



YOUNG AND FEMALE - THE DOUBLE DISADVANTAGE:

An urgent call to unlock young women's potential



ACKNOWLEDGEMENTS

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SECTION 1:

FORWARD

“Younger people, in particular young women in all their diversity, need to be more involved in policy decisions.”

– *Young woman*

The young people Irise supports have taken a huge hit during the pandemic. As a group, young women in the UK, particularly those who already faced disadvantage because of their economic status, disability, or ethnic background, are bearing the brunt of social and economic consequences of covid-19. Most worrying is their sense of hopelessness and despair - they do not feel heard and they are losing hope that meaningful help or change is possible.

Urgent action is needed to amplify their voice and leadership and pursue the priorities they care about. As long as policy and intervention fail to take full account of their experiences, being female will continue to be a disadvantage- a disadvantage multiplied when combined with other drivers of marginalisation. This disadvantage not only prevents those affected from realising their full potential but limits the ability of our society to recover and flourish. As long as half of our country is held back by their bodies, our social & economic development, leadership, and governance will suffer.

However, the last year and the bleak findings of this report also contain kernels of hope. Simple, low-cost innovations have transformed young women's experiences in key areas including being able to work from home during menstruation and access at-home abortions. Rapid change is possible when we put young women's voices at the heart of the decisions and policies that shape their lives and futures.



Emily Wilson
CEO Irise International



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◀ A volunteer prepares Irise Empowerment Packs

EXECUTIVE SUMMARY

“Younger people, in particular young women in all their diversity, need to be more involved in policy decisions”

– Young woman

The interaction between the female body and societal norms and structures creates disadvantage and forms a critical barrier to realising gender equality for all. Before the pandemic, progress toward gender equality in Britain was slow with the UK slipping down the global gender equality rankings in 2019¹ and most Britains believing that gender equality had yet to be reached across almost all spheres of public and private life.² This report focuses on how the interaction between the female body and societal structures and norms has changed during the pandemic and the extent to which it has affected the opportunity, health and wellbeing of those affected.

Irise’s rapid review of the evidence and primary research with 57 young people, predominantly young women, and 4 partner organisations with experience of supporting hundreds of people and their families reveals that the majority of young women feel that the response has failed to meet their gender specific needs, often exacerbating their negative experiences due to a lack of insight into their vulnerabilities and priorities. Multiple drivers of marginalisation, including disability, ethnicity, and socioeconomic background, compound to create significant barriers for those affected. This has left young women feeling hopeless and powerless. They do not feel heard or represented by their government and many do not believe meaningful change is even possible. If urgent action is not taken to restore their agency and identify and meet their needs, we limit the potential of our whole society to recover and prosper.

Key findings:

- 1. Young people supported by Irise International have widely experienced financial insecurity, those with pre-existing socioeconomic vulnerabilities have been most significantly affected.** This is having a major impact on their mental health and wellbeing.
- 2. Young women do not feel that the government’s response to the pandemic has met their needs. Many feel disillusioned and do not believe any response could have met their specific needs. They feel the scale of the problems facing them and others like them are too far reaching and complex to be addressed.** Irise’s partners advocate for better pathways through which those they support can enact change.
- 3. For those able to afford menstrual products as well as work from home, periods have become easier to manage as they have better access to menstrual management materials, pain relief, and comfort. However, for those experiencing food insecurity due to financial constraints, menstrual products are low on their list of priorities, causing anxiety for those who menstruate.**
- 4. Many of the young people Irise supports feel disillusioned with their education. University students feel their needs have been ignored in national level responses to the pandemic, as well as by individual universities.** Mothers supported by Irise partners have struggled to meet the demands of home-schooling during periods of school closures due to language barriers and digital exclusion.
- 5. Accessing in-person contraception appointments has been a challenge for many young women. As a result, many feel powerless over their sexual and reproductive health and bodies. The menstrual experiences of a significant number of young women have worsened due to increased irregularities, bleeding, and pain.**
- 6. Deteriorating mental health has been a challenge for the majority of those consulted. This is widely attributed to the loss of face-to-face contact with others and loneliness.** Mental health deterioration is markedly worse amongst young women supported by partner organisations, in large part due to an increase in unpaid care work at home.
- 7. Not being able to access public spaces as easily as their male counterparts has led many young women to feel frustrated that government guidance does not incorporate their gender-specific needs.** Many young women have felt unsafe going for walks over the last year, particularly during winter. Domestic abuse referrals to partner organisations have substantially increased, reflecting a national trend

Many organisations working with Irise have responded to increased need by providing menstrual products alongside existing services. ▶

“It seems those in power don’t really care about us, especially [us] women.”

– Young Woman

Recommendations for restoring voice and power to young women:

- Urgently rethink how young people are engaged in political processes. Young women in particular feel politically disenfranchised and unrepresented in decision making processes that affect their lives. We are calling for an urgent review of how our democracy engages and represents young people and how this can be improved, alongside immediate actions from politicians to demonstrate that they are listening.
- Embed gender analysis in policy development. We know that policies are more effective when they are gender sensitive. Gender analysis must be incorporated into all policy and intervention development and recognised as essential for avoiding inadvertent harm during a crisis.
- Refocus and re-galvanise pre pandemic efforts to empower young women and pursue gender equality. Initiatives like the Period Poverty Taskforce are needed more than ever as need escalates and current policies prove inadequate for the evolving situation. Forums that enable civil society and government to work together to create new solutions are critical to building back better.
- Invest in community-based organisations and the grassroots to protect the most vulnerable. Mainstream services are overwhelmed and the most vulnerable and marginalised have relied heavily on third sector organisations that know them well and that have provided tailored support throughout the pandemic. Increased investment in these organisations’ services will complement and reduce the burden on mainstream provision and also provide an essential safety net for those at risk of being left behind in recovery efforts.
- Learn from positive adaptations that have been made during the pandemic. Some covid-19 measures have transformed women’s experiences, demonstrating what is possible. Service providers and governments must continue these adaptations and learn from them, including:
 - The benefits of allowing women to work from home during menstruation
 - Women’s preferences for at-home abortion services

Rapid change and a resilient recovery from the pandemic are possible when we put young women’s voices at the heart of the decisions and policies that shape their lives and futures.



INTRODUCTION

The young people Irise International supports in the UK perceive their futures in a substantially different light compared to at the beginning of 2020.

Downstream effects of the COVID-19 pandemic continue to discriminate against the female body, impacting young women's sense of control over their lives and mental health. As we look to a gender equitable recovery, we must collectively ensure that no one is left behind by amplifying the voices of those who have experienced discrimination over the last year and addressing their priorities for recovery.

For organisations who work to protect the rights of marginalised and seldom heard from groups in the UK, the structural drivers of gender inequalities are nothing new. Over the last decade, women have been disproportionately impacted by austerity measures – women from minority ethnic backgrounds, women with disabilities, and single mothers even more so³ – and over the last year, women are more likely than men to have worked in a 'shut-down' sector, to have lost their job, or to have been furloughed.⁴ And yet, when asked about their concern regarding inequalities between different groups in society, the British public are least concerned about income inequality between women and men getting worse as a result of the pandemic.⁵

This research seeks to amplify the voices and needs of the young people Irise supports to raise awareness of the extent of the challenges they face, inform Irise's future work and provide recommendations for those seeking to learn from the pandemic and deliver a strong recovery.



A volunteer unloads Irise Empowerment Packs delivered to a local organisation ▶

Irise's Period Equality Framework

Period Equality means a world where having a female body does not hold you back from realising your full potential.

Our Period Equality Flower sits at the heart of our global strategic work. Developed through consultation with board members, staff, partners, activists, funders, and young people and their communities, the flower depicts what period equality means to them.

The building blocks of this vision are the three strands of provision, protection, and power.

- **Provision:** Increasing access to products, facilities or services that improve the opportunity, health, and wellbeing of those affected by period inequality.
- **Protection:** Eliminating harms that result from having a female body and ultimately eradicating the harmful stigma and social norms that surround the female body.
- **Power:** Enabling diverse, female leadership so those affected by period inequality can restructure their communities and societies to realise period equality for all.

The 'petals' or components of what this vision means for the lives of those affected by period inequality are summarised below:

Economic Empowerment:

- Women are held back from participating fully in work because the environment and policy frameworks do not optimally support the needs of the female body. This places them at a disadvantage that is compounded by the reality that having a female body is more expensive. Economic empowerment means enabling those affected by period poverty to increase their economic independence so they can meet their needs long term.
- **Period equality means** work environments and policy cater to the needs of the female body, including during the menstrual cycle, pregnancy and menopause. The additional cost of having a female body is not born by the individual in a way that prohibits their ability to realise their full potential.

Leadership and Voice:

- Diverse, female leadership is lacking from decision making spaces meaning that their vital perspective and insights are side-lined, increasing the likelihood of bias, blind spots, and group think and perpetuating the cycle of disadvantage. Promoting leadership and voice means developing structures and spaces that enable diverse leadership and amplify the voice of those affected by period inequality.
 - **Period equality means...**Diverse, representative leadership is achieved in decision making spaces, in particular on bodies, committees, or in research intended to improve women's health.

Sanitation, Hygiene, and Menstrual Materials:

- Lack of access to sustainable, affordable menstrual products and appropriate facilities create a practical barrier to participation and a psychological burden of anxiety, indignity, and even fear of harm when safe and private spaces are not available.
 - **Period equality means...**female specific sanitation needs are met in all schools, workplaces, and public spaces.

Access to Education:

- People lack access to stigma free information about the female body and miss out on education, including physical education, because of unmet menstrual and reproductive health needs. Ensuring access to education means creating spaces and systems where being born female is not a barrier to accessing education.
 - **Period equality means...**everyone has access to culturally sensitive, shame free information about the female body, including menarche, the menstrual cycle, menopause, pregnancy, childbirth, common menstrual disorders, and reproductive health more broadly. Young people do not miss out on educational opportunities, including physical education, because of unmet menstrual or reproductive health needs.

Reproductive Health:

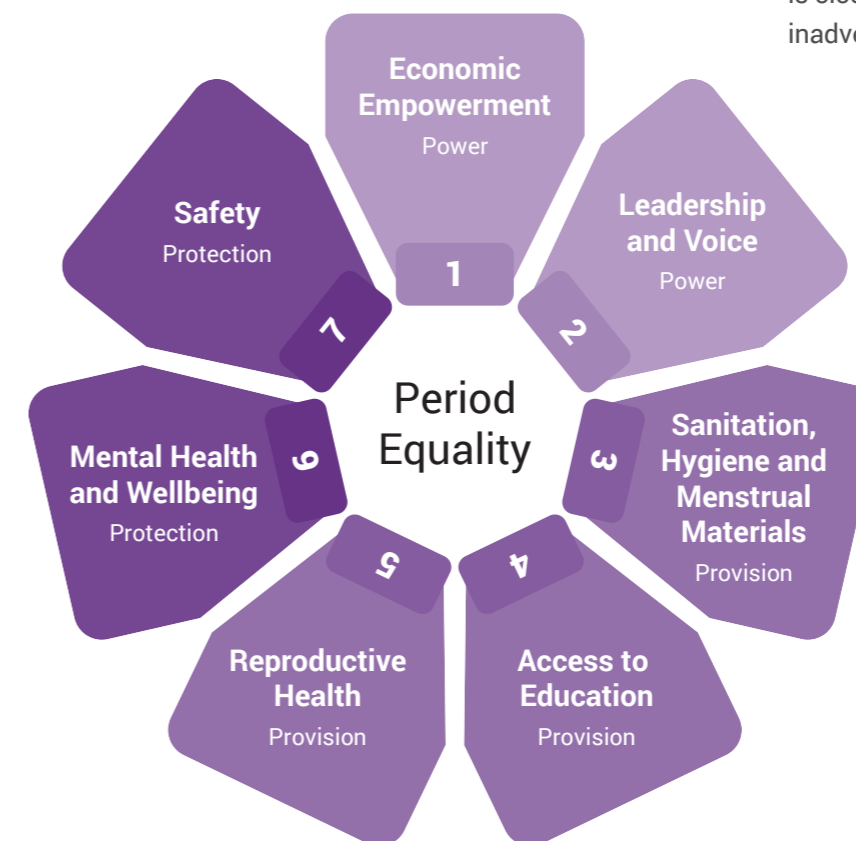
- Women struggle to access stigma free, culturally sensitive, supportive healthcare. They face multiple barriers and delays and experience reduced quality of life as a result.
 - **Period equality means...**everyone has access to supportive and timely medical care for menstrual and reproductive health concerns.

Mental Health and Wellbeing:

- Having a female body creates a significant mental burden directly related to stigma, shame, and barriers accessing support.
 - **Period equality means...**having a healthy female body does not create a mental burden and reduce quality of life or wellbeing. Everyone is comfortable and confident about their body, their identity, and their capacity to lead.

Safety:

- Having a female body increases the risk of adverse events and health outcomes due to a combination of harmful social norms, stigma and data bias. This ranges from harassment in public spaces to worse health outcomes for women when understanding of disease is dominated by research focused on the male body.
 - **Period equality means...**Harmful sociocultural associations between menstrual and reproductive health events and the role and value of the female body are ended or replaced. The gender gap in health research is closed so data bias does not cause inadvertent harm.





▲ Photo of young women



“How we will all experience pandemic recovery, is unfortunately set to look as polarised as experiences of the pandemic itself. As ever, this is almost always skewed in a way which is less favourable to the most marginalised. This is why such a report is so important – it takes an intersectional focus, not just to the problems that young women currently face but to the possible solutions for them as well. Prioritising and platforming those whose views should be centred but are more often ignored.”

– Nky Adeboye, 23 years old, *The Empower Period Forum*

NEEDS ASSESSMENT DESIGN

This report provides an overview of the challenges and opportunities faced over the last year by those who Irise International supports. Personal experiences are positioned within the context of broader, national level trends.

A rapid review of existing evidence on the socio-economic impacts of the COVID-19 pandemic in the UK was carried out before data collection began with a specific focus on publications which detailed the unequal impacts of the crisis according to gender, age, ethnic group, and income. Peer-reviewed articles, reports, working-papers, and policy documents were included in this initial review if they met one or more of the following criteria:

- Utilised a gendered lens to analyse the impacts of the COVID-19 pandemic in the UK
- Detailed the impact of the COVID-19 pandemic on existing inequalities in the UK
- Specifically referenced the experiences of those with disabilities, those from minority ethnic groups, and those of young people and children in the UK during the pandemic
- Outlined and/or evaluated UK-specific policy responses to the pandemic
- Made efforts to develop recommendations for recovery which explicitly incorporated gender considerations.

The rapid review informed the development of the data collection tools used for primary data collection. Two primary data collection methods were used; online interviews, and an online questionnaire using a google forms. Partner organisations who have worked with Irise as part of Irise's emergency COVID-19 response were recruited as key informants and a call for participants for those 'under 30 and who believe they have experienced disadvantage because of their gender during the COVID-19 pandemic' was shared across Irise International's social media pages.

All respondents to the questionnaire were under 30. Of the 40 respondents, 39 used the pronouns she/her and 1 individual used the pronouns they/them. Wherever possible, precise language is used to describe specific ethnic minority groups and gender identities in order to convey their diverse experiences of marginalisation. However, when work from other sources is referenced, the language used in the source is preserved to ensure findings are accurately conveyed.

The narrative summary in the following sections is based on these primary data sources:

- 4 online semi-structured interviews with emergency response partners in South Yorkshire
- 2 email exchanges with emergency response partners
- 6 online semi-structured interviews with individuals under 30 who believe they have experienced disadvantage because of their gender during the COVID-19 crisis (Irise's core demographic)
- 40 online questionnaire responses capturing the experiences of young people aged 18-30
- 19 online questionnaire responses capturing selected experiences of young people under 18
- 1 interview with the CEO of Endometriosis UK

Primary data collection activities were risk assessed according to Irise International's safeguarding policies. Informed written consent was obtained from all participants who shared their own experiences, informed verbal consent was obtained from all emergency response partners, and no one under the age of 18 was interviewed.

Limitations

There is a growing awareness of the unequal impact of the COVID-19 pandemic in the UK. The evidence base continues to grow as more actors look to recovery. This report seeks to provide a snapshot of the broader challenges facing those Irise supports within the backdrop of the emerging national evidence base. This report does not provide an exhaustive systematic review of all the available evidence.



Many organisations working with Irise have responded to increased need by providing menstrual products alongside existing services. ▶

SECTION 6:

ECONOMIC EMPOWERMENT

“I was prior to the pandemic just starting to build a stable career path which is now completely disappeared. Generally, I feel pretty negative about my future career.”

– Young woman in her 20s

The British government has implemented unprecedented social distancing measures to confront the COVID-19 public health crisis. This has created a unique type of economic crisis, the consequences of which have been experienced unequally. For those aged 16-25, dubbed ‘Generation COVID’, the economic fallout of these measures has been disproportionate job and earning losses compared to older employees - losses which are more pronounced for women, the self-employed, and for those who grew up in low-income families.⁶ This economic fallout comes after over a decade of low economic growth that hit young adults the hardest and contributed to the acceleration of widening economic inequalities between generations.⁷ Young workers entering the labour market in recessions suffer a range of consequences in the long-term, including lower incomes for 10 to 15 years and causal negative impacts on their general health.⁶

Growing evidence has demonstrated that women have shouldered the disproportionate economic burden of the COVID-19 crisis in the UK. Women are more likely than men to have worked in a sector that has been shut-down and are more likely to have lost their job or been furloughed.⁴ The gender differences in employment are particularly large for people with school-age children, with mothers 1.5 times more likely to have stopped work than fathers during the Spring 2020 lockdown.⁸

“During the first lockdown I was placed on furlough with no communication from my employer, causing panic, worry and anxiety.”

“A lot of work was postponed, I had to work 10 times harder for the same amount of money and have had to work more jobs than usual to sustain my life.”

“I feel like there has still been a burden on the women in the house to carry out the domestic tasks (cooking, food shopping, cleaning, laundry) in spite of everyone being at home for an extended period.”

“I am frustrated because I feel everything I’ve been working towards since I was 16 (unpaid internships, getting a 2:1, student activism and working any job that was remotely related to the field that was interested in) has reduced to nothing as result of the pandemic.”

“I feel like I’m doing 18 different jobs at the moment. And I’m just locked in the house. And there’s nothing I can do about it, no one to help me.”

– Young women in their 20s

Many of the young women who shared their experiences have faced a significant amount of uncertainty around employment and access to income over the last year. For those who have lost income, it has been a significant factor in worsening their mental health. One individual has felt “extremely unhealthy, chained to my desk, stressed, tired” as she now must work longer hours to survive. Another noted that due to precarious work in the hospitality sector, she has found it difficult to access secure employment and has struggled with anxiety because she “kept thinking on how much money I needed and how I was burdening my parents”. Another young woman reported a £6000 fall in annual income compared to before the pandemic. These findings mirror those of the Young Women’s Trust who, based on their survey of 4,000 young people, estimate that 1.5 million young women in the UK have lost income since the start of the crisis.⁹ Almost a third (31%) of the young women who responded to this survey reported struggling to make their income last until the end of the month (compared to 23% of men).

Irise partners report a substantial increase in the number of people accessing food banks due to financial insecurities arising from lockdowns and the wider economic impact of COVID-19, particularly for those furloughed on part-time wages or who cannot work from home. At the national level, a record 2.5 million food bank parcels were given to people in crisis between April 2020 and March 2021 (compared to a previous record of 1.6 million from

April 2018 - March 2019), 980,000 of which went to children (about 2,685 every day).¹⁰ The Trussell Trust highlights how hunger in the UK is not about food availability, it is about a lack of income and the associated challenges of benefit payments not being sufficient to meet living costs, and operational issues such as a five-week wait or delays to payment.¹⁰

One member of staff from a partner organisation running a food pantry detailed how their clientele have become more diverse since the beginning of the pandemic, expanding from predominantly white British to include people of Indian, Bangladeshi, Kurdish, and Nigerian backgrounds. This reflects a broader trend that the most financially disadvantaged families during lockdowns are from Pakistani, Bangladeshi, black African, and black Caribbean backgrounds (taking into account family circumstances and the proportion of each group working in shut-down sectors¹¹). A recent survey¹² from the Women’s Budget Group and partners highlights that women from these and other minority ethnic groups are particularly struggling financially. According to this research, women from minority ethnic groups are more worried about being in debt because of the impacts of the pandemic (42.9%) compared to white women (37.1%). In light of their findings, the Women’s Budget Group calls for acknowledgement of differential experiences during the coronavirus crisis according to people’s ethnicity, as well as their gender.

“I feel incredibly alone and worn down by [the last year] which is why I feel hopeless most of the time and anxious about the future. I don’t know what the future looks [like] next year. I don’t know if I’m going to be able to get a job or where my career is heading. I’m incredibly tired of trying to figure all of this out, live with the emotions, and also keep my part-time job so I can keep making money [...] The pandemic has completely and utterly changed the job and career landscape. We are not trained for the current job market, we are not valued. And it’s incredibly insulting after years of hard work and the skills that we have. We’ve done the internships, volunteering, the entry-level jobs. We have so much experience and skills [but] we will still be left behind.”

– Charlotte*, mid-late 20s


Charlotte* has experienced economic disempowerment during the pandemic. Over the last year, she was made redundant from a job she loved in the sector she wants to work in and began working two part time jobs in the retail sector after struggling to find work in her field. As someone who identifies as having a disability, she does not feel supported in adapting to the new job market and has resigned herself to the belief that herself and others like her will be left behind in the UK’s economic recovery.

The feeling of being overwhelmed by care responsibilities is shared by the young women who responded to Irise's questionnaire – they feel they have shouldered a disproportionate amount of unpaid care responsibilities whilst being at home during lockdowns. This is a particular challenge for mothers and carers in financially vulnerable situations, a finding reflected at the national level¹³. One respondent to Irise's questionnaire explained how after she was given her three younger siblings in November 2020 by social services, she has found it difficult to balance care responsibilities with her nursing and midwifery university course. As gender norms continue to dictate the disproportionate amount of unpaid care work that women take on at home, even during lockdown when more family members were at home, women have less time to take care of themselves. One emergency response partner recalled how she has noticed a drastic decline in the mental health of the mothers who her organisation works with as they struggle to carve out time to take care of themselves, as well as their families.

Digital exclusion and its impacts was highlighted as a substantial concern by a partner organisation supporting asylum seekers and refugees in Sheffield. Those the organisation support have little to no internet access, making contact during lockdowns extremely challenging. This partner is concerned a lack of internet access will continue to be a significant barrier to securing income in terms of both financial support from the government for refugees and asylum seekers, and their ability to secure paid employment.

“Quite often people think people using foodbanks are people in receipt of benefits, and it's not the truth. If somebody was working part time, and they'd been furloughed, they was only on 80% of a part time wage, which really made a lot of people struggle [...] If somebody got laid off and was waiting for benefits, the benefit system was overrun with how many people were needing benefits - so a lot of people were being left five weeks without money. And that's not pointing the finger at anyone that's just an over run system.”

– Sheffield-based Community Centre



“Going forward as we grapple with the ongoing pandemic and begin to recover and adapt, I call on the government to take heed of the voices heard in this report. We must ensure that future decision making is based on a wider diversity of experiences, and prioritises the needs of the most vulnerable. We need an immediate and long-term future in which the power to shape our world is more evenly distributed amongst us all, rather than concentrated in the hands of an arbitrarily selected few.”

– Sophie Rowson, 25 years old, Irise Trustee

SECTION 7:

LEADERSHIP AND VOICE

“Younger people (in particular young women in all of their diversity) need to be involved in policy decisions.”

– Young woman in her 20s

Young women supported by Irise feel that the government’s response to the pandemic has not met their needs, reflecting a broader national trend where young women, women from low income households, women with disabilities, and single women are least likely to believe the UK government is focusing on the issues that matter most to them.¹⁴ Beyond their own experiences, young people are concerned for those who have worked in the NHS over the last year - many feel like these individuals have been undervalued by those in power. One individual detailed how some of her friends have experienced severe Post Traumatic Stress Disorder from dealing with COVID-19 in overstretched hospitals. Another who works as a junior doctor for the NHS has felt like the government does not care about her and the impact the pandemic has had on her mental health.

Many young women have felt well supported by the organisations they work for. One individual feels that “all areas of society are trying their best to make their way through this crisis” and she hasn’t encountered any organisation that has not championed the needs of their employees. Another explains how her company has made the decision to allow flexible home working into the future, which she feels is a positive step in responding to her needs. However, alongside this optimism is a clear disillusionment with the government response. Many convey their cynicism that any response could adequately meet their needs as they feel the scale of the problems facing them and others like them is too far reaching and complex, embedded in structural inequalities which are beyond the scope of change.

“I think it’s a bit of an impossible task, those in power would need to make really radical and wide-reaching policies to support people, like address the change in working life in employment law.”

“I feel like how can they help? I’m not married and don’t have kids. But can barely afford my life despite having two good degrees and a public service job.”

“The support bubbles were necessary and helpful. However I have been angry at the support for home owners, while renters were left to struggle with no additional support beyond evictions being banned.”

“I think charities and community organisations are championing the needs of people most affected by COVID but that this same commitment is not mirrored in the responses of government and statutory services.”

“Ultimately I think we need more radical young people involved in politics and getting them into Parliament. (Not as in representational quotas) individuals who are policy focused, connected to their communities, who understand and have lived experiences of complex issues.”

“It seems those in power don’t really care about us, especially [us] women.”

– Young women in their 20s



In response to their disillusionment, respondents advocate for better representation of those like them in decision-making spaces, particularly young women and those from minority ethnic backgrounds. Many would also like to see stronger structures and channels that allow women to better engage with the government and share their experiences to facilitate more gender-sensitive policy responses.

Disillusionment with the government's response in the face of the magnitude of the challenges worsened by COVID-19 was echoed in conversations with emergency response partners. One individual from a Sheffield-based community centre detailed how she felt that the only way to facilitate a gender-sensitive recovery is to create stronger pathways for engagement so that the government can better understand the experiences of those who have been most financially disadvantaged over the last year. For another partner, one of the biggest challenges of the last year has been the extent to which those her organisation support do not relate to those in power, causing them to feel overwhelmed and scared

during and after government COVID-19 briefings. This partner explained how, when doing doorstep visits, the mothers her organisation support have been terrified of catching coronavirus due to a lack of understanding of the virus and the UK government's response, which has made providing food support challenging, even for families in acute need. This partner advocated for spaces and channels through which the government listens to the needs of the most vulnerable to tailor support. Specifically, she believes that resources in accessible formats and different languages would have made a substantial difference to the mental health of many her organisation supports over the last year.

Obviously it's not anything [individual government officials] are doing wrong in a way, they're just people who work there, but I think you have to relate to people to be able to connect with them and they just don't relate to them on any level at all [...] not just the Muslim families, but the families that we work with, they're from a working-class background and I don't think that they relate to them, either. They don't listen to them, they don't understand what's going on at all. And there's this mass confusion, which then I think just causes mass panic."

– Sheffield-based child contact centre

"I am tired as I have worked in healthcare on a covid ward. I feel pessimistic about the future at the moment [...] My bosses at work and the government are not championing mine and other healthcare professionals needs. I feel like we haven't been debriefed and are just expected to go on [...] [They should] talk to us, offer us more support, better pay too."

– Kate*, mid-late 20s

Kate* has worked for the NHS over the last year and feels that her hard work has not been acknowledged by those in power. She has been left feeling severely undervalued, anxious, and pessimistic about the future of herself and those most affected by COVID-19. She advocates for spaces where her and her colleagues can talk about their experiences and access tailored support after the extreme difficulties of working in healthcare over the last year.

"If I was going to address something with parliament, I really would be saying to them that you need to listen to your community, you need to really understand where they're coming from. [If] I was to address someone who could change policies, I think there's too much negativity that goes around when somebody is in receipt of benefits, they're seen as the undeserved and, and a lot of people come onto benefits for different reasons and I don't think sometimes they understand that impact it has on people going through that system."

– Staff member at South Yorkshire Community Centre

SECTION 8:

SANITATION, HYGIENE, AND MENSTRUAL MATERIALS

“One of the biggest, common things that was shared [with us], predominantly through women, was if you’re in financial hardship, you’re in period poverty.”

– Staff member at South Yorkshire Community Centre

About a third of respondents to Irise’s questionnaire felt that their periods have become easier to manage during the pandemic. This is attributed to being at home and having access to pain relief, more easily being able to change menstrual materials comfortably and privately, and a reduced amount of anxiety around visibly leaking menstrual blood. During an interview, a staff member from Endometriosis UK outlined how for people with endometriosis in particular, working from home has significantly helped them manage their condition as they can better implement pain management strategies

For Irise’s partner organisations, the link between financial insecurity and period poverty has become more pronounced since the start of the pandemic. For women who are accessing food support through foodbanks and other community providers, menstrual products are low on the list of priorities for their limited income, particularly for those with children. Partners are aware that this is causing a significant amount of anxiety for those who are in financially vulnerable situations.

At the beginning of the pandemic, there was an awareness of the mounting challenge of period poverty as the incomes of those most financially vulnerable began to take a significant hit. In March 2020, Plan UK surveyed over 1000 girls and found that more than one in ten aged 14-21 had not been able to afford period products and had resorted to using makeshift products.¹⁵ More research on this issue and how period poverty initiatives are mitigating COVID-19 challenges is forthcoming¹⁶, but in the meantime, there is little information on the extent of this challenge. Irise’s research indicates that financial constraints continue to impact the abilities of young women and girls in low-income households in the UK to manage their period comfortably with their preferred menstrual products. Services which respond to food need are well placed to reach those struggling to afford their preferred menstrual materials.

“Working from home has meant constant access to hot water bottles, pain killers, and even working from bed if that’s what I needed. Previously working in offices I had to go home sometimes due to my pain, and this hasn’t been an issue since WFH.”

“Being at home, I was less worried about getting spots on my clothes and it was a more comfortable environment to be in during painful days.”

“I think my periods have instead become easier in that I’m pretty much always at home which is easier in terms of emptying my menstrual cup and managing menstrual pain than it is when out and about due to public toilets often failing to consider the needs of menstruators.”

– Young women in their 20s

▼ Prior to the pandemic, the UK government responded to calls from young activists by committing to end period poverty and shame by 2025

Many young women have felt well supported by the organisations they work for. One individual feels that “all areas of society are trying their best to make their way through this crisis” and she hasn’t encountered any organisation that has not championed the needs of their employees. Another explains how her company has made the decision to allow flexible home working into the future, which she feels is a positive step in responding to her needs. However, alongside this optimism is a clear disillusionment with the government response. Many convey their cynicism that any response could adequately meet their needs as they feel the scale of the problems facing them and others like them is too far reaching and complex, embedded in structural inequalities which are beyond the scope of change.

“One of our parents said, ‘I can’t even tell you how much I needed those [donated menstrual pads] I just don’t know what I’d have done without it. [...] For a lot of people, they just accept they have to buy them whereas when you just can’t and if you’re providing for your kids or you’re needing food, I suppose [period products] comes behind that doesn’t it?’”

– Staff member at Sheffield Child Contact Centre



“The Young and Disadvantaged report mirrors what many young women like me have been feeling this past year: voiceless and powerless. The pandemic response has left many young women especially vulnerable young women from marginalised communities in a purgatory of worrying career prospects and deteriorating mental health with limited access to support. I urge the government to think about young women in their response to the pandemic - the pandemic has impacted every aspect of our lives and we need to be considered. Put in safeguards and think about the wider implications of policy on the most vulnerable. If action is not taken now there will be a serious loss of potential for the future.”

– Gunita Cheema, 25 years old, Irise Communications and Advocacy Officer and Founder of Girls in Policy Network

ACCESS TO EDUCATION

Awareness is growing about the potential long-term impacts that the loss of childhood education during the pandemic could have on children of school-age.⁸ Those Irise supports are widely experiencing what one individual described as 'zoom fatigue' - a lack of engagement with their schoolwork after repeated periods of lockdown during which they were expected to attend lessons online and do all their schoolwork from home. According to Plan International UK, existing inequalities in the education system have been exacerbated over the last year and without extra help, girls will continue to disproportionately experience deteriorating educational outcomes.¹⁵

University students who responded to Irise's questionnaire feel that their needs have for the most part been ignored in national level responses to the pandemic. In an interview, one individual recalled how she returned to university with promises that face-to-face teaching would be given the go ahead only to feel like herself and her peers were scapegoated by the government as COVID-19 cases began to rise in areas heavily populated by students. She called for more accountability on the part of the government who she thinks should have taken more responsibility for the rise in cases. This individual went on to explain how she has also felt let down by her university as herself and her peers have periodically struggled with declining mental health whilst receiving little to no support, despite acknowledgement from her university that mental health among students should be a priority. Students responding to Irise's questionnaire widely felt that the move to online teaching at university has damaged their mental health and wellbeing. National research suggests that women attending university in the UK are more likely to feel that their wellbeing

has been affected by lockdown than men,⁶ and those Irise surveyed felt that the pandemic has negatively impacted on both their university experience as a whole and their learning specifically.

Mothers who are supported by Irise's partner organisations have widely struggled to meet the demands of home-schooling during periods of school closures over the last year. A partner organisation who supports financially vulnerable families detailed how many parents have faced language barriers and have not understood what is expected of them or their children, whilst others have learning difficulties so have struggled to understand what their children were being asked to do. This partner commented on how the divide between more affluent families and those that struggle financially has been pronounced as some families have not had access to laptops and/or the internet. This has been demoralising for women in particular as they have been the ones having to explain to their children why they couldn't do what other children in their class were doing. National research demonstrates that during the first lockdown in Spring 2020, children from higher income households were more likely to have online classes provided by their schools, spend more time on home learning, and have access to resources such as their own study space at home.⁸ As a result, children in better-off families spent more time overall on schooling than peers from less-well off families and overall the pandemic is likely to exacerbate inequalities in children's learning outcomes.⁸ This inequality persists at the University level with students from the lowest income backgrounds losing 52% of their normal teaching hours as a result of lockdown compared to 40% of the highest income group.⁶

"I am feeling extremely unnerved due to the uncertainty of what is to happen in the future - especially with A-Levels next year. The lockdown badly affected my relationship [with my parents] which led to the worst mental health I have ever had."

"I think university students have been particularly forgotten about - school pupils have exams cancelled/ safety blankets etc. and seem to be supported, but a lot of people have now done more of their degree from home than on campus and universities and government just don't seem to recognize how the experiences can differ."

"Stressed and unmotivated, struggling to focus [at school], letting others and myself down."

– Young women in their 20s

REPRODUCTIVE HEALTH

“My periods have become lengthier, more irregular and my cramps have become severely painful. Prior to the pandemic my periods were incredibly regular and I had a little to no pain”

– Young woman in her 20s

When asked about access to sexual and reproductive health services in interviews, two young women reported how they have utilised free STI (sexually transmitted infection) testing kits and appreciated the convenience of being able to access testing remotely and quickly. In terms of other services, however, young women who responded to Irise’s questionnaire have struggled to access contraception. Access to both oral contraceptives and IUD insertion appointments have been negatively impacted, leaving many young people feeling powerless over their contraception. To get a prescription from their GP or pharmacy, women taking oral contraceptives detailed how they have had to provide a blood pressure reading, the cost of which is £8 and normally requires an in-person appointment at a pharmacy or GP. These requirements have been a barrier to access. More significant have been barriers to IUD insertion appointments.

A lack of in-person routine appointments for IUD insertion has meant that young women have felt limited in their choice of contraception. Pre-pandemic, a report from the Royal College of Obstetricians and Gynaecologists found that 37% of women could not access contraception services locally – a proportion that is likely to have substantially increased over the past year.¹⁷ This lack of access has implications for young women’s sense of bodily autonomy and was highlighted in Irise’s research. Many young women feel they have lost control over their sexual and reproductive health due to barriers accessing the support they need. Provision of accessible contraception services and the increased range of choice this improved access constitutes should be a priority moving forward.

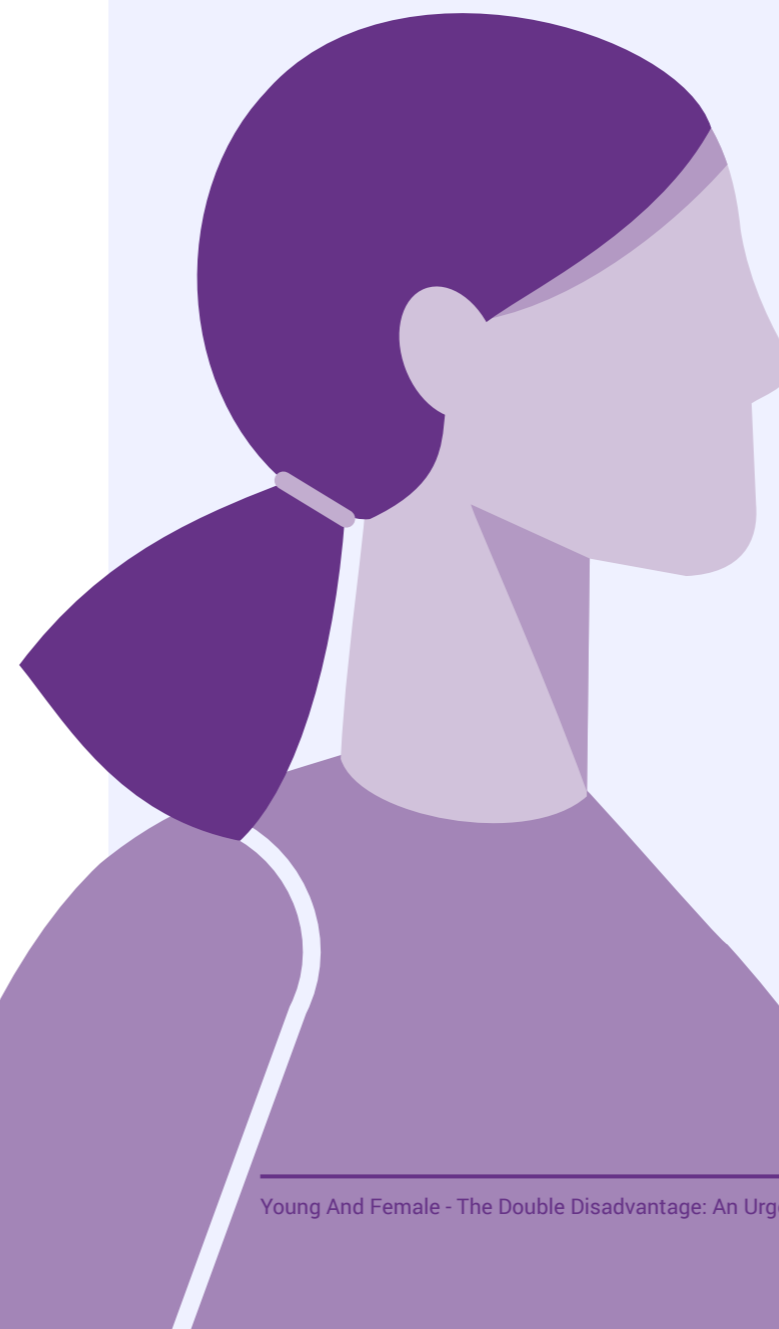
“[I’ve experienced] cycle changes due to changes in activity levels and stress [which] has been a difficulty in managing them.”

“[I’ve] missed periods due to stress related to pandemic.”

“During the pandemic I was experiencing bleeding between periods and became concerned that my IUD had become dislodged as I couldn’t feel the strings. I tried to arrange a doctor’s appointment so that they could conduct an examination but they weren’t offering this. Although I fully acknowledge the need to minimise face to face contact during the pandemic, I do think this has sometimes been used as an excuse to not provide important healthcare.”

“I’ve been trying to get an IUD fitted for the whole pandemic and my GP doesn’t offer the service, the only option is to go to the local sexual health clinic. They are not doing IUD fittings unless it’s an emergency. I feel frustrated because I want to come off the pill and angry that I can’t even take control of my own contraception.”

– Young women in their 20s



For individuals who do not have access to a private space to discuss health concerns, accessing sexual and reproductive services over the phone can prove particularly difficult, especially when the topic is taboo in nature. This could serve as a particularly significant barrier to accessing care for individuals suffering from menstrual disorders such as endometriosis. Staff at Endometriosis UK explained how menstrual conditions often come up in passing in an in-person GP consultation, or the GP must probe to understand an individual's experiences. This point makes phone appointments less effective in identifying menstrual disorders. If individuals are further dissuaded from accessing support over the phone due to privacy concerns, menstrual conditions are more likely to go underdiagnosed.

"Phone calls [to your GP] won't be appropriate for everyone. So we're hearing from some of the Black and Asian communities that, especially in lockdown, when you're in a house with no privacy and you're a young person who is in a culture where talking about periods is taboo, you can't have a vocal call about [menstrual related challenges] anyway."

– Emma, CEO of Endometriosis UK

For many of the young women who responded to our questionnaire, working from home is seen as an opportunity for a better menstrual experience due to better access to menstrual materials and pain management strategies. However, some young women report that their menstrual experience has deteriorated in other ways. About a third of respondents reported that their periods have become more difficult during the pandemic due to increased pain and their cycles becoming irregular. The majority of these respondent's attribute these changes to increased stress and anxiety because of the pandemic. Stress has been demonstrated to affect menstruation¹⁸ and a recent study demonstrated that during the lockdown period, women have widely experienced changes in their menstrual cycles associated with increased worries about family and personal health as well as stress surrounding job (in)security.¹⁹ Young people responding to our survey have experienced significant changes to their menstrual cycles in terms of pain, length of bleeding, and variable lengths of cycle. This is likely due to the impact of the pandemic and its associated restrictions on their mental health and wellbeing.

"I called [my doctors] and they were saying that I might have to go in overnight [to terminate my pregnancy] and I would not have wanted to go into the hospital during a pandemic but then I called BPAS and they said you can definitely do it at home and so that was a relief [...] BPAS, they send you an at home kit [...] and when I was trying to sort the abortion out, they were really nice and they'd call back and check on you and see if you're okay [...] But I guess in these situations the person who's pregnant has to take on the more intense role, the actual physical role, but it did feel a lot lonelier having to do the whole thing alone by myself [...] My boyfriend was supportive but physically he couldn't be there because of the pandemic."

– Alison, 22-year-old woman*

Alison* accessed abortion services during the pandemic. Although she felt lonely during the experience as she was unable to be with her partner, after an initial difficulty in accessing care, she was overall satisfied with her experience. This was in large part due to her ability to undergo the procedure at home.

All governments in Great Britain have issued emergency legal orders temporarily permitting abortion providers to implement a fully telemedical service delivery model, meaning those who were safely able to terminate early-stage pregnancies at home could do so by taking two separate tablets without seeing a healthcare practitioner. A recent study²⁷ demonstrated that the new service delivery model improved waiting times and had the same level of effectiveness as medical abortions carried out before the pandemic. In this study, 80% of those accessing medical abortion services said the new telemedical service delivery model was their preferred option and that they would choose it in the future. Although the law has not yet changed permanently, the experiences of the young woman Irise spoke to support its continuation.

MENTAL HEALTH AND WELLBEING

“I’m incredibly lucky as I live at home with my parents. If I had to do this by myself, I think it would’ve been extremely challenging and negative. I definitely feel that we’ve become closer as a result of being under lockdown together.”

– Young woman in her 20s

The mental health and wellbeing of those Irise supports has deteriorated over the past year, largely attributed to COVID-19 induced challenges. However, young people have found opportunities during a difficult time. Many questionnaire respondents detailed how they have been able to practice better self-care over the last year during their uninterrupted time at home and three respondents reported becoming closer to their families during the time they have spent together.

More generally, however, most of the responses to the question ‘how has your time at home been?’ skewed towards being negative. A sense of anxiousness, loneliness, and pessimism was clear across responses with many feeling unmotivated and tired in the latter stages of a third lockdown. This sense of pessimism was reflected in later questions on how responses to the pandemic could support

them in recovery - some respondents reflected that they do not know what mental health support could look like if the country continued to implement social distancing measures into the future, as it is the prolonged loss of face-to-face contact which respondents feel has increasingly taken a heavy toll on their mental health. Respondents who had an existing mental health diagnosis prior to the pandemic have experienced a worsening of symptoms over the last year. A loss of routine, a lack of in person support from friends and family, and a lack of access to mental health services made the long-term mental health condition of one respondent much more difficult to manage.

“Practicing meditation and yoga has enabled me to manage negative emotions better and be more grateful for the things in my life.”

“The government and media talk about the effects on mental health but it’s a very surface level discussion. I don’t think they truly understand the impact.”

“Eating Disorder - only had food and exercise to focus on.”

“I feel more aware of how lonely I am and unstable my situation is. Nevertheless, I am trying to focus on how lucky I am to be where I am.”

“I have more time for myself to practice self-care, work in my own time on my own schedule and life has slowed down and generally less stressful.”

“At the start of the pandemic last year I was feeling much more optimistic as I really hadn’t anticipated it going on this long. Now I feel that I am just always expecting bad news and to be let down.”

–Young women in their 20s



“For the clients with complex trauma they have been impacted greatly by the COVID pandemic as it has retraumatised them. Themes that have come up for these clients include: being told what to do, feeling locked up, feeling controlled and things being unfair. These were often things that the client had experienced as part of their abuse.”

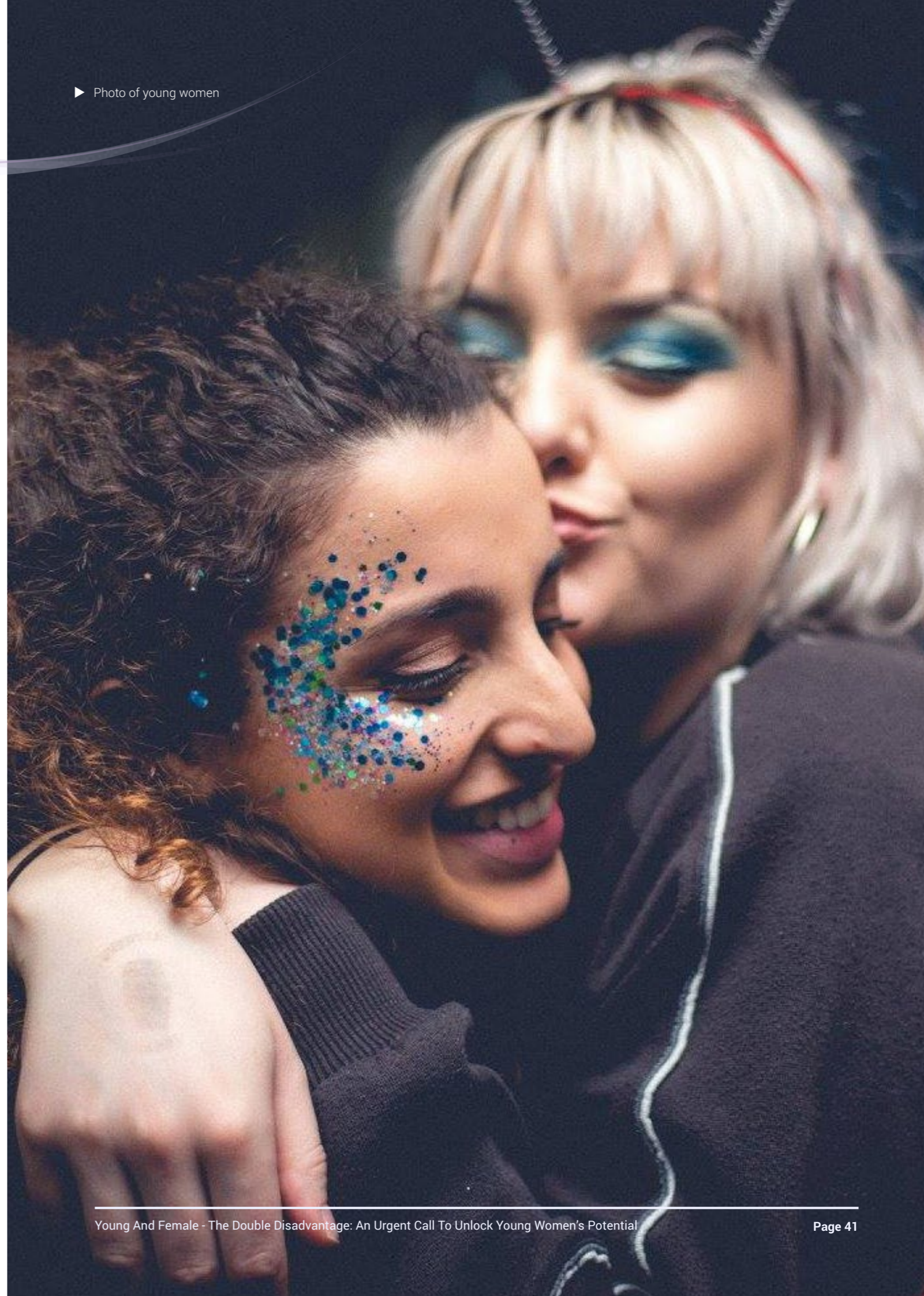
– Women’s Counselling and Therapy Service

For some women who access support through a south-Yorkshire based women’s Counselling and Therapy Service, lockdowns have resulted in severe mental distress as they struggle to adapt to a situation which they experience as intensely controlling. This has elicited a traumatic response for many who have previous experience of feeling trapped by abusers. This has posed a challenge for the centre as online counselling sessions demand a quiet, confidential space away from children which has been difficult for many women with children.

“There’s the charities who’ve been doing everything that they can, but there’s going to be so many more people that need [support] [...] I had parents saying to me ‘what’s the point? I can’t take anymore, I may as well not be here’. And I would never have thought that of them to feel that way - maybe they had but they’ve never said that to me before, so to say that... like how do you get them back from that? I think it’s going to be really hard.”

– Sheffield Child Contact Centre

For partner organisations, mental health challenges amongst those they support have become more acute. A member of staff at a Sheffield-based child contact centre reported how the mental health of mothers in particular has significantly declined, in part due to the amount of care work they are shouldering at home when schools have been closed. Many of the mothers the organisation supports have large families and as a result many women have felt completely overwhelmed by the amount of care work that has been demanded of them, severely impacting their mental health. Recent national level research has identified that women are more likely to experience a negative impact on their mental wellbeing due to increased family responsibilities, financial stresses, and loneliness²⁰ and this partner is extremely concerned for the wellbeing of the individual mothers and their families who they support moving forward.



SAFETY

“The increase in the number of referrals something like quadrupled, the phone really has been constantly ringing. I think probably 70% of the referrals we do get are domestic abuse related, but [...] the ones that we are getting have been so much more severe.”

– Sheffield Child Contact Centre

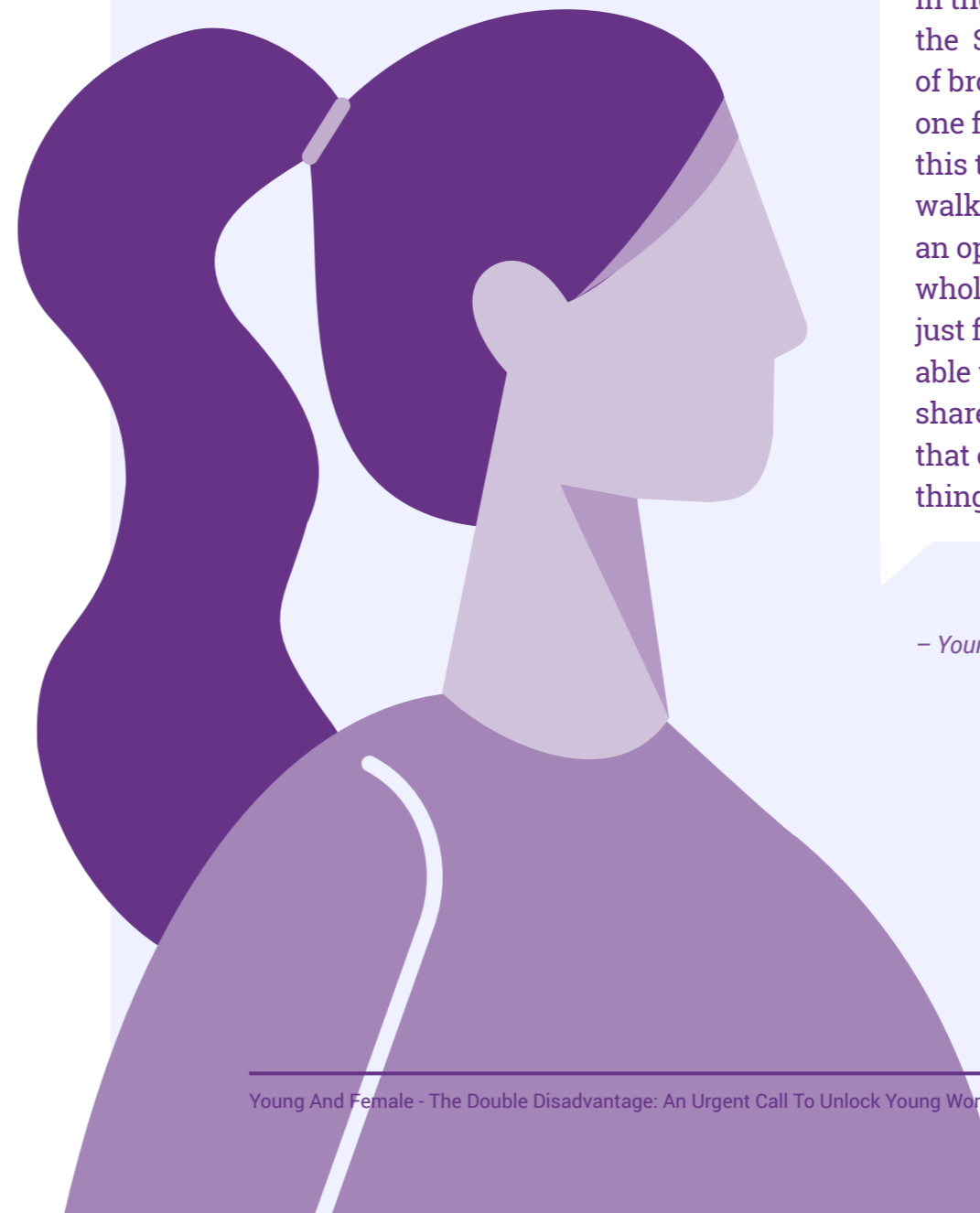
For many of those who Irise supports, not feeling safe going outside for a walk over the dark winter, advocated for by the UK government as a coping mechanism for repeated lockdowns, has negatively impacted their mental health and wellbeing. The widely reported murder of Sarah Everard prompted reflection for many on the extent to which their gender constrained them from going outside during the dark winter months due to fears for their own safety. This reflects broader, national level findings by Plan International UK¹⁵ who found that 28% of 14-21 year old women surveyed feel less safe going out in public now than they did before the lockdown. Sexual harassment in public is not a new phenomenon for young women and girls in the UK²¹, however the injustice of unequal safe access to public spaces has been felt more keenly over the last year by those that Irise supports.

Not being able to access public spaces and feeling forced to modify their behaviour when they do has negatively impacted the mental health and wellbeing of young women. The circumstances of Sarah’s death and the public outcry it generated in the aftermath of International Women’s Day in March 2021 left the women Irise spoke to feeling defeated at the lack of attention given to the issue before her death. Young women advocate for greater awareness at the national level of the gendered barriers to them accessing public spaces over the last year.

“January and February were really hard, because it was so dark at night [...] women keep saying that they didn’t realise they give themselves a curfew and that’s something I realised in the last couple weeks because when it was winter, I was sat at my desk all day till four or five, and then I wouldn’t go for a walk because it was too dark. I feel like a lot of the rhetoric around mental health is always ‘just go for a walk, it makes you feel a million times better’ but I don’t think it’s considered that actually, women couldn’t do that if they work nine to five or are at uni.”

“The last couple of months have been quite tricky if you are a woman in the UK and everything around the Sarah Everard case really kind of brought to light that actually the one freedom that we have had during this time is that we can go for a walk and that now feels like it’s not an option in the same way [...] That whole week [after the news broke] just felt horrific and I think not being able to physically be with people and share those experiences and offload that emotional burden, I think made things so much harder.”

– Young women in their 20s



An Irise partner organisation detailed how the number of domestic abuse referrals to access their support has significantly increased over the last year and continues to take up a large chunk of time and resources. Of particular concern for this partner is the increased severity of cases referred to them compared to before the pandemic. This concern is reflected in a November 2020 overview of domestic abuse during the pandemic in England and Wales by the Office for National Statistics²² which suggests both an increase in offences flagged as domestic abuse-related by police increase and the severity of abuse being experienced. This reflects a global trend of increasing violence against women during COVID-19, dubbed the 'shadow pandemic'.²³ Confining victims of domestic abuse under the same roof as perpetrators for prolonged periods of time was shown pre-pandemic to generally increase domestic abuse incidents.²⁴ Combined with uncertainties, fear, financial concerns, health worries, insecurity, and unemployment created by the pandemic, anger, stress, and violence are liable to rise when individuals cannot legally leave home for any length of time. When looking into why domestic abuse cases are rising (specifically towards women) and their severity increasing, one partner organisation explained how herself and her colleagues understand these increases in relation to how many men have lost their jobs or been furloughed during the pandemic. This loss of income has had a significant impact on their mental health as they can no longer provide for their families. The partner explained how men are consequently lashing out at their families as they cannot legally leave their homes and feel trapped.

Recent research by Women's Aid demonstrates that 61% of women living with their abuser reported that abuse had worsened, and over a third of those with children detailed how things were also worse for their children than pre-pandemic.²⁵ In response to increased concerns regarding the safety of women, the UK government introduced a number of emergency measures to alleviate the impact of the lockdown on domestic abuse victims including extra funding to domestic abuse and sexual violence charities, a national campaign under #YouAreNotAlone to reach victims, and £10m allocated to emergency shelters.²⁴ However, Women's Aid report that a fifth of victims say they have tried to leave home during the pandemic but have been unable to access refuge space.²⁵ This is unsurprising given the substantial increase in domestic abuse cases and the fact that since 2010, one in six refuges have been closed down.²⁴ For women from minority ethnic backgrounds, refuge bed spaces are even more limited, and these women are often trapped in violent relationships for longer than white British women.²⁶ To ensure a recovery from the pandemic that leaves no woman behind, increased funding for services that reach these minoritized groups quickly is vital.

"I've started feeling less safe like going out, especially when I am wearing a skirt or anything like that [...] I've had three people in a drunken state try harass me in public. And it's just been difficult, trying to feel comfortable going out when there's either people like that or people giving hate speech and that. So most of the time I do go out I'll try at least be with a friend because I actually feel safer with a friend with me because less people tend to say something when you're with someone than when you're just on your own in a way [...] People [like me] can't go out as much or get the clothes they feel comfortable wearing."

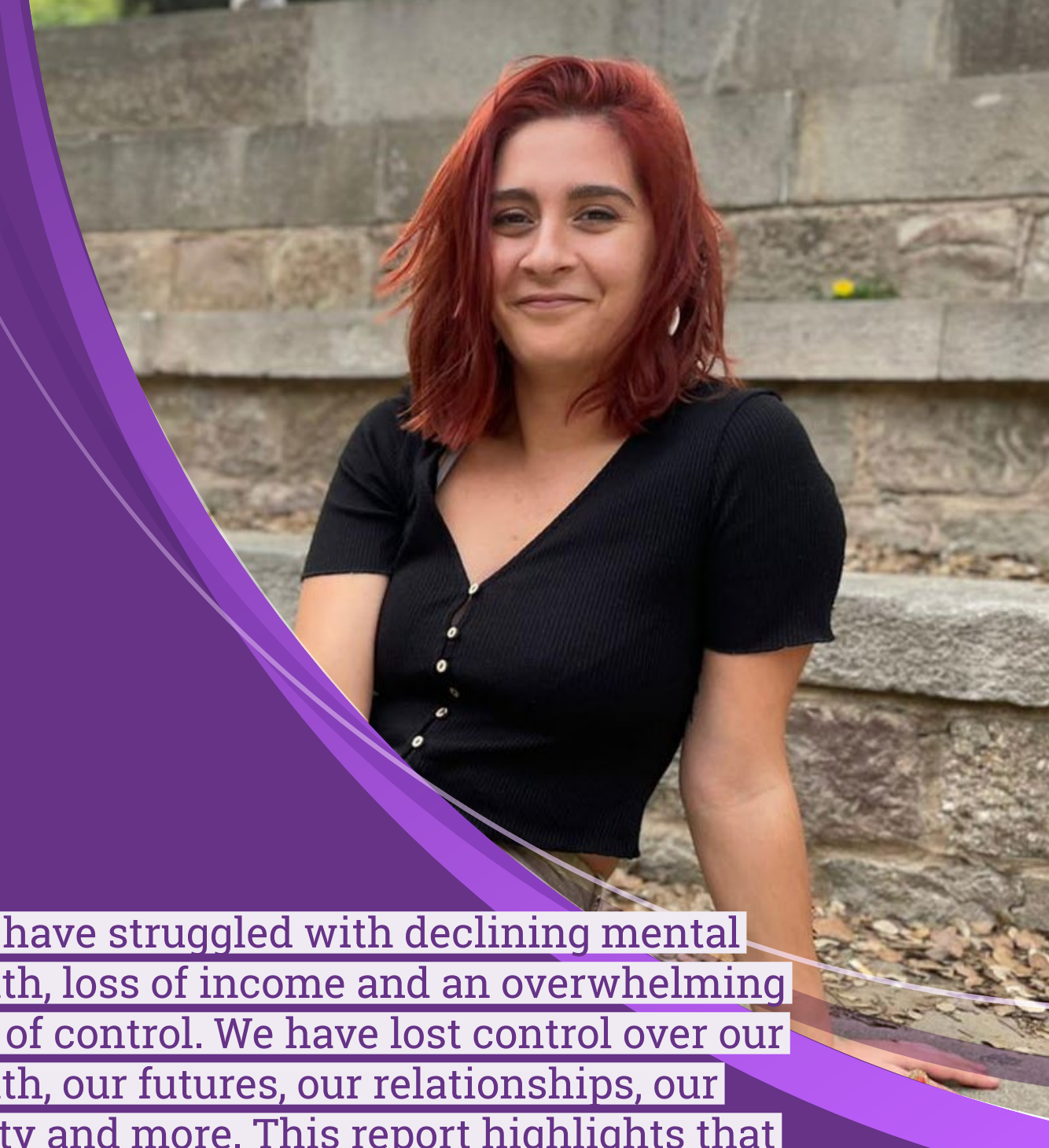
– Yasmin*, 19-year-old

Yasmin* recently began to socially transition after being incorrectly assigned male at birth. Going through this experience during the pandemic has caused her a significant amount of distress as she has not felt safe dressing the way she wants to when going outside. When she has gone outside during lockdowns, she has experienced harassment and abuse and tries to only go out with a friend. This has significantly affected her mental health and sense of control over her life. An Irise partner organisation has provided her with a lot of support since she came out in October 2020. However, at the national level this individual feels that gender-specific concerns for her safety are not being appropriately considered when the government has advocated for daily walks to maintain mental health over the past year.

“One month [on from an unbearable living situation] I went to see a house and it was really cheap because I prioritized price over the quality of accommodation and at the viewing [the landlord was] being quite inquisitive about why I’m moving at this point and he just made an offer that I could come and live with him and I thought this was so weird the way he conducted himself and was obviously seeing this vulnerable girl who’s looking for some cheap rent and I’ve heard a bit about landlords being exploitative in that way [...] like sex for rent and it did kind of seem like he was hinting towards something like that [...] I definitely felt very vulnerable because I was obviously so unhappy with my living situation.”

– Andrea*, early mid 20s

Andrea* was forced to move from a living situation that was causing her an intense amount of emotional stress and felt vulnerable and exploited when a male landlord sexually harassed her. Pre-pandemic, the UN expressed concern about the practice of UK male landlords offering accommodations to women in vulnerable situations in return for sex, known as ‘sex for rent’²⁸ and many news outlets have reported that COVID-19 induced poverty has increased the prevalence of this exploitative practice. Pandemic-induced precarious living situations experienced over the last year has left individuals feeling unsafe, exploited, and harassed on account of their gender.



“We have struggled with declining mental health, loss of income and an overwhelming loss of control. We have lost control over our health, our futures, our relationships, our safety and more. This report highlights that for all women, but especially those who are marginalised by their class, disabilities or skin colour, this lack of control is becoming dangerous to our physical and mental wellbeing.”

– Aisha Mahal, 21 years old, Irise volunteer

SECTION 13:

RECOMMENDATIONS

What must be done: Priorities for restoring voice and power to young women:

- **Urgently rethink how young people are engaged in political processes.** Young women in particular feel politically disenfranchised and unrepresented in decision making processes that affect their lives. We are calling for an urgent review of how our democracy engages and represents young people and how this can be improved, alongside immediate actions from politicians to demonstrate that they are listening.
- **Embed gender analysis in policy development.** We know that policies are more effective when they are gender sensitive. Gender analysis must be incorporated into all policy development and intervention and recognised as essential for avoiding inadvertent harm during a crisis.
- **Refocus and re-galvanise pre pandemic efforts to empower young women and pursue gender equality.** Initiatives like the Period Poverty Taskforce are needed more than ever as need escalates and current policies prove inadequate for the evolving situation. Forums that enable civil society and government to work together to create new solutions are critical to building back better.

- **Invest in community-based organisations and the grassroots to protect the most vulnerable.** Mainstream services are overwhelmed and the most vulnerable and marginalised have relied heavily on third sector organisations that know them well and that can provide tailored support throughout the pandemic. Increased investment in these organisations' services will complement and reduce the burden on mainstream provision and provide an essential safety net for those at risk of being left behind in recovery efforts.
- **Learn from positive adaptations that have been made during the pandemic.** Some covid-19 measures have transformed women's experiences, demonstrating what is possible. Service providers and governments must continue these adaptations and learn from them, including:
 - The benefits of allowing women to work from home during menstruation
 - Women's preferences for at-home abortion services

Rapid change and a resilient recovery from the pandemic are possible when we put young women's voices at the heart of the decisions and policies that shape their lives and futures.

SECTION 14:

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Prior to the pandemic, the UK government responded to calls from young activists by committing to end period poverty and shame by 2025 ▶





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