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STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
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Submission Cover Sheet

Inquiry into Period Products and Facilities (Access) Bill 2022

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Women's Health Matters Submission to the Period Products (Access) Bill 2022

Women's Health Matters

Women's Health Matters (WHM) is an independent, non-partisan think tank that works to improve the health and wellbeing of all women in the ACT and surrounding region. We seek to improve access to health information and enhance knowledge and understanding about the causes of health and illness among anyone who identifies as a woman.

We advocate on behalf of all ACT women, especially those experiencing disadvantage and vulnerability. We want women to feel in control of and understand the determinants of their own health and wellbeing.

We do this through health promotion and by providing evidence-based social research, policy development and advocacy services to governments, the corporate sector, policy makers, service providers and peak bodies.

Period Poverty

Period poverty is broadly defined as a lack of access to sanitary products, education about menstrual health, toilets, handwashing facilities, and waste management due to financial, social or physical circumstances.[1] This can be compounded by period shame, which disempowers women and people with periods, and prevents them from participating in everyday activities, such as attending school, work, and social activities, and/or causes them to feel embarrassed about a normal biological process.[2]

Share the Dignity's Big Bloody Survey has highlighted concerning statistics regarding period poverty in Australia. Forty per cent of respondents had chosen a less suitable product due to cost and 49% had worn a tampon or pad for more than four hours because they had run out; 22%, had improvised with items such as socks, newspapers, and toilet paper when they had run out of pads and tampons. These methods can lead to serious health conditions such as toxic shock syndrome and can leave individuals feeling vulnerable and distracted.[3] Share the Dignity saw a 30% increase on the average usage of their Dignity Vending Machines which provided free period products in 2021 during Covid-19.[4]

Circumstances which may prevent a person from accessing period products

There remains limited understanding of how period poverty impacts certain population groups in Australia, and in the ACT specifically. Refugee and migrant women, women experiencing homelessness, LGBTQI+ people, women with disabilities, young women and women with low incomes may be more likely to experience period poverty and may also experience period poverty differently than other groups, yet little is known about their experiences. While anyone could experience period poverty in their lifetime, the experiences of population groups below reflect various financial, social, cultural and physical circumstances which can prevent a person from accessing period products.

Refugee and migrant Women

Current evidence suggests that immigrant and refugee women have poorer health outcomes than Australian-born women, with a marked deterioration in their health status becoming evident within 3-5 years of settlement.[1] Their poorer health outcomes are due to a range of factors, including barriers to accessing health services and the lack of culturally appropriate support.[2] Refugee and migrant women also experience economic exclusion due to limited working rights and overrepresentation in casual labour, lack of access to Medicare, and waiting periods for social protections.[3]

Women experiencing homelessness

Women experiencing homelessness are disproportionately impacted by period poverty. This has been shown in studies from the USA and UK, where women experiencing homelessness struggle to access period products and appropriate facilities, with impacts on their mental health.[4] It is therefore reasonable to assume that women experiencing homeless in the ACT are particularly impacted by period poverty and may require tailored approaches to ensure the Bill meets their needs.

LGBTQI+ People

[1] 28_CommonThreads_bpguideA5.indd (mcwh.com.au), accessed March 2022
[2] 28_CommonThreads_bpguideA5.indd (mcwh.com.au), accessed March 2022
[3] Microsoft Word - Retirement Income Review Submission - DRAFT.docx (harmonyalliance.org.au), accessed March 2022
[4] Bimini Love Fights Period Poverty for Homeless Women in Cornwall - The Borgen Project, The Realities of Period Poverty: How Homelessness Shapes Women's Lived Experiences of Menstruation | SpringerLink, accessed February 2022

People who identify as women, people who identify as men, and people who identify as non-binary can all experience periods. In the 2021 Period Pride Report, 30% of those who identified their gender as gender fluid, non-binary or transgender said they had been unable to afford period products.[5] Additionally, a high unemployment rate of 19% amongst trans respondents was recorded.[6]

Current period messaging can be exclusionary due to the explicit messaging around periods as a marker of womanhood. Information, marketing, packaging, discussions, and access are typically aimed towards women which can trigger gender dysphoria and feelings of disconnection from the act of menstruation.[7] Furthermore, most male-gendered public bathrooms do not offer period products or accompanying sanitary bins and using period products in this space can be unsafe issue for trans men, due to discrimination and violence by others.[8] The Big Bloody Survey results showed 42% of transgender men always hide anything that shows they are having their period.[9]

Students

Research is limited, however the Big Bloody Survey by share the Dignity highlighted students as a key demographic navigating period poverty; 10% of university and TAFE students reported dealing with period poverty.[10] Feedback from students during studies in the UK and Scotland indicate that there are a range of factors that influence school attendance when menstruating, including stigma and hygiene practices.[11]

In February 2022, WHM developed and circulateda survey on Period Poverty to students attending the ANU's O-Week to gain some insight into the menstrual experiences of university students. The survey had a small sample size: of 37 completed responses, 33 students reported personally struggling with menstruation or knowing someone who has struggled managing their period. Barriers to access included: lack of information available (67%), access to hygiene/sanitation facilities (56%) affordability (48%), and access/finding appropriate products (33%).

[5] 05d79645459991e3a3ccd3e720166ff7.pdf (d1fzx274w8ulm9.cloudfront.net), accessed February 2022
[6] 05d79645459991e3a3ccd3e720166ff7.pdf (d1fzx274w8ulm9.cloudfront.net), accessed February 2022
[7] How to talk about periods in a more inclusive way | Moxie, accessed February 2022
[8] How to talk about periods in a more inclusive way | Moxie, accessed February 2022
[9] 05d79645459991e3a3ccd3e720166ff7.pdf (d1fzx274w8ulm9.cloudfront.net), accessed February 2022
[10] 05d79645459991e3a3ccd3e720166ff7.pdf (d1fzx274w8ulm9.cloudfront.net), accessed February 2022
[11] Period poverty and the undermining students' equality and rights – Monash Lens, accessed March 2022

Women with Disabilities

Conversations about menstruation often overlook people with disabilities. They may face difficulties due to social exclusion and lack of infrastructure that accommodates their needs. In 2022, WHM published a report on the experiences of women with a disability in the ACT. According to national data, 20% of the population of women in the ACT have a disability, and 65% of ACT women with disabilities have reported that affordability is a barrier to health services.[12] Women with disabilities experience discrimination when seeking healthcare. Women with disabilities also lack accessible and appropriate information and education and sexual and reproductive health.[13]

Our submission

Summary of Recommendations

- that access arrangements for all suitable places include explicit provisions for period products *and* facilities.
- investing in the provision of accommodations in bathrooms for trans and non-binary people and people with disabilities to dispose of menstrual waste safely and hygienically alongside this Bill. These matters should be included in the scope of access arrangements.
- menstruation information cited in the Bill should include information about irregular and painful periods and healthcare pathways for those who are affected and who need further assistance.
- information on periods be provided via additional non-online methods and should be tailored to different groups of women, particularly those experiencing additional marginalisation, through access to a variety of modalities.
- that in the formulation of the access guidelines, the responsible Senior Executive and Team takes further consultation with groups likely to experience period poverty in the ACT.
- that ACT Government and territory-funded workplaces invest in workplace policies that support the reproductive health of people who menstruate.

[12] Womens-Health-Matters-Women-with-disability-health-and-wellbeing-report-February-2022.pdf (womenshealthmatters.org.au), accessed March 2022

[13] https://wwda.org.au/publication/position-statement-4-sexual-and-reproductive-rights/, accessed March 2022.

Detailed Recommendations

WHM supports and welcomes the Period Products (Access) Bill as a step to address period poverty in the ACT. WHM supports provisions in the Bill to facilitate universal access to period products, by including community facilities, government and non-government education institutions, and territory-funded workplaces in its scope. This universal access approach will help to destigmatise periods by providing non-discriminatory and equitable access to period products and facilities.

However, while we welcome the Bill's definition period poverty in terms of access to:

- period products
- menstrual hygiene information
- toilets
- handwashing facilities, and
- sanitary waste facilities

we note that at present, access to facilities is also provided for in reference to territory-funded workplaces. Conversely, territory-funded workplaces are not required to provide period products. In order to address period poverty by the Bill's own definition, it is critical that universal access to facilities and products are provided for WHM seeks to ensure that all individuals experiencing period poverty have fair and equitable access to period products *and* facilities.

We recommend

1. that access arrangements for all suitable places include explicit provisions for period products *and* facilities.
2. investing in the provision of accommodations in bathrooms for trans and non-binary people and people with disabilities to dispose of menstrual waste safely and hygienically alongside this Bill. These matters should be included in the scope of access arrangements.

The inclusion of section 18 on information about menstruation is welcomed. WHM is concerned by the breadth, modality and provision of this information, and wishes to ensure that individuals experiencing period poverty have access to relevant information in the location where it is needed and in an accessible format.

We recommend:

3. menstruation information cited in the Bill should include information about irregular and painful periods and healthcare pathways for those who are affected and who need further assistance.
4. information on periods be provided via additional non-online methods and should be tailored to different groups of women, particularly those experiencing additional marginalisation, through access to a variety of modalities.

We welcome the improvement to the Bill requiring 'access guidelines for suitable places' as an important step in assisting suitable places to define and interpret what 'dignity' means in a contextual way. WHM notes with concern that the examples of dignity are solely focused on protecting the privacy or personal information of a person accessing services. We are concerned that these examples reduce the concept of dignity to one of privacy. Dignity is a broader concept, including for example, respect for a person's cultural and/or religious identity, their gender expression, or freedom from humiliation An individual's or population's experience of dignity mayalso be diverse and nuanced. Consultation with groups likely to experience period poverty may help to inform the operationalization of dignity in access guidelines developed under the Bill.

We recommend

5. that in the formulation of the access guidelines, the responsible Senior Executive and Team takes further consultation with groups likely to experience period poverty in the ACT.

We welcome the Bill as an important step in reducing taboo and feelings of shame surrounding experiences of menstruation in the ACT. WHM suggests that, in addition to equitable access to period products and facilities in the workplace, reproductive health policies represent a path forward to further improve participation and wellbeing of those who menstruate in the ACT.

Reproductive health policies in the workplace can help to remove the stigma and taboo surrounding reproductive health while ensuring that employees who experience negative symptoms regarding their reproductive health and/or menstrual cycle are not penalized by having to deplete their sick leave.

We recommend

6. that ACT Government and territory-funded workplaces invest in workplace policies that support the reproductive health of people who menstruate.

Specific comments on the Bill with Mapped Recommendations

1. Access to period products and facilities at suitable places

WHM supports provisions in the Bill to facilitate provision of period products in community facilities, government and non-government education institutions. This universal access approach will help to destigmatise periods by providing non-discriminatory and equitable access to period products and facilities.

Portions of the access arrangements within the Bill refer to either provision of period products *or* provision of facilities.

We note that access arrangements for community facilities, government and non-government education institutions emphasise access to *period products*, however access to *facilities* is not explicitly stated.

We welcome the expansion of approved places to include public employees and territory-funded workplaces. However, we note that workplace access arrangements currently only include provision of *facilities* to public and territory-funded employees without the explicit inclusion of *period products*.

While we appreciate that in either case, the access to period products and/or facilities may be implicit, the omission of period products may result in access arrangements that are wanting. WHM seeks to ensure that all individuals accessing services have fair and equitable access to period products *and* facilities.

We recommend that access arrangements for all suitable places include explicit provisions for period products *and* facilities.

We recommend that the Bill invest in the provision of accommodations in bathrooms for trans and non-binary people and people with disabilities to dispose of menstrual waste safely and hygienically alongside this Bill. These matters should be included in the scope of access arrangements.

Women with disabilities and the trans community may be disproportionately affected by inadequate sanitation and hygiene facilities. Many people with disabilities do not have access to sanitation facilities that meet their needs; similarly, public bathrooms can be a source of discrimination and violence for trans men as they do not contain period products, nor sanitary bins to dispose of them.[14]

We recommend investing in the provision of accommodations in bathrooms for trans and non-binary people and people with disabilities to dispose of menstrual waste safely and hygienically alongside this Bill. These matters should be included in the scope of access arrangements.

2. Access to education about menstruation

Part 4, including section 18 on information about menstruation. WHM is particularly pleased to see section 18.2(b) on *"appropriate information for a range of different age groups."* However, we are concerned with the breath, modality and provision of such information.

Breadth of information:

Stigma may prevent people who menstruate from seeking care for period-related health conditions. For example, although period pain is common, the societal normalisation of period pain can lead to the experiences of people who menstruate not being taken as seriously as they should be.[15]

The Big Bloody Survey reported 70% of respondents associate regular pain with their period.[16] In our survey with ANU students, 57% of respondents often experienced negative period symptoms, and 39% of respondents sometime experienced negative symptoms. However, only 54% of respondents who reported these symptoms sought further care. Reasons for seeking and not seeking further care included:

- *"They're common and doesn't feel necessary to seek help."*

[14] Understanding the Dimensions of 'Period Poverty in the Disabled Community', (globalinitiative2020.wixsite.com), How to talk about periods in a more inclusive way | Moxie, accessed February 2022

[15] 05d79645459991e3a3ccd3e720166ff7.pdf (d1fzx274w8ulm9.cloudfront.net), accessed February 2022

[16] 05d79645459991e3a3ccd3e720166ff7.pdf (d1fzx274w8ulm9.cloudfront.net), accessed February 2022

- *"I have been hospitalised multiple times for period pain but can't afford private health to access gynaecologist/surgeries."*
- *"Everyone's period is different. It's probably normal."*
- *"Didn't know how."*

Over 95% of respondents to the O-Week survey reported negative period symptoms yet only 54% sought further help. Although a small sample size, this data highlights the need to address the symptoms associated with periods and provide avenues for education and further care.

By using the provision of information as an opportunity to raise awareness about period-related health conditions and highlighting pathways for individuals to seek support, the implementation of this Bill can help to alleviate the burden of responsibility on people who menstruate. There is an opportunity to include information about menstruation conditions and create a referral pathway for women and people experiencing about irregular or painful periods.

We recommend menstruation information cited in the Bill should include information about irregular and painful periods and healthcare pathways for those who are affected and who need further assistance.

Modality of information:

The Bill stipulates that information about menstruation must be available for use in the community, including by publishing the information on an ACT government website. WHM applauds the requirement to provide translated and accessible information, including the revision to include age-appropriate resources for different age groups. However, we note that online information itself may not go far enough to inform groups most at risk of period poverty.

Not all people access health information from a website, and women often use a variety of formal and informal networks to gather information about their health. A 2018 study conducted by WHM found that younger and tertiary educated women preferred to receive health information via online methods (e.g., mobile applications, websites, and social media), whereas older and non-tertiary educated women prefer offline methods (e.g., health professionals, independent community health organisations, and flyers).[17]

[17] ACT-Womens-Health-Matters.pdf (womenshealthmatters.org.au), accessed February 2022

This is supported by our O-Week survey findings, with websites (70%), social media (65%), doctors/nurses (54%) being the most preferential methods of accessing period information. Additionally, family (41%), friends (43%), and community forums (41%) were also preferred. Providing offline through a variety of modalities, including those that are offline and face to face, is important to ensure that period information is accessible to a broad spectrum of people experiencing period poverty.

Moreover, effective information provision requires being mindful of not only the platforms for information circulation, but also the shame and anonymity elements of health information seeking around menstruation .

We recommend Information on periods be provided via additional non-online methods and should be tailored to different groups of women, particularly those experiencing additional marginalisation, through access to a variety of modalities.

Provision of information in suitable places:

WHM supports the universal access approach of the Bill that emphasises provision of period products in education institutions, government-funded workplaces and community facilities. We note that in the access arrangements, these suitable places are not required to provide information about menstruation alongside access to period products and facilities. As noted above, it is important to ensure that a variety of modalities as not all people likely to experience period poverty may have access to a website.

We recommend that in access arrangements, provisions are made for suitable places to make information on menstruation available.

3. Defining 'dignity'

We welcome section 19 (part 4) requiring 'access guidelines for suitable places on compliance with the obligation to respect the dignity of the person seeking access to products or facilities.' Guidelines are an important step in assisting suitable places to define and interpret what 'dignity' means to the individuals in their care.

While this section highlights the importance placed on defining dignity and in its interpretation, there remains a need to ensure that the guidelines – which are yet to be developed –

acknowledge the nuance and diversity of the meaning of 'dignity' in different population groups among those who menstruate in the ACT.

WHM expresses concern about the examples of dignity in the Bill as protecting the privacy or personal information of a person accessing services, as these examples reduce the concept of dignity to one of privacy. The notion of dignity is broader than privacy: for example, dignity for a school student experiencing period poverty may mean not having to ask their teacher who is a man for access to period products, requiring attention and respect for their cultural background and gender. Conversely, dignity for a trans man experiencing their period may mean being able to access appropriate sanitary waste management facilities in a men's public bathroom, requiring respect for their gender expression.

An individual's or population's experience of dignity may be diverse and nuanced. Consultation with groups likely to experience period poverty may inform the access guidelines and assist in more readily capturing the breadth and complexity of the term 'dignity.'

We recommend that in the formulation of the access guidelines, the relevant Senior Executive and Team undertakes further consultation with groups likely to experience period poverty in the ACT.

We recommend that examples of dignity provided in the Bill are expanded beyond the concept of privacy.

4. Reproductive health leave

WHM welcomes the overall aim of the Bill to reduce inequities which arise from and normalise menstruation.

An individual's experience of menstruation, which may include 'pain, fatigue, gastrological and neurological symptoms,' can negatively impact that individual's ability to participate effectively in the workplace. There can be a significant mental burden and energy expended in hiding 'shameful' menstrual practices from employers and these barriers to effective participation can lead to 'guilt' about letting others down.[18]

[18] Barrington DJ, Robinson HJ, Wilson E, Hennegan J (2021) Experiences of menstruation in high income countries: A systematic review, qualitative evidence synthesis and comparison to low- and middle-income countries. PLoS ONE 16(7): e0255001. https://doi.org/10.1371/journal.pone.0255001

In addition of Part 3 on workplace access to facilities for public employees and in Territory-funded workplaces, there is an opportunity for the ACT Government, as a major employer, to develop and pilot a reproductive health and well-being policy or model clause to cover ACT employees and set a best practice standard for workplace conditions in the Territory.

Reproductive health policies[19] in the workplace can help to remove the stigma and taboo surrounding reproductive health while ensuring that employees who experience negative symptoms regarding their reproductive health and/or menstrual cycle are not penalised by having to deplete their sick leave.

WHM has implemented a reproductive health policy which entitles WHM staff members to 24 days (pro-rata, non-cumulative) of paid reproductive leave per annum. WHM's Reproductive Health Policy is available on our website or can be provided on request.

We recommend that ACT Government and Territory-funded workplaces invest in workplace policies that support the reproductive health of people who menstruate.

Contact for this Submission

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[19] https://theconversation.com/balancing-work-and-fertility-demands-is-not-easy-but-reproductive-leave-can-help-171497, accessed 8 August 2022.