

MENSTRUAL HEALTH AND MIGRATION

MENSTRUAL JUSTICE INSIGHTS REPORT
FEBRUARY 2026



ጠርሐዊ ጽግዖት menstruación حيض يا عادت ماهانه paheke 月经 hedhi
xwīne hat حوضٌ caadada դաշտանային ցիկլի menstruação কুমুম
মহিনাবারী ماہواری menstruatie قاعدگی may-sapanahon
مانگازە menstruacionet میاشتنی عادت kinc
datang bulan حيض ihu nsو دورة الشهرية
جیتنا règ ս:ճմեօս kinh nguyệt 생리





ABOUT NISABA

Nisaba is a non-governmental organisation that advocates for menstrual justice for migrants; through accessible menstrual wellbeing, reproductive and sexual health services in England.

At Nisaba, we support migrant girls, women and people who menstruate to feel more confident and empowered, by reclaiming ancestral wisdom and bodily autonomy through community-driven projects.

Nisaba's mission is guided by three pillars:

- **Decolonised framework:** our work adopts a decolonial intersectional feminist approach to dismantle harmful practices, acknowledging the implications of colonialism, capitalism, classism, ableism, white supremacy, patriarchy & misogyny to health.
- **Mutual care:** we utilise mutual care to allow resource sharing by and for the community without conditions.
- **Compassionate care:** we recognise the migrant community; refugees, people seeking asylum, those otherwise undocumented and their dependants, as the fabric & heart of our society, and take a humanistic approach with cultural sensitivity, compassion & critical thinking in mind.

"Because of cost many of the families have to resort to the cheaper end of products when it comes to period wear, especially if they are a large family. What Nisaba offers is quality and it's discreet, which makes a huge difference."

– Wycombe Refugee Partnership



ACKNOWLEDGEMENTS

We acknowledge the work of Monette Eiliazadeh, founder and director of Nisaba, for editing and running this survey. This initiative would not have been possible without our partners, Aisha Rehman, Refugee Advocacy Lead of the African Rainbow Family, Anahita Fazli, Women's Project Lead of The Afghan Association London, and Nisaba's outreach volunteer, Donna Leech who helped us gather feedback forms from our service users.

We are grateful to Ana Luiza Savi for leadership in data analysis and report coordination, Kate Bowes for designing the survey form, Lillian Rose Robinson for facilitating the literature review, Monette Eiliazadeh for editorial support, and Sherly Kyorkis for peer review. We extend our special thanks to the 87 survey participants who shared their health insights and experiences while living in England, on which this report is based. *

"As the cost of living crisis continues to force people to choose between period products and other essentials, Nisaba is doing vital work to empower refugees and people seeking asylum to care for their menstrual health with dignity by distributing free period products and providing menstrual health education. Last year, Nisaba stepped up to support Bloody Good Period with period product provision to refugee organisations as our waitlist for period product donations continued to grow and we lacked the funds to support new organisations. We were grateful for their support and glad we could refer these organisations to Nisaba. It's unacceptable that in 2025 this work is still needed, and with the recent closure of Bloody Good Period, Nisaba's work is all the more important."

- Bloody Good Period

*Photos included in the report are from Nisaba's general archive and do not represent survey participants.



EXECUTIVE SUMMARY

This report examines the menstrual, sexual and reproductive health (SRH) **experiences, needs, and access to health services** of migrants in England. Based on 87 survey responses, findings show that most migrants struggle to **meet their menstrual health needs**, and over 70% have experienced **shame, stigma or embarrassment** around menstrual health.

Migrants also report **limited awareness of free menstrual support services** in England, and many **had not received support prior to meeting Nisaba**. Among those who had used other complimentary services, over 50% did not find them useful in meeting their health needs.

Over **80% of participants had previously received period products** from Nisaba, and over **99% rated their quality positively**. For nearly all participants, access to good-quality products makes a meaningful difference. In contrast, migrants report that the free period products offered in England are often poor quality or insufficient to meet their menstrual health needs.

Beyond product distribution, educational workshops and wellbeing sessions are central to Nisaba's work. Among participants, **68% had attended an educational workshop**, with 95% reviewing their experience positively. Similarly, **63% had attended a wellbeing session**, and 96% reviewed their experience positively. An unmet need for education and wellbeing support remains, with over 87% of those who had not attended expressing interest.

Overall, the findings demonstrate **Nisaba's vital role in alleviating menstrual injustices for migrants** through the provision of good-quality period products and trusted, culturally responsive education and wellbeing services. As many migrants find existing services insufficient, inadequate or inaccessible, Nisaba fills a critical gap. Finally, the unmet demand for workshops and wellbeing sessions presents a **clear opportunity to extend Nisaba's impact further**, and reach more migrants with inclusive menstrual health support.

CONTENT

MENSTRUAL HEALTH, EQUITY & JUSTICE 1-5

OUR SURVEY 6-16

OUR INSIGHTS 17-18

OUR CONCLUSIONS & RECOMMENDATIONS 19

REFERENCES 20

CONTACT US 21

Authors (in alphabetical order)

Ana Luiza Savi
Lillian Rose Robinson
Monette Eiliazadeh

Editor

Monette Eiliazadeh

February 2026

MENSTRUAL HEALTH AND EQUITY

Menstrual health refers to the complete **physical, mental, and social wellbeing in relation to the menstrual cycle**. This definition accounts for diverse social and psychological components of the menstrual experience, as well as needs related to health and social inclusion. (1)

Menstrual equity refers to **eliminating socio-political and environmental barriers** experienced by individuals who are unable **to manage autonomy, and/or access appropriate menstrual products, services, and education**. Equity, rather than equality, is prioritised as it refers to fairness in the distribution of resources, opportunities, and outcomes, recognising that individuals and groups from different social, economic, geographical and historical positions may require differential solutions to achieve comparable outcomes. Thus focusing on justice, context, and need, aims to reduce systematic and avoidable social disparities. (2,3)

Viewed through abolition and intimate geopolitics, menstrual injustices reveal how everyday bodily experiences are inseparable from broader political and territorial processes.

According to Jasmine Joanes (4):

“

"Intimate geopolitics enables us to examine how the everyday mundane becomes entwined with geopolitics. From the reproductive potential of those tracking menstruation and being enrolled in territory-making; to individuals experiencing a menstrual bleed and caring for their bodies during conflict, the concept demands that we foreground lived realities in political geography".

MENSTRUAL EQUITY IN THE UK



Period poverty can be described as the inability to afford or have access to essential menstrual products, sanitation and hygiene facilities, and education to manage one's menstrual health. (5) This issue is rising across the united kingdom (uk), especially for migrants who menstruate:

In the uk:

- **1 in 5** people who menstruate struggle to **afford** period products (5)
- **3 in 4** asylum-seeking women struggled to get period products while destitute (6)
- **27%** of girls have **overused a period product** because they couldn't afford a new one (7)
- **70%** of girls report that **no practical information** about their menstrual cycles was covered in school education (8)

Period poverty **undermines the ability to manage menstruation with dignity**. These challenges are further exacerbated by the uk's Hostile Environment policies, which have embedded immigration control into everyday systems, including healthcare, creating **structural barriers** that disproportionately affect migrants' ability to access basic rights. (9)

The **lack of menstrual equity** among women and people seeking safety in the uk directly **contributes to period poverty and its associated harms**, particularly affecting people seeking asylum and those transitioning from seeking asylum to refugee status. (10) People seeking asylum are still prohibited from working and receive around £7 per day from the government to cover all basic necessities, forcing many people who menstruate to **choose between purchasing food and accessing menstrual products**. (11, 22)

MENSTRUAL EQUITY IN THE UK



Additionally, when an asylum claim is granted, individuals must leave Home Office accommodation within 28 days and lose financial support, creating a sharp "cliff edge" with limited assistance to secure housing, open a bank account, or access income. Moreover, those whose asylum claims have been refused are frequently excluded from public funds altogether, leaving them destitute and dependent on charitable organisations for basic needs. (29)

As a result, individuals frequently **resort to improvised and unsafe materials** to manage their menstrual needs, such as tissue, torn clothing, or bath towels. These practices are often associated with **negative health outcomes**, including infections, increased stress and adverse mental health impacts. (11)

Together, these structural conditions entrench period poverty and reflect a **systemic failure to achieve menstrual equity for migrants who menstruate in the uk**. Thus, our equity efforts must **challenge systemic oppression** such as, but not limited to; racism, sexism, classism, heteronormativity and ableism, as well as **demand bodily autonomy, justice, and liberation beyond mere "choice"**.

"As an asylum seeker, you can not afford a high standard level of sanitary pads so poverty makes our lives miserable, unworthy and disturbs our mental health which is not fair enough. Everyone has the right to live freely".

— Survey Participant

DECOLONISING MENSTRUAL HEALTH: MIGRANT AND MENSTRUAL JUSTICE



We aim to re-claim and re-member what menstruality means to us.

Historically, **blood was interpreted as a life force** across many civilisations. (12–14) In Bet Nahrain (Mesopotamia), cuneiform tablets show deep reverence for blood and those who bleed. Creation stories describe the deity Ninhursag giving humans life by mixing her blood with clay, while ancestral beings were believed to menstruate in alignment with lunar cycles in devotion to Inanna/Ishtar, the deity of love, war, menstruation, and the moon. Egyptian and Bet Nahrainian metaphors link the flow of blood to native rivers and canals. (13, 15) Gynaecological health was heavily researched and nurtured in line with symbolic and metaphoric associations to cosmology. Across colonial borders, Navajo, Inuit and Māori communities for example, similarly care for the spiritual and **renewable strength of one's bleed in connection to ancestral land, community and Earth.** (14, 15)

Orientalist and eurocentric scholarship have **falsely framed menstrual blood as impure**, due to mistranslations and the exclusion of Indigenous knowledge—particularly the roles of people who menstruate in ancient medicine. During the Middle Ages, the Catholic church shaped global beliefs by promoting patriarchal ideas that **framed menstruation as unclean, dangerous, by weaponising witchcraft.** Christian doctrines portrayed Eve as sinful, giving rise to the myth that menstrual pain was divine punishment, while paradoxically elevating the blood of Christ as sacred. (16, 17)

Ancestral scriptures instead associate **menstrual blood with intelligence, sacredness, healing, fertility, childbirth, and love**, qualities long diminished by patriarchal eurocentric perspectives.

DECOLONISING MENSTRUAL HEALTH: MIGRANT AND MENSTRUAL JUSTICE



In efforts to decolonise, menstrual injustices must be explored on an individual and macro scale beyond eurocentric, heteronormative and ableist binaries. In a multitude of creative approaches, may we collectively expose the interconnectedness of societal and cultural barriers, whilst investing in intersectional feminist research. Globally, as vulnerably-made reproductive bodies are policed; from living under the Kafala system, to controlled abortion access or coercive contraceptive use, (18) **our priorities must empower targeted, minoritised groups.**



Multiple truths are entwined. Globally, over 500 million people who menstruate either cannot afford period products; are forced to choose between expensive disposable or reusable options without access to clean water—worsened by climate disasters, genocide, occupation, conflict, famine, war and/or displacement. (28) Simultaneously, corporations profit from menstruation by selling products containing irritant chemicals. (19) Menstrual and SRH services can also exclude trans and non-binary people, as well as racialised women and people who menstruate—due to embedded patriarchal, homophobic, transphobic, eugenicist, racist, and/or Islamophobic healthcare systems, that have in many ways neglected or even harmed reproductive bodies, in an ever-increasing society under surveillance.

OUR SURVEY

As part of our commitment to supporting the reproductive health of migrant people who menstruate, we conducted a short survey to learn about **our participants' menstrual experiences, our services, and menstrual inequities across England.**

METHODS

With the help of our partners, we distributed a **online survey form** between August and November 2025 among our service users and partners (87 responses). We included all participants aged 18 and over. We offered participants a £25 voucher to acknowledge their time and input. With the support of our volunteers, we analysed responses descriptively and reported insights anonymously.

LIMITATIONS

Participation was voluntary; however, offering vouchers may have introduced undue influence and unconscious bias. Our results may have been influenced by self-selection bias, language barriers and limited regional representation. The survey questions were developed by the organisation, and responses may not be comparable with other studies.

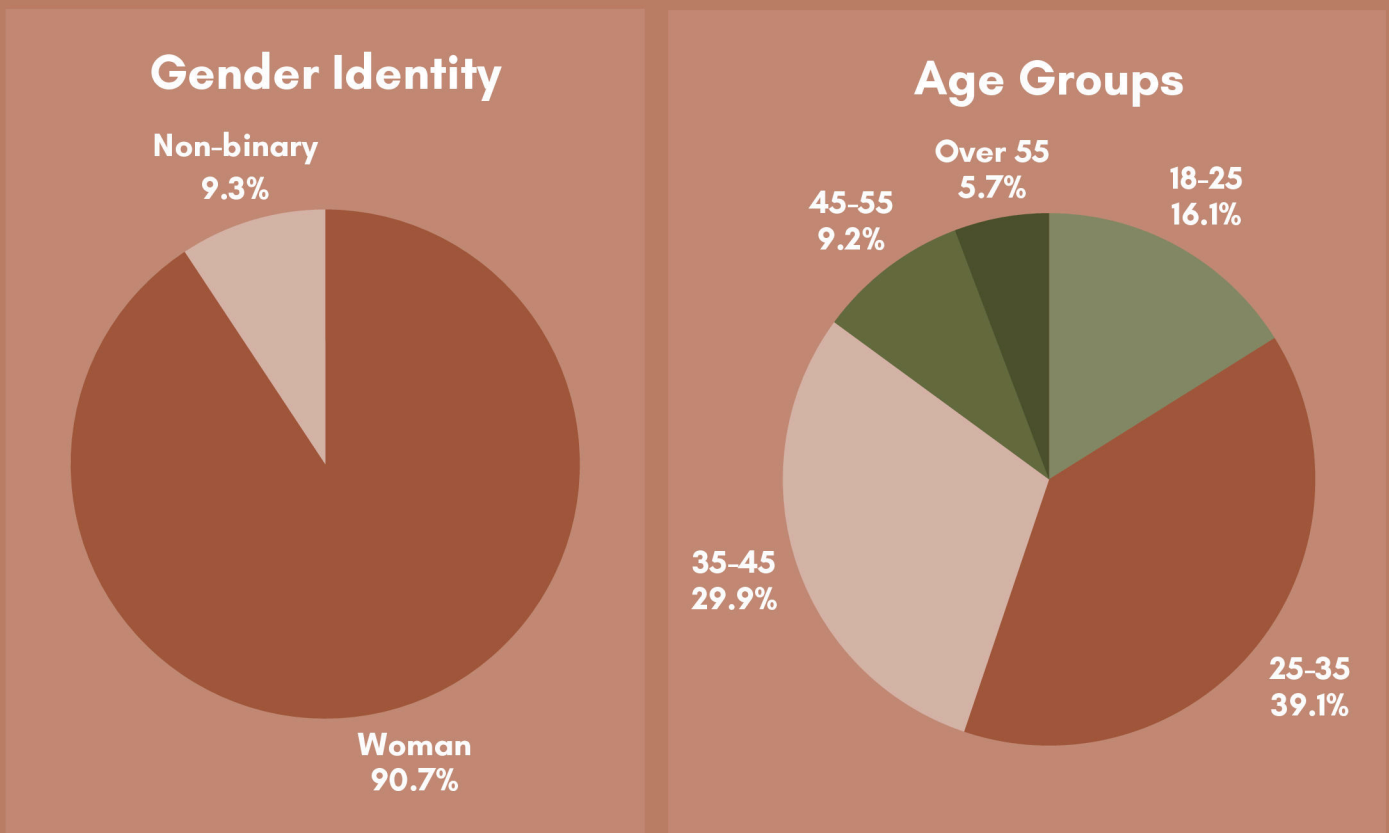


Image by @edk__photos95

SURVEY RESULTS

PARTICIPANTS' EXPERIENCES

Our survey received 87 responses from individuals aged 18 years or over. Most participants identified as women (91%), were between 25-45 years (69%), and reported having Afghan ethnicity (25%).

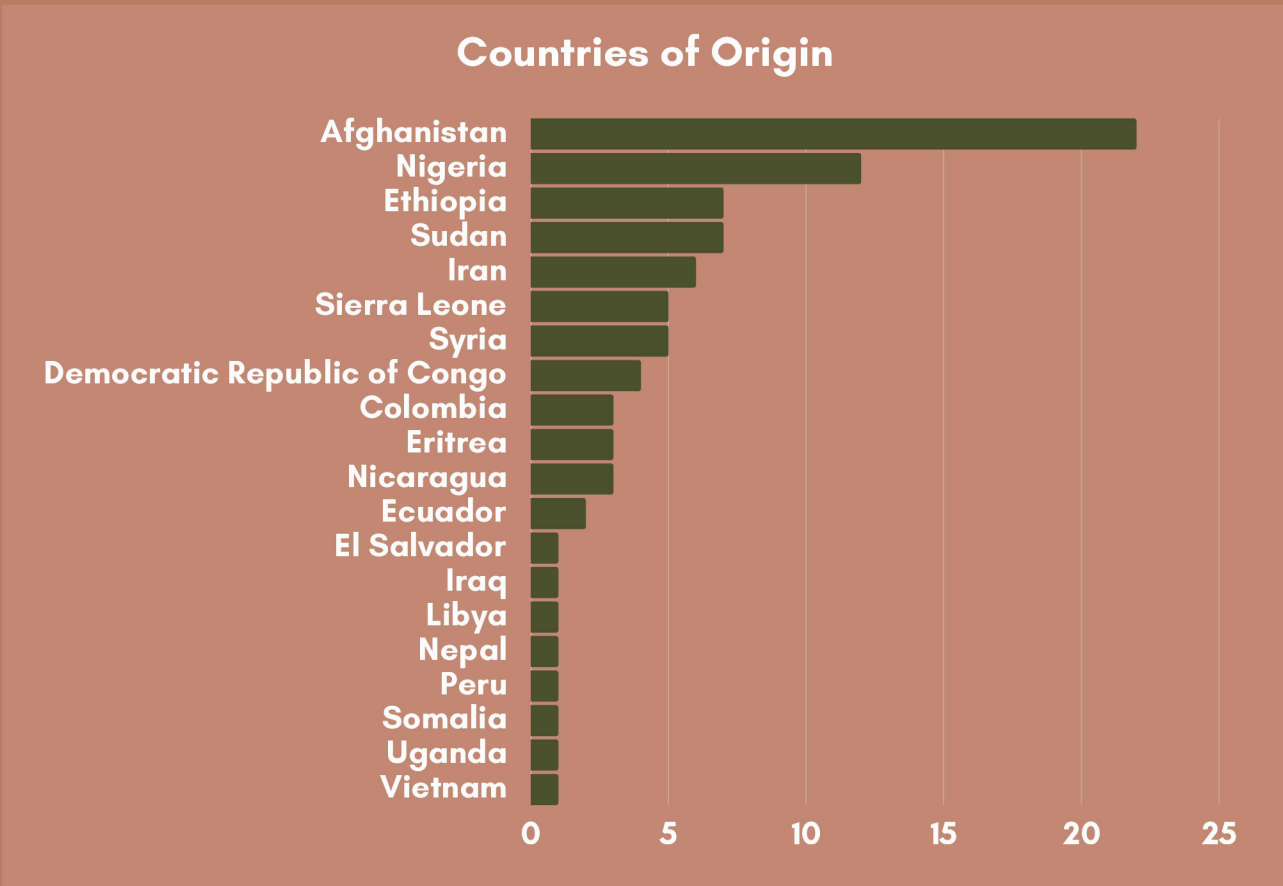


We had **20 ethnicities represented**, including Afghan (25%), Black - Sudanese (8%), Ethiopian (8%), Black - African (8%), Kurdish (6%), Black - Sierra Leonean (6%), Black - Nigerian (6%), Black - Congolese (5%), Syrian (5%), Colombian (3%), Nicaraguan (3%), Latin/South/Central America* (2%), Iranian (2%), Eritrean (2%), African Asian (2%), Vietnamese (1%), Nepali (1%), Libyan (1%), El Salvadorian (1%), and Black - Somali (1%).

*We acknowledge that 'Abya Yala is the self-designation by some the continent's Indigenous peoples as a counterpoint to 'america', and can be used alternatively.

PARTICIPANTS' CHARACTERISTICS

Our respondents came **from 20 different countries**, including Afghanistan (25%), Nigeria (14%), Ethiopia (8%), and Sudan (8%).



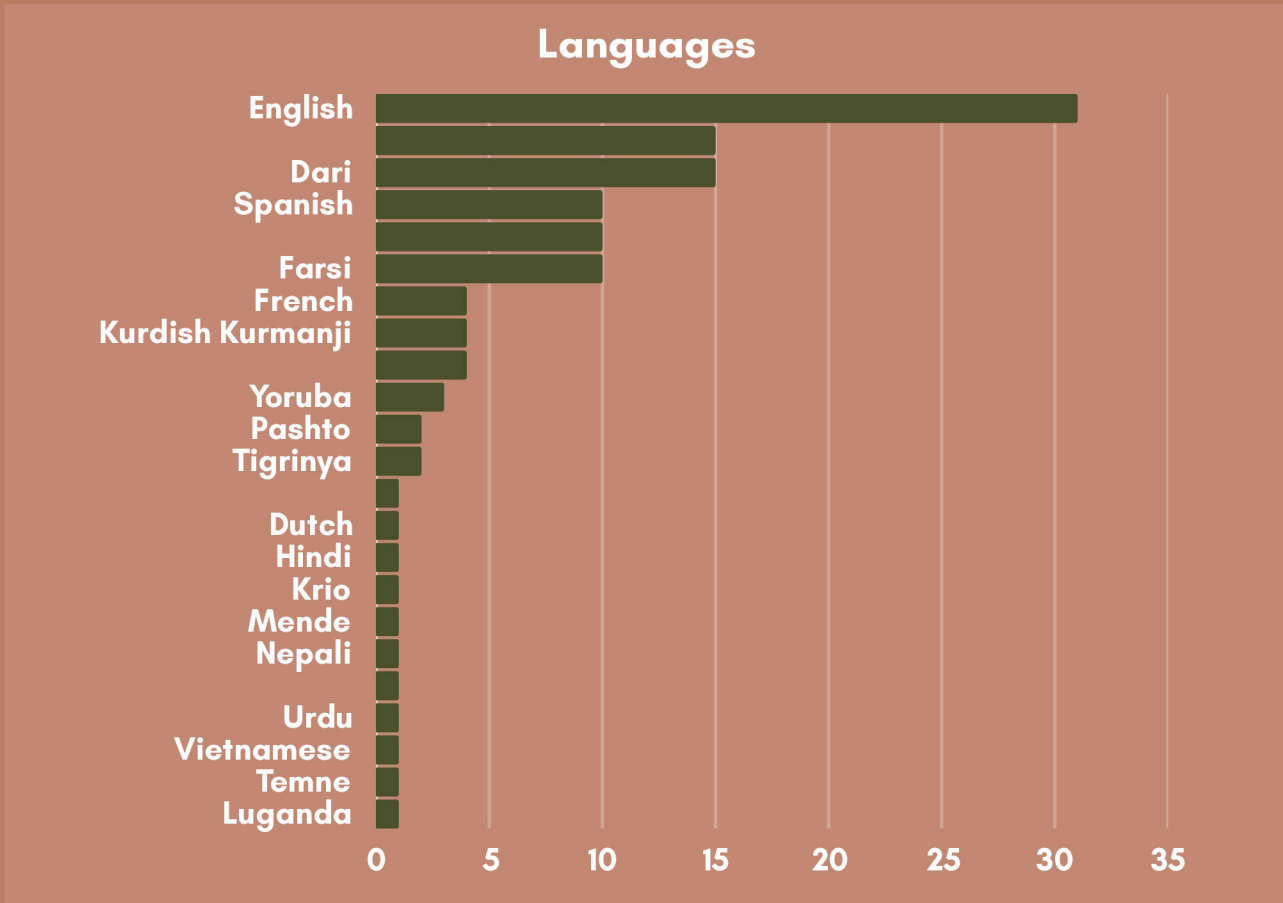
Our survey participants **spoke 25 languages**, being English (36%), Arabic (17%), and Dari (17%) the most common ones. **Less than half of participants spoke English**, which may represent a barrier to access health services and care in England.



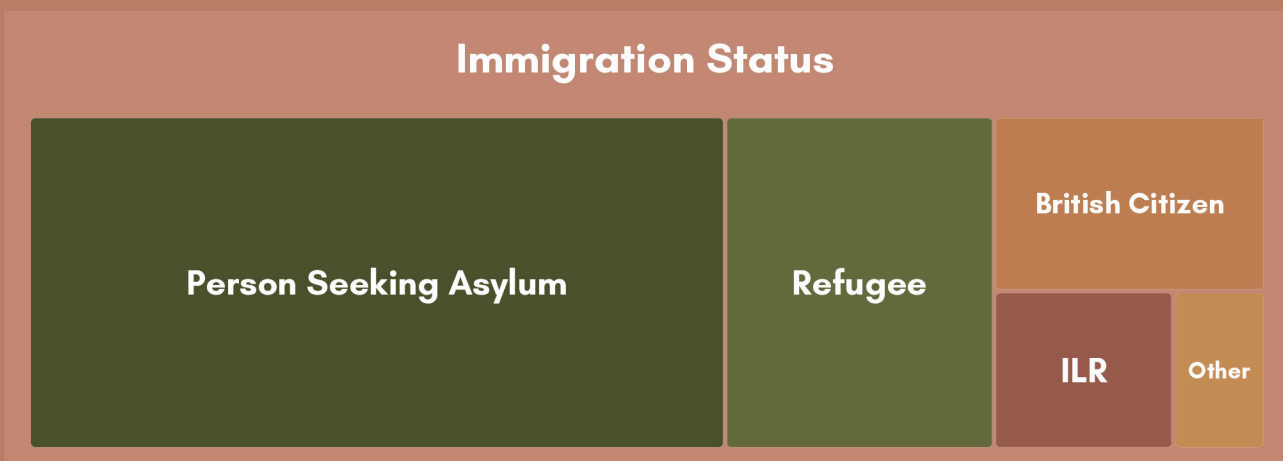
About **1 in 3**
survey participants
spoke English

PARTICIPANTS' CHARACTERISTICS

All the languages spoken by our participants are represented below:



Regarding immigration status, 56% of participants identified as **persons seeking asylum**, including those who needed to apply or were waiting on application results. **Refugee status** was reported by 22%. Around 18% had **Indefinite Leave to Remain (ILR)** or reached **British citizenship**.

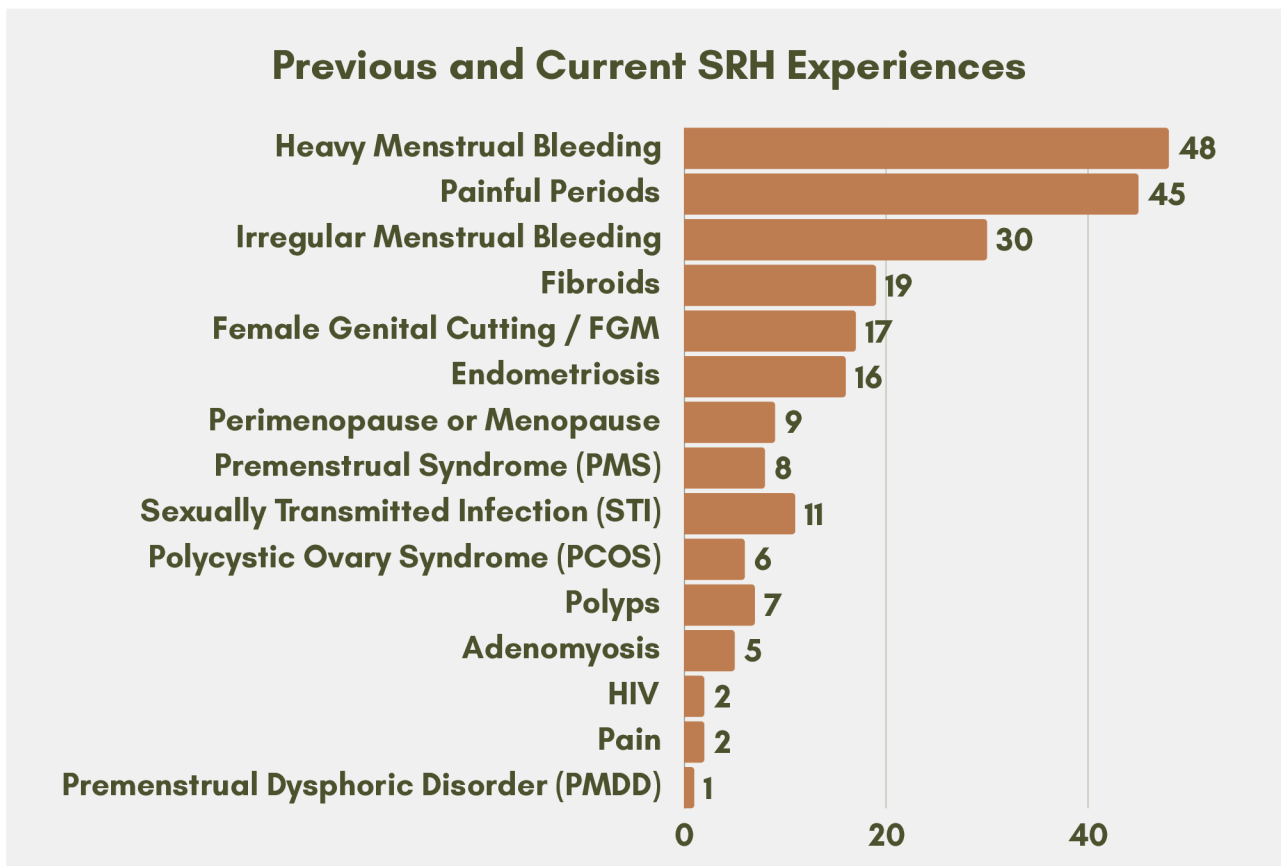


SURVEY RESULTS

PARTICIPANTS' EXPERIENCES

We asked service users about their menstrual, SRH **experiences, needs,** and **access to health services.**

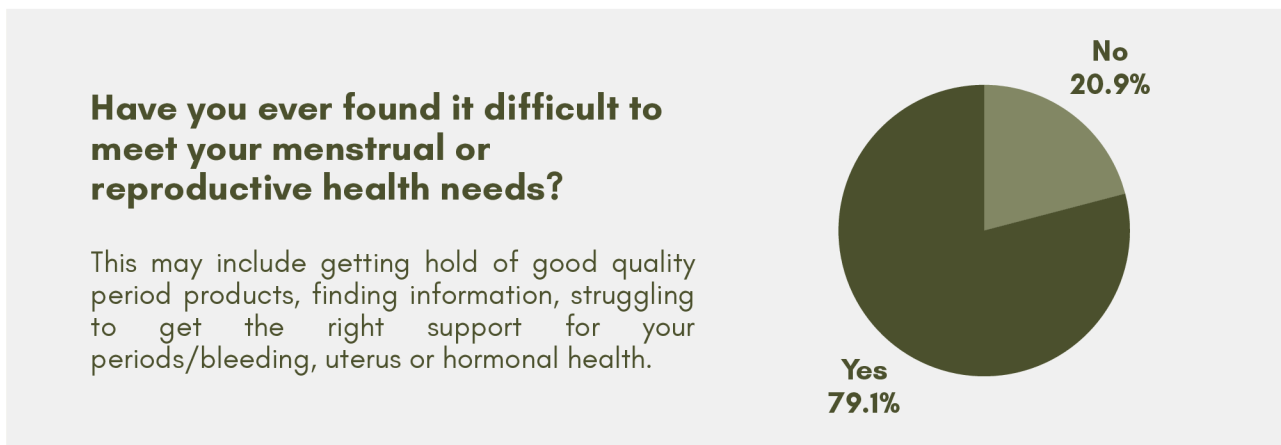
Our participants reported **a variety of SRH experiences.** Heavy menstrual bleeding (55%), painful periods (52%), and irregular menstrual bleeding (34%) were the most commonly reported.



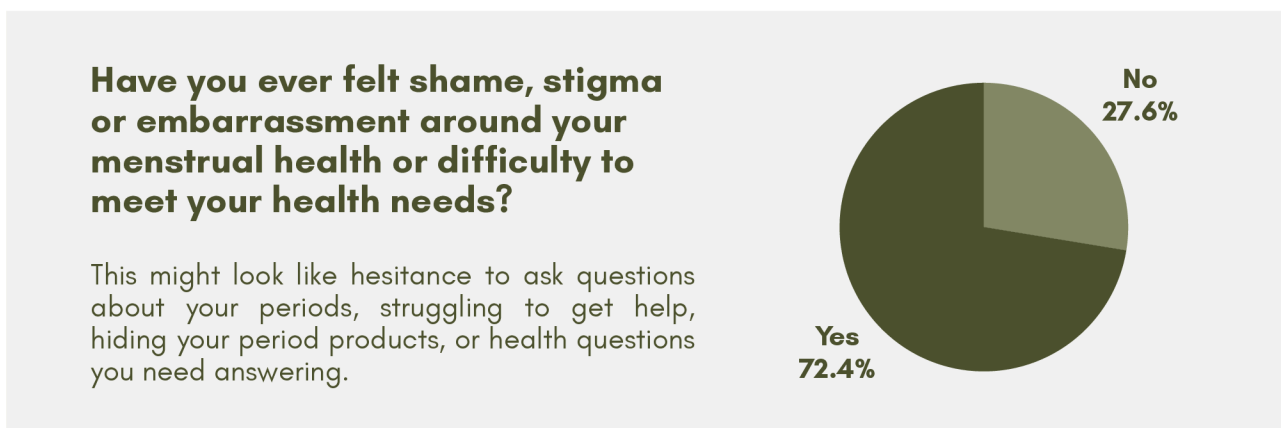
Period problems can include period pain, heavy or irregular bleeding, PMS, ovulation pain and endometriosis. (20) **Over half of our participants experienced issues related to menstrual health.** These issues may be influenced by social determinants of health for migrants, such as **living conditions, poverty, social support, and access to appropriate healthcare** (21).

PARTICIPANTS' HEALTH NEEDS

Despite over 50% of survey participants reporting period issues, almost 80% **had experienced difficulties meeting menstrual or reproductive health needs.**



Additionally, **72%** had previously experienced shame, stigma or embarrassment around their menstrual health, or had difficulty to meeting menstrual or reproductive health needs.

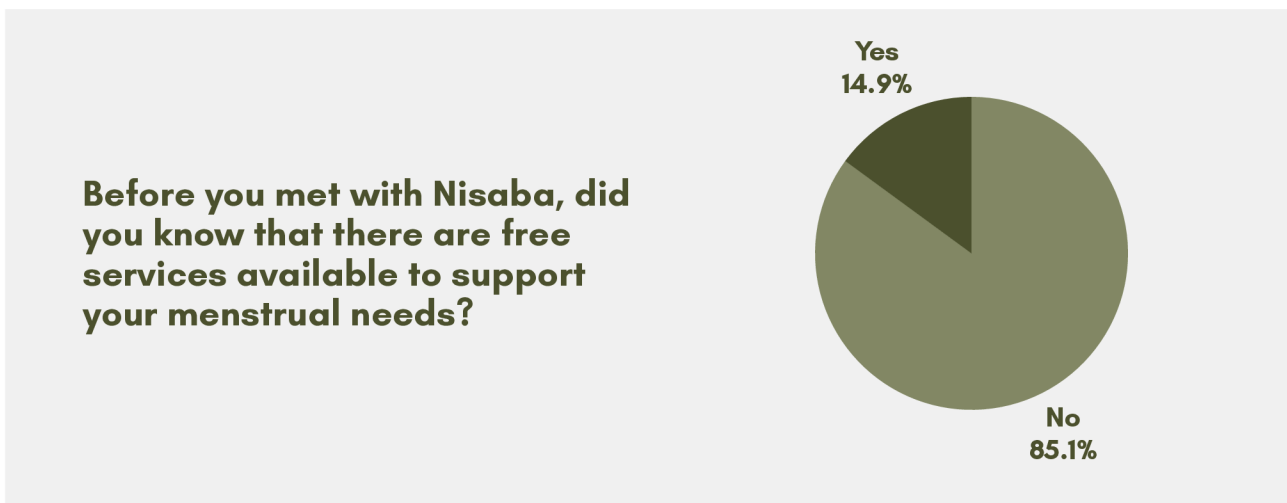


To promote empowered sexual health (SH) care, Nisaba also supports participants with **general practice (GP) registration, logistics challenges** (e.g. ordering free SH testing home kits instead of travelling to specialised clinics), **sign posting** to local sexual health clinics, and **language barriers** (e.g. health information may be filled incorrectly). With a holistic approach, Nisaba aims to promote tools that empower individuals to **navigate risk, make informed decisions,** and **advocate for their menstrual and SRH needs.**

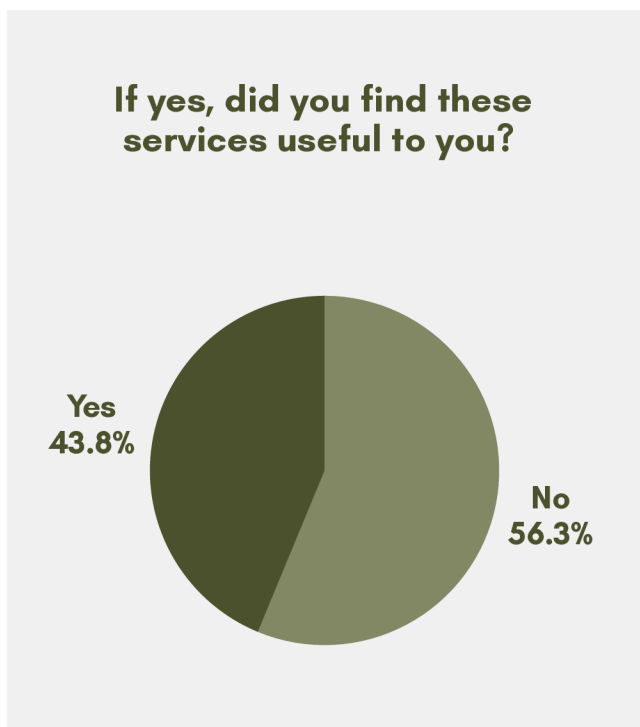
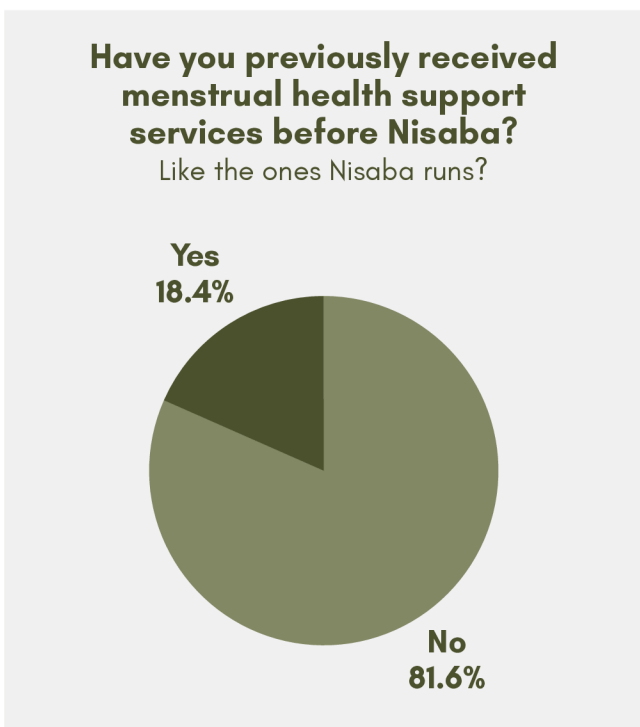
KNOWLEDGE AND ACCESS TO SUPPORT SERVICES

To explore **changes in knowledge and access to free menstrual health support services**, we explored participants' awareness, use, and usefulness of menstrual health support services beyond Nisaba.

Results show that **85% participants did not know about free services** to support their menstrual needs before meeting Nisaba:



Also, **82% had not received menstrual health support** before Nisaba. **Among those who had received support, 56% did not find it useful.**



PERIOD PRODUCTS

Nisaba offers period products, educational workshops and wellbeing sessions. Our organisation prioritises **high-quality period products** that are distributed in partnership with other organisations that support migrant people who menstruate.



Among participants, **82% had received period products** from Nisaba, and **99% thought they had good quality**. Also, **nearly all of participants report that having good quality products makes a difference** to them (99%).

"The period pads are good quality that doesn't irritate my skin".

"Period pads are very expensive! This helps a lot!"

"The pads (offered by Nisaba) feel much better quality on my skin, I have very sensitive skin and these helped reduce skin rashes".

— Survey Participants



PERIOD PRODUCTS

Regarding **difficulties migrants face with period products**, our participants reported limited access to varied items, with institutions functioning as gatekeepers to their access, and poverty as a barrier to accessing good quality menstrual products:

"Where we live it's a temporary accommodation and here more than 500 girls live in a hotel. I am feeling sad and embarrassed that I mentioned all these things happened here. Few months ago our hotel management team hesitate to give us enough toilets paper while I am in my period because in their rules each day they can give per person only one toilet roll which is unacceptable. We are all ladies who suffer different kinds of menstruation issues and at the same time as an asylum seeker, you can not afford a high standard level of sanitary pads so poverty makes our lives miserable, unworthy and disturbs our mental health which is not fair enough. Everyone has the right to live freely".

"The free period pads from hotels or detention centres in other countries felt very dry, cheap and did not absorb blood. Too much leaking".

— Survey Participants

In terms of **what could be improved about the products offered by Nisaba**, participants requested:

- **More period products and wipes**
- **More educational and wellbeing workshops**
- **Pads for heavier periods**
- **More often, or regular product distribution**

These findings suggest that, *if* migrants currently receive free period products in England, these **may often be not good quality or enough to support their menstrual health needs**. Additionally, institutional settings, including hotels and detention centres, can create further barriers to accessing period products.

EDUCATIONAL WORKSHOPS

Nisaba's **workshops include information such as, but not limited to:**

Periods	Safer sex	PCOS	Menarche
Menopause	HIV	Endometriosis	Contraception
STIs	Pleasure	Puberty	Perimenopause

According to our survey, **68% of participants had attended an educational workshop**, and **95% of them considered it a positive experience**. Among who had not attended, **88% said they would like to experience a health workshop covering those topics**.



"Attending the workshop was very insightful and educational. It provided valuable information on important health topics".

"You helped me feel more confident in asking for help about my periods".

"Thank you, Nisaba, for providing a safe environment for women dealing with conditions like endometriosis and PCOS. It's comforting to know there's a community that understands and supports us".

— Survey Participants

WELLBEING SESSIONS

Nisaba's wellbeing sessions include yoga, reiki and sound healing workshops. **63%** of survey participants had **attended a wellbeing session**, and **96% of them considered it a positive experience**. Of those who **had not attended a session** before, **97% would like to have this experience**.



"The yoga classes helped my anxiety, when my anxiety is high, this affects my menstrual cycle, it causes cramps to be much worse and bleeding to be heavier".

"All was good and it helps me feel relaxed. It's a very relaxing experience. The teacher is great. She checked if we were okay and helped us. In London it is very difficult to do any exercise because it is so expensive* and this is free to this is very kind. Thanks so much for providing this service. Yoga is good for confidence and better for breathing and stress".

"The sound healing was very relaxing for my whole body".

"I really enjoy the yoga classes, because it improves my body flexibility, strength. I felt less negative, reduced my anxiety, happy and joyful, brighter and concentrated. I can forget about something that was bothering me, and make me just be in the present. It helps my back, neck and knees pain and I always have quality sleep and relaxed. It is amazing, to be connected with others, supporting each other too reduces my loneliness. And yes, I have less abdominal pain (during her period)".

— Survey Participants

*We assume the participant meant to write "expensive", instead of experience.

OUR INSIGHTS



MIGRANTS' EXPERIENCES AND NEEDS

According to our findings, migrants experience a variety of menstrual and SRH events, the most common being heavy and irregular periods, and period pain. Despite over 50% of survey participants reporting period issues, almost **80% had experienced difficulties meeting menstrual or reproductive health needs.**

Our participants report multiple **barriers to meeting menstrual or reproductive health needs**, including **not being aware of free services** (85%), **experiencing shame, stigma or embarrassment** (72%), and not finding the **available services to be useful** (56% of previous service users).

We can also suggest that **migration status** can represent an additional barrier to meeting health needs, with 78% of participants **seeking asylum or having refugee status**. Because of limited access to financial autonomy, (21) migrants are often forced to prioritise other essentials, such as food and electricity, over menstrual products. Our results also show that **products distributed in institutions may often not be good quality or provided in enough quantity** to support migrants' necessities.

Additionally, 62% report **not speaking English**, which can lead to decreased quality of healthcare delivery and patient safety, longer waiting times for appointments, and digital exclusion from NHS platforms. (23, 24) **Translation availability and continuation is particularly important** in relation to stigmatised health topics, such as menstrual, sexual, and reproductive care. (25)

Our findings are aligned with the literature, which shows that **migrant health is influenced by social determinants**, such as living conditions, poverty, and access to healthcare. (21) While not enough to overcome structural barriers to menstrual dignity, we understand that **Nisaba's efforts are extremely needed to support migrants' health and wellbeing in England.**



MENSTRUAL, SEXUAL AND REPRODUCTIVE HEALTH SUPPORT

In face of these issues, Nisaba works towards an **approachable environment** created by and for migrants. Through community-led spaces, Nisaba encourages individuals to **learn, find support, and be a part of a community.**

"You have helped me feel less alone. Talking about periods still feels scary especially around men or even my sisters."

— Survey Participant

Nisaba is dedicated to providing health education workshops, mapping SRH support services, and fostering self-advocacy. Nearly **70% of participants had attended an educational workshop**, and **95% of attendees rated the experience positively**. Among those who had not attended, **88% expressed interest in participating in the future**.

Nisaba also offers wellbeing sessions, such as pranayama, yoga, reiki & sound healing, which can be effective in supporting stress, anxiety and menstrual health symptoms. (26, 27) Among participants, **63% had attended a wellbeing session**, with **98% rating the experience positively**. Of those who had not experienced a wellbeing workshop, more than **95% would like to**.

High-quality menstrual product distribution is another key aspect of Nisaba's work. Aware of the difficulties migrants experience in accessing period products, **82% of survey participants received period products** from Nisaba, and **99%** thought they were **good quality**.

"The yoga classes helped my anxiety, when my anxiety is high, this affects my menstrual cycle, it causes cramps to be much worse and bleeding to be heavier. I hope Nisaba can continue its services, without it we would not have access to better pads or mental health services for our uterus conditions."

— Survey Participants

OUR CONCLUSIONS



Our report highlights the significant challenges migrants in England face in meeting their menstrual and SRH needs. Due to stigma, limited awareness of services, financial insecurity, language barriers, and the hostility and constraints of institutional and immigration systems, **migrant communities face complex barriers that are not holistically rectified by available services**. Therefore, our findings reveal wider structural inequalities that continue to undermine menstrual dignity and reproductive justice in England.

While the structural determinants of migrant health require systemic anti-racist, anti-colonial solutions, the evidence presented in this report shows that **Nisaba plays a critical role in responding to both immediate and longer-term needs**. By providing a variety of good-quality menstrual products, education and wellbeing, Nisaba directly **alleviates a proportion of hardship** in settings where existing **services are hostile, insufficient, or inaccessible**.

OUR RECOMMENDATIONS

Evidence indicates the need towards **sustained and expanded provision of high-quality period products** in institutions and health services. For improved management of physical and mental health, we emphasise the importance for **SRH education and wellbeing activities** to be culturally inclusive, de-stigmatised, financially accessible and migrant-welcoming.

Our findings also highlight **a gap in communication** regarding the availability of menstrual support services in primary care that is also language and culturally accessible. Additionally, the report shows existing services are often perceived as unhelpful or **untrustworthy**, a situation compounded by the UK's Hostile Environment, which can discourage individuals from seeking vital care. Ultimately, we seek to promote advocacy, and in the case of community services; **drive funding for migrant-focused, migrant-led organisations** that are inadequately resourced, and advocate for policy change that promotes menstrual dignity, bodily autonomy and self-determination for all displaced or undocumented persons who menstruate, and their dependants.

REFERENCES

- (1) Hennegan, J., Winkler, I. T., Bobel, C., Keiser, D., Hampton, J., Larsson, G., ... Mahon, T. Menstrual health: a definition for policy, practice, and research. *Sexual and Reproductive Health Matters*. 2021; 29(1), 31-38.
- (2) Kochendörfer-Lucius G, Pleskovic B, editors. Berlin Workshop Series 2006: Equity and Development. Washington, DC: The World Bank; 2006. Available from: <https://openknowledge.worldbank.org/entities/publication/23b6fc87-ece0-5218-8c31-9d0e3edc9f11>
- (3) Rome, E. S., & Tyson, N. (2024). Menstrual equity. *Obstetrics and Gynecology Clinics of North America*, 51(4), 731-744.
- (4) Joanes, J. (2026) '4 Intimate Geopolitics' in Calkin, S. and Freeman, C. (ed) *_De Gruyter Handbook of Feminist Political Geography_*. De Gruyter, pp. 51-64. Available at: <https://doi.org/10.1515/9783111289274-005>
- (5) Pycroft, H. Cost of living: UK period poverty rose from 12% to 21% in a year in 2023 [Internet]. 2026. Available from: <https://www.actionaid.org.uk/blog/2025/05/28/cost-period-poverty-risen>
- (6) Bloody Good Period & Women for Refugee Women. The effects of "period poverty" among refugee and asylum-seeking women [Internet]. 2019. Available from: https://www.refugeewomen.co.uk/wp-content/uploads/2019/10/Report_BGP-x-WRW.pdf
- (7) Plan UK. Break The Barriers: Our Menstrual Manifesto [Internet]. 2018. Available from: <https://plan-uk.org/about-us/advocacy-policy-and-research/publications/break-the-barriers>
- (8) Taylor, P. and Greig, A. Investigating Young Women's Retrospective Perceptions and Experiences of Menstrual Health Education in School Settings, England. *Women's Reproductive Health*. 2024; 11(3), 697-716.
- (9) Liberty. Report: A Guide To The Hostile Environment [Internet]. 2019. Available from: https://www.libertyhumanrights.org.uk/wp-content/uploads/2020/02/Hostile-Environment-Guide-%E2%80%93-update-May-2019_0.pdf
- (10) Canning, V. (2017). *Gendered harm and structural violence in the British asylum system*. Routledge.
- (11) Rahnejat, K. R., & Narice, B. F. (2023). Assessing menstrual equity amongst BAMER women fleeing gender-based abuse in Sheffield (UK): A cross-sectional study. *Sexual & Reproductive Healthcare*, 35, Article 100813.
- (12) Rebelle Society. The Sacred Power of Menstrual Blood: Reclaiming Our Wise Blood [Internet]. Rebelle Society. 2018. Available from: <https://rebellesociety.com/2018/03/27/serenbertrand-blood/>
- (13) Siebeck, M. Female Bodies and Female Practitioners: Gynaecology, Women's Bodies, and Expertise in the Ancient to Medieval Mediterranean and Middle East. (2023). Available from: <https://www.mohrsiebeck.com/buch/female-bodies-and-female-practitioners-9783161622915/>
- (14) Murphy N. TE AWA ATUA, TE AWA TAPU, TE AWA WAHINE: An examination of stories, ceremonies and practices regarding menstruation in the pre-colonial Māori world [Internet]. 2011. Available from: <https://researchcommons.waikato.ac.nz/server/api/core/bitstreams/8c9ad6a4-9a53-4b33-97e4-df4a5c58097b/content?page=15.08>
- (15) Help a girl out. Period Practices in Indigenous Cultures: A Look at Canada's Indigenous Peoples and Beyond [Internet]. (2025). Available from: <https://helpagirlout.org/period-practices-in-indigenous-cultures/>
- (16) Lindholm, D. 'Blood of a Woman': A Critical Reevaluation of the Traditional Views on Menstrual Impurity in Akkadian Terminology. 2022. Available from: <https://uu.diva-portal.org/smash/get/diva2:1691572/FULLTEXT01.pdf?page=2.08>
- (17) Ott, Madeleine F., "Impure Blood: The Menstrual Taboo in the Christian Church During the Thirteenth Century" (2018). Young Historians Conference. 12. <https://pdxscholar.library.pdx.edu/younghistorians/2018/oralpres/12>
- (18) Mercerat C, Pacheco L, Aunos M, Cousineau M, Goulden A, Swab M, et al. The Role of Reproductive Injustice in the Access of Motherhood for Women With Intellectual Disabilities: A Narrative Literature Review. *Journal of Applied Research in Intellectual Disabilities* [Internet]. 2025 Jun 29;38(4). Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12206941/>
- (19) WEN. Blood, sweat and pesticides [Internet]. 2025. Available from: <https://www.wen.org.uk/wp-content/uploads/Blood-Sweat-and-Pesticides-1-May-2025.pdf>
- (20) NHS. Period problems [Internet]. nhs.uk. 2018. Available from: <https://www.nhs.uk/conditions/periods/period-problems/>
- (21) PICUM. Migration status: A key structural social determinant of health inequalities for undocumented migrants Acknowledgments [Internet]. Available from: https://picum.org/wp-content/uploads/2023/12/Migration-status_A-key-structural-social-determinant-of-health-inequalities-for-undocumented-migrants_EN.pdf
- (22) UK Government. Asylum support [Internet]. GOV.UK. 2025. Available from: <https://www.gov.uk/asylum-support/what-youll-get>
- (23) Al Shamsi H, Almutairi AG, Al Mashrafi S, Al Kalbani T. Implications of Language Barriers for healthcare: A Systematic Review. *Oman Medical Journal* [Internet]. 2020;35(2):1-7.
- (24) NHS England. Improvement framework: community language translation and interpreting services [Internet]. 2025. Available from: <https://www.england.nhs.uk/long-read/improvement-framework-community-language-translation-and-interpreting-services/>
- (25) NHS England. Guidance for commissioners: Interpreting and Translation Services in Primary Care [Internet]. NHS England. 2018 Sep p. 1-17. Available from: <https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf>
- (26) Chhikara A, Jain M, Vats S, Kashoo FZ, Chahal A, Guliya S, et al. Role of Yoga in Minimizing Stress and Anxiety in Women Experiencing Dysmenorrhea. *Journal of Lifestyle Medicine* [Internet]. 2023 Aug 31;13(2):90-6.
- (27) Lustyk MKB, Gerrish WG, Douglas H, Bowen S, Marlatt GA. Relationships Among Premenstrual Symptom Reports, Menstrual Attitudes, and Mindfulness. *Mindfulness*. 2011 Feb 1;2(1):37-48.
- (28) World Bank. Menstrual Health and Hygiene [Internet]. Available from: <https://www.worldbank.org/en/topic/water/brief/menstrual-health-and-hygiene>
- (29) Refugee Council. Top Facts from the Latest Statistics on Refugees and People Seeking Asylum - Refugee Council [Internet]. Refugee Council. 2025. Available from: <https://www.refugeecouncil.org.uk/stay-informed/explainers/top-facts-from-the-latest-statistics-on-refugees-and-people-seeking-asylum/>



CONTACT US



NISABA

www.nisaba.org.uk

info@nisaba.org.uk

 [nisaba.org.uk](https://www.instagram.com/nisaba.org.uk)