frequently overlooked and underserved population. In Canada, approximately 100,815 or 1 in 300 people aged 15 years or older are trans, including 59,360 binary-identified trans people (of which 27,905 are trans men) and 41,355 nonbinary-identified people (a category which StatsCan uses to include nonbinary, agender, pangender, genderqueer, genderfluid, gender non-conforming and Two-Spirit people, many of whom will menstruate). While likely an overall underestimation, these figures and other reported data suggest that trans people live in all corners of this country and people of all ages, races, abilities, etc. are trans.

Menstruation itself, as well as related healthcare, education, and menstrual equity work, including how we discuss and address period poverty, can be characterized by pervasive cisnormativity. The presumption is that all people who were assigned female at birth will necessarily identify as women, such that the anatomical/physiological process of menstruation is reduced to a “woman’s issue.” Most of the menstruation-related research and many law and policy discussions regarding period poverty eradication strategies worldwide, focus on the experiences of cisgender women, to the exclusion of other people who menstruate. Importantly, many trans people menstruate. Trans health studies is a field of inquiry in its naissance and to date, fewer than 25 peer-reviewed articles have been written from clinical and critical perspectives on trans people and menstruation. From this limited body of evidence, however, there are several important findings:

1. For many, but not all trans people, menstruation can be a site of dysphoria and distress. Some trans people use contraceptive methods and/or testosterone to suppress their periods and some trans youth use gonadotropin-releasing hormone analogues to delay the onset of menses.



- a. *Recommendation:* Beyond access to products to manage menstrual bleeding, providing free and unfettered access to these medications and technologies is a vital component of combatting period poverty, as there is often a financial cost associated with *not bleeding* which is oft overlooked when we focus our attention on the cost of menstrual products.
2. For many trans people, public, school and workplace bathrooms are sites of discrimination and violence. Many trans people avoid using the bathroom when outside of their homes, including to the point of contracting urinary tract and kidney infections. Trans people report that gendered bathrooms can be particularly unsafe, and that having to navigate menstruation in these unsafe spaces increases the risk of discrimination and violence. Trans people report that the lack of privacy and the lack of dispensing and disposal receptacles in men's bathrooms, the overall absence of gender-neutral bathrooms, and the increased policing of gender non-conformity in public spaces generally, all exasperate menstrual inequities and further contribute to public bathroom avoidance.
  - a. *Recommendation:* When free products are made available, attention must be paid to not only ensuring that they are available in all men's, women's, and gender-neutral bathrooms (e.g., Regulations Amending Certain Regulations Made Under the Canada Labour Code [Menstrual Products]) but also to ensuring that the bathrooms are themselves spaces that trans people can safely access, including by increasing the number of gender-neutral bathrooms.
3. Trans people report a lack of inclusive and affirming menstrual education and menstrual health care. Trans people are largely left out of formal sex education curriculum, and the healthcare providers are frequently untrained in the principles of gender-affirming care and uneducated when it comes to trans people's unique menstrual health needs.
  - a. *Recommendation:* Mandatory comprehensive sex education is imperative, so that trans people can make informed choices about their SRH; addressing gaps in medical education curricula will ensure that trans people have access to competent healthcare providers, to address PCOS, endometriosis, dysmenorrhea, and other menstrual health conditions that they may be living with.



While the available literature makes little mention of period poverty explicitly, we can illustrate the impact of period poverty on trans people by examining the available evidence about rates of poverty, generally. Altogether, trans people are more likely to be poor than their cisgender counterparts, which is only compounded for youth, people of colour, disabled trans people, etc. Trans people are twice as likely as cis people to live in unstable housing, and 1/5 of trans adults in Canada report being denied rental housing due to their gender identity or expression. One quarter of trans youth in BC report being forced out of their familial homes and trans youth are thus overrepresented among our houseless populations. 29% of trans people report being turned away from homeless shelters, and 22% report being assaulted by residents and staff when they do access them. Trans people experience barriers to education and employment including high rates of high school disruption, lower rates of postsecondary education enrolment, and double the rate of unemployment as compared to cisgender people. In Ontario, one study reported that while 71% of their trans survey respondents had at least some college or university education, about 50% reported living on less than \$15,000 a year.

As such, even without studies which specifically explore the period poverty experiences of trans people, we can conclude that trans people are disproportionately impacted by poverty, are thus experiencing period poverty as a component of that poverty, and have unique challenges in accessing products, including those that may be freely available in public bathrooms, shelters, schools, and workplaces.

Dr. A.J. Lowik  
ajlowik@cgshe.ubc.ca