


## UNDERSTANDING THE PERCEPTION OF MENSTRUAL POVERTY IN HOMELESS WOMEN

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### ABSTRACT

Brazil faces deep social inequalities that impact millions of individuals, especially homeless women, who are subjected to conditions of heightened vulnerability. This study aimed to understand the perceptions and biopsychosocial repercussions of menstrual poverty in women living on the streets. A descriptive and exploratory cross-sectional study was carried out, using a qualitative approach with semi-structured interviews. Four homeless women were interviewed, selected through an active search in Goiânia/GO, between April and June 2024. The interviews were analyzed according to the Grounded Theory. The analysis of the interviews revealed four explanatory categories: (1) History before and after arriving on the streets; (2) Challenges in relation to living on the streets and health care; (3) Challenges to menstrual hygiene and coping with menstrual symptoms; and (4) Perception of the consequences of living and menstruating on the streets for health: the vision of the future. Menstrual poverty is identified as a serious public health problem that affects the well-being of homeless women, with direct implications for physical and mental health. The urgent need for public policies that guarantee access to hygiene products and health care is reinforced, in addition to promoting the visibility and dignity of this group. The implementation of comprehensive support and assistance programs is crucial to mitigate the repercussions of menstrual poverty and other vulnerabilities faced by these women, ensuring their dignity and quality of life.

**Keywords:** Homeless People. Menstrual period. Women's Health.

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## INTRODUCTION

Brazil, a country known for its richness in extension, population, and social and cultural diversity, paradoxically, is marked by social inequalities, which put millions of Brazilians in a situation of vulnerability. These people in social vulnerability are subjected to much more risks, since they encounter numerous difficulties in accessing public goods and services (Souza *et al.*, 2021).

In this scenario, it is evident that Brazilian society is affected, among other factors, by homelessness, hunger, unemployment, low-quality education and prejudice, factors that, in addition to distancing these vulnerable individuals from a life with dignity and opportunities, distance them from access to health, in view of the physical and mental illness that these determinants cause and the lack of health care to which this group is subjected. Even with the advances of the National Primary Care Policy, which expanded access to and supply of health services in Brazil, there is a deficit in health care for people in vulnerability (Souza *et al.*, 2021).

When analyzing this reality, it is necessary to understand the sociological concept of "intersectionality", which explains that the various existing systems of oppression overlap and culminate in the different types of discrimination to which the same social group can be subjected. An example of this is the reality of women, victims of misogyny and machismo, in which the concept of intersectionality is present when faced with groups, within the feminine, that suffer other types of prejudice, as is the case of women living on the streets. These women face great difficulties in survival, in a reality that subjects them to numerous risks, such as lack of security and difficulty in accessing health (Nardes; Giongo, 2021).

Data from the Institute of Applied Economic Research (Ipea) indicate that the homeless population in Brazil exceeded the number of 281 thousand people in 2022. Despite the scarcity of studies on the subject of homeless women, it is estimated that they represent only 18% of this total, but they become the majority when it comes to violence, since, among the homeless population, 51% of victims of violence are women (IPEA, 2022), a fact that shows that women who make the streets their home are exposed to complex vulnerabilities, which are accentuated in the field of health, since this population is exposed to the lack of drinking water, the lack of resources for basic hygiene and the lack of education, for example, which subjects them to a situation of risk (Valle; Farah; Carneiro, 2020).

An important vulnerability experienced by this group is the issue of menstrual poverty, which involves the lack of access to resources to purchase hygiene products necessary for the period of menstruation (Vieira, Lopes, Carvalho, 2021). The lack of adequate basic sanitation, personal hygiene products or bathrooms can lead to the inappropriate use of paper, socks and newspapers to contain menstrual blood. Therefore, these habits can facilitate the development of various infections of the genital tract, because they make the environment conducive to the proliferation of fungi and increase the risk of contamination, for example (Canto *et al.*, 2022).

In Brazil, it is estimated that around 26% of women suffer from menstrual poverty, a situation that is aggravated by those who live on the streets. In this context, it is noted that one of the causes for this sad reality is the taxation of sanitary pads and the lack of knowledge about the menstrual cycle and everything that permeates it (Souza *et al.*, 2021). Poor management of menstrual hygiene, which can lead to health problems such as female reproductive tract infections, makes menstrual poverty a serious public health problem (Campos *et al.*, 2022).

The implementation of public policies to combat menstrual poverty is progressing at a slow pace, with a difficulty or impossibility of accessing adequate hygienic products during the menstrual period, as well as basic infrastructure, such as bathrooms and running water (Summit, 2023). In this sense, this study aimed to understand the perceptions and biopsychosocial repercussions of menstrual poverty in women living on the streets.

## **METHODS**

This is a cross-sectional, descriptive and exploratory study carried out through qualitative research. In the cross-sectional study, it is possible to produce a snapshot of a given health situation, considering cause and effect, in a single cut in time (Moretti, 2022). Qualitative research, on the other hand, seeks to collect information considering the perspective of the people involved and different points of view on the same situation (Moretti, 2022).

The methodological procedure used comprised four semi-structured interviews with women living on the streets. The interviewees were selected from an active search in locations in the city of Goiânia/GO. The interviews were conducted until the moment in which there was recurrence of the statements (theoretical saturation). Data collection was carried out between April and June 2024.

As inclusion criteria, cisgender women living on the streets and of childbearing age (18 to 49 years) were considered eligible to participate in the research. As exclusion criteria, women outside childbearing age, diagnosed with diseases that cause amenorrhea, who have undergone hysterectomy and transsexuals were considered unfit to participate in the study.

The interviewees were approached on the streets, where they were instructed on how the research process would take place and asked about where they preferred the interviews to be carried out, in order to value the respect and dignity of the participants. The Informed Consent Form (ICF) was physically presented to the participants, and the researchers provided all the information about the purpose of the research and its applicability.

Among the various qualitative investigation techniques, it was chosen, in this research, to use the semi-structured interview, in which the interviewers used a script of themes so that the interviewees could discuss freely and subjectively (Lüdke; André, 2004). The interviewers focused on the central themes of the research and showed attention to each important detail of the reports (Batista; Matos; Nascimento, 2017).

The analysis of the interviews was based on the perspective of the *Grounded Theory*, which consists of a methodology of qualitative analysis of theory-generating research. The final product of the research is a description of the phenomenon integrated around explanatory categories forming a theoretical framework that explains how the phenomenon is occurring (Corbin, 2015).

This methodology follows a systematic analysis with three main stages of coding: 1) open coding, in which the discourses are analyzed to identify analytical categories; 2) axial coding, where explanatory categories and subcategories related to the phenomenon stand out; 3) selective coding, which logically organizes the phenomenon and selects the most relevant points in each category. Finally, the descriptive writing is elaborated based on the interpretation of the discourses (Gasque, 2007). The real names were changed in order to preserve the identity of the interviewees.

Before starting data collection, the present work was sent to the Research Ethics Committee (CEP) of the Pontifical Catholic University of Goiás (PUC Goiás) and it was approved to be carried out on December 12, 2023, with opinion no. 6.572.577.

## RESULTS

After the conduction, transcription and analysis of the interviews, with subsequent coding of the interviewees' statements, the following explanatory categories of the phenomenon emerged: 1) History before and arrival on the streets; 2) Challenges faced in living on the streets and in health care; 3) Challenges faced in relation to menstrual hygiene and menstrual symptoms; and 4) Perception of the consequences of experiencing and menstruating on the streets for health: the vision of the future.

### HISTORY BEFORE AND AFTER HITTING THE STREETS

Before arriving on the streets, one of the women reported that she was going through complicated experiences at home, as she was raped by her partner.

When I was in Redenção, I had another husband, he beat me a lot... Until he stabbed me in the chest, I almost died, he was arrested. Thank God, they killed him. (Nalu)

However, for two women, what really took them to the streets was the introduction to the world of drugs, as the unhappiness in relationships and at work provoked the search for support in these substances.

I got to know crack out of curiosity, no one forced me, or anything. I saw my family members using it, I didn't know what it was, so I asked "Guys, what do you use so much? Let me use it!". Ready! I opened the door to hell in my own life. (Cassia)

When I was in Redenção, there in Pará, I had another husband, he beat me a lot and, as I said, I started using drugs. (Nalu)

In addition, two of them reported that they gave themselves to their relationships, ran out of financial resources and lost themselves in life, not necessarily having suffered any type of violence or become addicted to any illicit substance.

I was alone and I met him [her boyfriend]. This is 1 year old. (Vânia)

Mine was three reasons, right? One was a family reason, another was a spiritual reason, another was a sentimental reason. The spiritual was because I lived with a woman who was my first ex-mother-in-law, right? The grandmother of my first child. And they are all from Umbanda, right? They mess with wrong things, umbanda business. Then I, since then, have been said and done. I can't, in my relationship, I can never work out, you know? There are always some impediments. In the sentimental it was because I fell because of a relationship that I really gave myself to, then I went blind and all that. Of love. Yes, out of love, then I abandoned everything and went to live with him. (Edna)

Regarding the arrival on the streets, the interviewees stated that they faced obstacles mainly in relation to the way they alienated themselves from reality and gave themselves to their partners, to drugs and futilities, distancing themselves from the priorities of life, such as working. So, due to lack of resources, many of them did not have a place to go beyond the streets. It became evident that the streets are places where human beings lose their right to autonomy over their own bodies, making it possible for the streets to be "no man's land", where survival occupies the space of living and, therefore, these women did not want to be there, but ended up having to be there for lack of other opportunities.

With these things, I ended up having to survive on the street. (Nalu)

yes, out of love, then I abandoned everything and went to live with him [her boyfriend]. (Edna)

I was alone and I met him [her boyfriend]. This is 1 year old. I had never lived on the street, no... oh my God (emotional, eyes watering). It was due to lack of resources. (Vânia)

So, because they are in a reality of glimpses and vices, these women lost their wills, their goals and their happiness to live a life that did not belong to them, but that was imposed on them.

## CHALLENGES IN RELATION TO LIVING ON THE STREETS AND HEALTH CARE

When asked about the challenges faced in living on the streets, the interviewees reported that the greatest difficulty, in addition to prejudice, is the risk of suffering aggression. This report was identified, above all, in the interviews of women who do not have a partner. These women are even more vulnerable and feel the fear of being raped or killed, especially while sleeping.

People sometimes look at us with a different eye, they don't know what we've been through, they don't know what we have, they don't know the study we've had and they treat us differently. (Nalu)

I heard that here in Goiânia there are many street guys who are raping girls, they have told me to be careful, be careful with rapes, with all these things. I'm with my partner fighting, then he's far from me, I'm here, he's far away. (Edna)

The challenge is that you have to survive. The reality is this: you survive on the street, you don't live, you survive. Especially us, who are women... You run the risk of being stoned, stabbed. That very night I was robbed... They took my pillow and my personal things. But it has happened that I woke up dressed in only one leg of a pair of pants, you know? It's all kinds of risks... It's not just one thing, it's all kinds of risks. A person sits here next to you, you don't know their procedure, another comes and beats or kills. If you're close, you'll go along. (Cassia)

In relation to health care, one of the difficulties pointed out by the participants was the prejudice they suffer in health units when they seek care. Another issue cited by them was the lack of documentation, given that many of them are robbed on the streets or even lose their documentation, which often makes it impossible for them to get health care or makes this process difficult.

If I need to, I'll go to the health center, but I'm not going to the health center yet, because I'm without my document. (Nalu)

Sometimes, we don't take a shower, you know, it's "it's" dirty. Then you get embarrassed to enter the health center. (Vânia)

It's much harder for us. Not that we don't have access, but it's complicated. In my case, I lost the documentation, so you have to go there to get the documentation, so it's complicated, because not everyone helps, no. We feel prejudice not only in the care unit, no. I don't know what miracle you guys came close to me (emotional, crying)... People judge a lot by the physique, you know? They don't sit down to talk to you, to know about you (still crying, she apologizes). It's because it hurts, you know? "That dirty girl, that hair, thin". I understand, because she's afraid of being robbed, but prejudice is "fucked" and hurts, and hurts, hurts, hurts. Just like I heard yesterday "What are you doing here, you 'junkie'?". Wow! I am a human being. (Cassia)

Thus, it is observed that homeless women are vulnerable not only because they live on the streets and are poorly regarded by society, but also because they are women. In addition, it is noted that the danger to which these women are subjected threatens both their physical integrity and their access to health.

## CHALLENGES TO MENSTRUAL HYGIENE AND COPING WITH THE SYMPTOMS OF MENSTRUATION

Among the interviewees, there was unanimous the report that, in the absence of sanitary pads, they asked people on the street for money or resorted to the Specialized Service for Homeless People (Centro POP) to purchase sanitary pads. Some also answered that they perform some kind of service on the street to get money and buy sanitary pads and other personal hygiene items.

For me, the biggest challenge is having to ask people, but thank God nothing is missing, no. (Nalu)

We ask for sanitary pads where we are going to bathe. I like to ask there at the POP Center, you know, from time to time they give in, when they have, you know. That's where I take a shower, ask for things, when they don't have them, I fix them. (Edna)

Soap sometimes has, sometimes there isn't... Sometimes we take a box of paçoca, jujuba and go out selling it to be able to buy things, or we ask for it. (Vânia)

Some participants said that they resort to alternative materials to contain the flow and that they ask for help in clinics and businesses to perform menstrual hygiene.

Sometimes, we don't have money to buy tampons, so I tear cloth and put it on, I've used paper... I go into the clinic bathroom and take toilet paper, sometimes I wet a cloth and pass it "on the parts". I take two showers a week, then when I'm menstruating, I "accept" myself more, I wash myself in the bathroom faucet. (Vânia)

In a street situation, you have to ask for sanitary pads, you have to clean them to be able to wash and not all places accept us to come in to wash. Last week I "was", I had to ask for a tampon, I "was" smelly. Sometimes we can wash ourselves, but sometimes we can't. So it's very complicated, like, to get your period on the street. The difficult thing is to wash, usually, the same as today, I'm here in Independência, there's a supermarket there, for me it's easier, so I get a bottle, some little something and I can go to the supermarket to do my cleaning, but there are places that are very complicated. I've run out of pads, I've put cotton, I've put cloth, a piece of my clothing so it doesn't leak, because, as my flow is a lot, there's no way I can be without something [to contain the flow]. (Cassia)

In addition, there was a report that reinforces how menstrual hygiene for those who live on the streets puts the health of these women at high risk.

We have to get off there on Marginal Botafogo, in that filthy water, to be able to wash. Because menstruation already stinks, so if you don't wash it... I wash in that water unfortunately. There's a spout there, we call it a spout, which is less dirty water. (Cassia)

Another important point that permeates this issue is the challenges to alleviate menstrual symptoms for homeless women. Among them, the main one is the difficulty of access to painkillers. The interviewees reported that they often cannot access medication and, therefore, feel severe pain for days.

Colic, each person has a type of colic, right? And I always, if I had precision, as in my city I know a lot of people, I would talk to pharmacists or someone I knew and would buy for me when I was not in a position to buy. (Nalu)

I feel a lot of cramps, but then I take dipyrone. Sometimes, I run out of medicine, then I feel pain. (Vânia)

I'll tell you: I take medication when they give it to me, because after I operated "so I don't have a child anymore", I have a lot of colic. (Cassia)



One of the interviewees said she had already suffered psychological violence for complaining about menstrual cramps, to people who passed by her on the streets, in an attempt to be helped.

So, these days people "were" saying that they were crazy, that I used so many drugs, that I went crazy, but I was in pain, with a lot of colic, my cramps are very strong... I walked, like this, holding the "foot of the belly", I'm not going to lie to you, no, I swear, screaming, I "was" screaming in pain. There was a time when I put my hand, like, on a pole, the cramps were so strong, so strong, that I screamed. Then a human being passed by who I say poor in soul, poor in spirit and said "You're making a scene to make money", then I said "No, young man, God had to put you 'menstruating' at least one day in your life". Then God touched "a" person who said "Lady, are you okay?", then I said "No. For God's sake, buy me some medicine, because I'm very crampy." That's where the girl bought some medicine for me, then I could sleep a little. (Cassia)

Thus, it is noted that there are multiple challenges to which the menstrual period submits women who use the streets as a space for survival. These challenges are not only limited to the lack of sanitary pads, but also to the difficulty of accessing water or even a place reserved for personal hygiene. It was also possible to notice how much the interviewees depend on the help of people who pass through them and how much they are humiliated and subjected to situations of physical and psychic pain for this reason.

## PERCEPTION OF THE CONSEQUENCES OF LIVING AND MENSTRUATING ON THE STREETS FOR HEALTH: THE VISION OF THE FUTURE

The interviewees brought in their statements a perception that menstruating on the streets has serious consequences for health. It was reported, by three of the four women, that menstruation makes them feel bad, embarrassed, disrupts their daily lives, generates pain due to colic, frightens and bothers them. It is worth mentioning that, for the fourth interviewee, menstruation disrupts her entire daily life, generating, among other things, fear of contracting diseases by performing intimate hygiene in the Marginal Botafogo stream.

Oh, I feel bad, right? Very badly. I'm embarrassed. Afraid of not having the products to be able to do menstrual hygiene. (Edna)

I get embarrassed, then I go "to" the pharmacy and ask for a pad for some woman who arrives, then goes there and buys it for me. (Vânia)

Everything, everything, but it's everything. Because I already know the time I'm going to menstruate, then I keep thinking: "My God! It will start". Our psychology is so like this... I already know that the suffering will begin. So it interferes in everything, in every way. There is no positive thing, it's all bad. There is a danger of catching some disease in that water [of the Marginal Botafogo stream], because an unpleasant event happened there... They found a body in the water. I went through a

suffocation, went to the emergency room and did an exam... thank God, nothing came of it. (Cassia)

Although most of the interviewees reported that they suffer from menstruation, the first of them said they did not find much difficulty, since she receives help from a pharmacy during her menstrual period.

No, because asking is not shame, shame is stealing and taking a cup from someone (Nalu).

As for the future perspective in relation to life on the streets, half of the interviewees believe that they will leave the streets both for the help of their family, as well as for spiritual help and good people who can, perhaps, give them opportunities for social reintegration, such as employment.

God willing, we'll leave Monday, we'll sort out our lives. We have already talked to the family. And I'm going to have my baby, my sister is waiting for me there and I'm going to work with her, come back. (Nalu)

I trust in God that we will find a corner there. He [her boyfriend] is going to get a job, I'm also going to get one... and put life forward, right? I think so. There are a lot of good people, with a good heart, like you, but there are people who don't even look at us. (Vânia)

However, it is visible that they live in the face of hopelessness in a better life, not seeing a promising future. They couldn't say what needed to improve, they didn't know where to start the changes. In addition, they stated that, in addition to there being no prospect of improvement, they have, however, a prospect of worsening, statements that demonstrate that many of these women are far from achieving a dignified and healthy life.

I don't know what to say. There is a lot to improve (Edna).

If I don't find a way to get off the street somehow, it's... Improving does not improve, no, the tendency is to get worse (Cássia).

In this sense, it is evident that, even if some women are hopeful for a better life and off the streets, this goal seems far from being achieved, because it requires drastic changes that often do not depend only on them, but on a social and governmental service that values the social reintegration of people living on the streets.

## DISCUSSION

It is noted that violence makes up the history of people who live on the streets, which is intensified when it comes to women living on the streets. Physical and sexual violence are the main triggering factor for women's transition to the homeless situation (Richwin; Zanello, 2023). It is possible to perceive in the reports that abusive relationships were decisive for the interviewees to submit to living on the streets, mainly due to the successive aggressions suffered.

Violence is an alarming problem in society, which affects the physical and psychological integrity of women. According to the World Health Organization (WHO), approximately 35% of women have suffered physical or sexual violence from an intimate partner. In Brazil, the Maria da Penha Law brought significant advances in the protection of victims and the punishment of aggressors. However, the implementation and effectiveness of this legislation still face challenges, such as underreporting and lack of resources for adequate support for women (Souza; Pereira, 2021). There needs to be support and resources for the rehabilitation of victims (Almeida, 2020).

In addition, dissatisfaction in relationships is relevant in the development of behaviors related to drug use and abuse. The experience of problems and discontent in relationships can drive the search for relief from psychoactive substances (Martins; Gomes, 2018). From this perspective, the lack of adequate skills to deal with stress and the absence of social support are factors that increase the propensity to use substances (Rodrigues; Ferreira, 2022). Thus, it is crucial to address mental health and the quality of relationships as interconnected aspects in the prevention of drug use, offering emotional support and developing effective strategies for stress management (Lopes, 2019).

A very important point to be highlighted is the total surrender of women to relationships, which can result in financial dependence and loss of autonomy. The lack of financial planning and economic dependence generate situations of fragility, seriously affecting women's well-being in the long term (Andrade; Costa, 2021). This lack of focus and resources limits their options and contributes to staying on the streets, an environment where personal autonomy is compromised (Silva; Costa, 2021). It is therefore necessary to raise awareness about the need for financial awareness and planning, in addition to providing psychological support and adequate resources for women who face these problems (Almeida, 2020).

Another important issue in the process of going to the streets is the use of drugs. This is justified by the fact that involvement with chemical substances, such as alcohol and crack, culminates in family abandonment, often after numerous attempts by the family to take them to rehabilitation, which subjects users to lack of support and to seek the streets as a space for survival. The use and abuse of drugs, symptoms or conditions of mental illness, are used as causal factors for the condition of living on the streets (Paiva et al., 2019).

Access to health services, notably, is difficult for those who live on the streets, even if the legislation recommends the guarantee of this right and even in situations where the service sought is part of a network that ensures universal access. The lack of personal documentation was reported as an impediment to guaranteeing this access, but the invisibility of this social group and the stigma suffered by it is a determining factor in the lack of access to health (Gonçalves; Oliveira, 2023).

The lack of access to hygiene products and water also makes it difficult for homeless people to seek health services. This is because dirty clothes and bad smells, caused by the impossibility of access to hygiene, result in poor care and situations of embarrassment for these patients in health units. It is evident, then, that it is necessary for projects aimed at homeless people to consider the health-disease process in an integral way, taking into account not only health promotion, but also prevention and rehabilitation, in order to ensure respect for the dignity and rights of homeless patients (Gonçalves; Oliveira, 2023).

It is also noted that menstruation, for women who live on the streets, is also a complex process, because it involves, in addition to the lack of basic hygiene products and water, the lack of privacy to perform personal hygiene. For these women, the menstrual period brings more than pain and other physical symptoms, but also an emotional loss, in view of the embarrassment caused by the lack of access to sanitary pads and analgesics (Cardoso; Ribeiro, 2023).

The difficulty in accessing these products subjects homeless women to physical and mental damage, as was a recurring report in the present study. When they cannot get money or assistance from a public agency, this social group resorts to alternative ways to contain the flow, such as the use of paper and bread crumbs, which can cause damage to the health of the genital system, such as infections and proliferation of microorganisms (Fiocruz, 2020). Therefore, menstrual poverty must be addressed as a serious public health

problem, considering the biopsychosocial aspect, in order to treat the problem in a comprehensive way and ensure access to quality menstrual health.

Although a minority of women do not see problems in menstruating on the streets, it was evident that, in the vast majority of cases, menstruation represents a significant challenge for women in street situations, generating serious health consequences. The lack of access to menstrual products and adequate sanitary conditions can result in infections and dermatological and genital problems, increasing the vulnerability of these women (Mendes *et al.*, 2022). In addition, the lack of menstrual care can aggravate mental health, raising levels of stress and anxiety (Silva, 2021). This problem is intensified by the absence of specific public policies, which highlights the need for more inclusive and targeted solutions for this population (Costa; Oliveira, 2023).

It is notorious that many homeless women see the help of family, supportive and spiritual people as a means to leave the streets. These women rely on the assistance of their family networks and society as a crucial factor in their recovery. In various aspects of life, faith offers hope and consolation in the face of difficulties and can contribute to a good evolution in health treatments (Silva *et al.*, 2022).

However, many homeless women did not show hope for a better future, reporting feelings of apathy and sadness. The lack of social and institutional support contributes significantly to this feeling of powerlessness and abandonment (Silva; Ferreira, 2021).

Therefore, it is possible to evidence that the limitation of resources, opportunities and, especially, the inefficiency of the public power, intensify the feeling of stagnation in this situation, making it difficult to visualize a future in which these women can be rescued from the street situation and reintegrated into society (Souza *et al.*, 2023).

## **CONCLUSION**

In view of the reports of the interviewees, it was evident that menstrual poverty among homeless women should be treated as a serious public health problem. This is because it directly affects the well-being of this group, since it can cause physical repercussions, due to inadequate menstrual hygiene, and psychological repercussions, due to the embarrassment to which these women are subjected because they often have to beg for what should be basic, but is considered superfluous by the system: the right to health.

The reports reinforce the need for society to break stigmas in order to achieve equity for this minority group, since the core of this problem lies precisely in the prejudice against

homeless people and how little is said about this issue. It is essential to address the menstrual poverty of those who live on the streets so that society knows and remembers that this problem exists and that ignoring the seriousness of this issue will not solve it.

One limitation of the present study was the difficulty in finding women living on the streets, given that there is a male majority living on the streets. Another point was the issue of stigma surrounding the subject of menstrual poverty, which made some of the interviewees feel certain shame to talk about the subject that, for them, is synonymous with pain and embarrassment.

In addition, the scarcity of studies on the subject, in addition to having been another obstacle to research, is one of the reasons that perpetuate, in a way, the issue of menstrual poverty, since it corroborates the invisibility of this public health problem. Further studies on this topic can contribute not only to proving its severity, but also to signal that changing this reality is about guaranteeing the right to health and dignity for homeless women.

It is imperative that the government promote more policies aimed at the distribution of sanitary pads and other basic hygiene items. It is also necessary that the health of these women be addressed by the government in a comprehensive way, in order to consider the treatment of the physical and mental repercussions of women affected by menstrual poverty. Another way to mitigate this problem would be to reinforce the coverage of support centers for people living on the streets, such as the POP Center in the city of Goiânia/GO, cited as an important support center to guarantee hygiene products and information on documentation and health, in order to expand the units of this Center so that homeless women from all regions of the city can be reached.

Therefore, homeless women deserve dignity and quality of life to face the challenging reality that life on the streets brings. Ensuring better conditions, including access to basic health care, hygiene, and psychological support, would not only facilitate their survival but also contribute to the preservation of their physical and emotional integrity. Menstrual poverty is just one of several vulnerabilities faced by women interviewed, highlighting the urgent need for specific and comprehensive interventions to address these issues.

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