

Women's Health Matters Submission to the Exposure Draft of 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.

Our submission

WHM supports and welcomes the Period Products (Access) Bill as a critical step toward gender equality and healthy equity for people who menstruate.

Our submission is informed by the voices of ACT women: we have conducted consultation on the Bill during our research and health promotion activities. WHM attended ANU O-Week Market Day, where we promoted a short survey with attendees, which gathered 37 complete responses. Additionally, in a focus group on multicultural women's health held in collaboration with Alo Enlightened Women with Bengali-speaking women of migrant-background, we included questions about the Bill and period poverty. Although responses are from a small sample of ACT women, we have included their voices and perspectives throughout to inform our comments.

Our recommendations highlight the need for deeper consideration of the structural issues that underpin accessibility, inclusivity, and equity for those at risk of period poverty in the ACT. They are informed by women's voices and the intersecting needs of those who stand to benefit from the Bill.

We recommend:

- 1. Additional engagement and consultation with populations experiencing marginalisation in the ACT to understand how the Bill can meet their product, access, and information needs.
- 2. Considering how to incentivise independent community organisations and businesses to become approved places and promote universal access to period products.
- 3. Developing rules or guidelines that help to define and interpret "respecting dignity of the person accessing the product", with consideration given to populations who may experience additional marginalisation.



- 4. Investing in the provision of accommodations in bathrooms for trans, non-binary, and disabled individuals to dispose of menstrual waste safely and hygienically.
- 5. Access arrangements to provide for a "reasonable range of and accessible products", such as pads and tampons of diverse sizes and absorbency.
- 6. Information on periods is provided via additional non-online methods and should be tailored to different groups of women as needed, particularly those experiencing additional marginalisation and with access to a variety of modalities.
- 7. Menstruation information cited in the Bill should include information about irregular and painful periods and healthcare pathways for those who are affected and need further assistance.

Overall comments:

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. 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. 40% 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

Several jurisdictions across the world have taken steps to eradicate period poverty. In Australia, several states, including New South Wales, Victoria, Tasmania, and South Australia are developing various initiatives in school and community-based settings to combat period poverty and provide free period products.⁵

WHM supports and welcomes the Period Products (Access) Bill as a step to address period poverty in the ACT. It is important to note that the importance of education and challenging stigma is often overshadowed by product rollouts. Although initiatives in other jurisdictions highlight the importance

¹ Period Poverty: Everything You Need to Know (globalcitizen.org), accessed February 2022

² Period Poverty: Everything You Need to Know (globalcitizen.org), accessed February 2022

³ <u>05d79645459991e3a3ccd3e720166ff7.pdf (d1fzx274w8ulm9.cloudfront.net)</u>, accessed February 2022

⁴ PIAP-One-Year-On.pdf (plan.org.au), accessed February 2022

⁵ Free menstrual hygiene products for public schools (nsw.gov.au), #Pinkbox combats period poverty - City of Hobart, Tasmania Australia (hobartcity.com.au), Period Poverty - Classroom - BTN (abc.net.au), Period poverty stops some people from being able to leave the house. A new program is offering a solution - ABC News, accessed February 2022



of access to menstrual products, simultaneous efforts to educate about menstruation and advocate for an end to the shame and stigma attached to periods is just as important to eradicate period poverty. The barriers presented by shame and stigma are reflected in WHM's previous research and our consultation with ACT women. For example, 2018 report by Women's Health Matters on women's sexual reproductive health in the ACT found that the 'embarrassing', 'shameful', or invasive nature of sexual and reproductive health was a barrier for women to seek proper health care.⁶

Upon deeper reflection, this gap is, in part, a continuation of the same taboos that currently exists: the good period is the period that we don't see or know about. The uncomfortable and messy realities of a period are rarely seen or dealt with, and strong taboos often prevent people from asking for help and support, including asking for free products. WHM welcomes the framing of the Period Products (Access) Bill as an initiative to combat stigma, and the recognition of menstruation education as critical to addressing period poverty.

Specific comments on the Bill

1. Further consideration of groups at risk of period poverty

There remains limited understanding of how period poverty impacts particular population groups in Australia, in particular the ACT. Refugee and Migrant women, women experiencing homelessness, LGBTQI+ individuals, and women with disabilities may all be more likely to experience period poverty and may also experience period poverty differently than other groups, yet little is known about their experiences.

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. Their poorer health outcomes are due to a range of factors, including barriers to accessing health services and the lack of culturally appropriate support. 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.

WHM collected some feedback on the Bill from migrant-background women during a focus group on the health of women from multicultural backgrounds. Women in the focus group were supportive of the Bill:

⁶ What-ACT-women-value-in-womens-health-services.pdf (womenshealthmatters.org.au), accessed February 2022

⁷ Zipp-Conversation-2020.pdf (stir.ac.uk), accessed February 2022

⁸ Zipp-Conversation-2020.pdf (stir.ac.uk), accessed February 2022

⁹ 28 CommonThreads bpguideA5.indd (mcwh.com.au), accessed March 2022

¹⁰ 28 CommonThreads bpguideA5.indd (mcwh.com.au), accessed March 2022

¹¹ <u>Microsoft Word - Retirement Income Review Submission - DRAFT.docx (harmonyalliance.org.au),</u> accessed March 2022



"The products should be free in this sense that it is discriminatory to women... it's not a medicine, it's a daily product... otherwise, it would be discriminatory that you have to pay for your health issue."

Women in the focus group also described culturally specific experiences of stigma in discussing reproductive health issues, and discrimination in accessing health care. For example, some participants noted that it's important to have products which can be accessed discretely:

"...they should have a dispenser that you can access or that kind of accessibility is important."

"I should have kept spare pads in my bag, but I was so embarrassed that they would be seen. And also, even like the fact that you take your bag to the bathroom, I always have it in my head like someone's going to notice that, even if I'm at work."

These comments echo what is already known about the importance of culturally appropriate health care: it is important that information provision and access arrangements are culturally appropriate for different communities and women.

Women experiencing homelessness

Women experiencing homelessness are disparately impacted by period poverty. This has been shown in studies from the USA and UK, with women experiencing homelessness struggling to access period products and appropriate facilities, with impacts on their mental health.¹² 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.

LGBTQIA+ People

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

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. Furthermore, most male-gendered public bathrooms do not offer period products or accompanying sanitary bins and using period products in this space can be a safety issue for trans

¹² <u>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</u>

¹³ <u>05d79645459991e3a3ccd3e720166ff7.pdf (d1fzx274w8ulm9.cloudfront.net)</u>, accessed February 2022

¹⁴ 05d79645459991e3a3ccd3e720166ff7.pdf (d1fzx274w8ulm9.cloudfront.net), accessed February 2022

¹⁵ How to talk about periods in a more inclusive way | Moxie, accessed February 2022



men, presenting a potential source of discrimination and violence. ¹⁶ The Big Bloody Survey results showed 42% of transgender men always hide anything that shows they are having their period. ¹⁷

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. ¹⁸ 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. ¹⁹

In February 2022, WHM promoted a 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%).

Although product availability is the most commonly cited factor in barriers to access during menstruation, it only comprises one aspect of period poverty. Other factors, as highlighted in our data, can also prevent students from managing their periods safely and with dignity. This data provides insight into key areas that the Bill could seek further consultation on and aim to combat during implementation.

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. Women with disabilities experience discrimination when seeking healthcare. Women with disabilities also lack accessible and appropriate information and education and sexual and reproductive health. Additional engagement with these women is important to understand how to overcome the intersectional barriers to managing periods they face which may not be facilitated by this Bill.

¹⁶ How to talk about periods in a more inclusive way | Moxie, accessed February 2022

¹⁷ <u>05d79645459991e3a3ccd3e720166ff7.pdf (d1fzx274w8ulm9.cloudfront.net),</u> accessed February 2022

¹⁸ <u>05d79645459991e3a3ccd3e720166ff7.pdf (d1fzx274w8ulm9.cloudfront.net)</u>, accessed February 2022

¹⁹ Period poverty and the undermining students' equality and rights – Monash Lens, accessed March 2022

²⁰ Womens-Health-Matters-Women-with-disability-health-and-wellbeing-report-February-2022.pdf (womenshealthmatters.org.au), accessed March 2022

²¹ https://wwda.org.au/publication/position-statement-4-sexual-and-reproductive-rights/, accessed March 2022.



When considering implementation of the Bill, it is imperative that the diversity among those who menstruate in the ACT is acknowledged. Attention must be given to the needs and experiences of different groups to ensure that the Bill effectively tackles the issues surrounding period poverty.

We recommend additional engagement and consultation with populations experiencing marginalisation in the ACT to understand how the Bill can meet their product, access, and information needs.

2. Universal access

WHM notes the range of settings included as suitable places by the Bill, including education providers and other public community facilities, such as libraries and health care centres, and the ability of other settings to apply to be included as 'approved places'. WHM welcomes the inclusion of public facilities, government schools and educations providers as providers, however, we note that at present there is no incentive for other independent community settings and businesses to participate.

The purpose of the Bill is to destignatise periods by providing non-discriminatory, equitable and universal access to period products. Therefore, consideration should be given to how independent community organisations and businesses will be encouraged to participate and destignatise periods within their own communities.

We recommend considering how to incentivise non-government community organisations and businesses to become approved places and promote universal access to period products.

3. Defining 'dignity'

The Bill rests on the concept of "respecting the dignity of the person accessing the product" but does not clearly define what dignity would look like in practice. Providing a blanket definition of dignity in the Bill may not be able to cover what 'dignity' means to certain population groups experiencing period poverty. 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. 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. While maintaining a broad and undefined notion of 'dignity' is encompassing of different experiences, it creates issues of interpretation for those who must implement it.

We recommend developing rules or guidelines that help to define and interpret "respecting dignity of the person accessing the product", with consideration given to populations who may experience additional marginalisation.

4. Ensure the provision of sanitation and hygiene facilities for trans, non-binary, and disabled individuals

There is a need for the Bill to be considered alongside the availability of sanitation and waste management facilities. Without facilities like separate toilets with doors that can be safely closed, or the means to dispose of used sanitary pads and water to wash hands, those who menstruate face



challenges in maintaining their menstrual hygiene in a private, safe, and dignified way. ²² 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. ²³

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

5. Provide accessible period products

The Bill does not define the type of products which will be provided, only that it must include a "reasonable range of period products". The notion of a "reasonable range" does not include a requirement for products to be provided in line with a principle of accessibility. Any products provided should be accessible to all facing period poverty, and this would include consideration of the most sanitary and easy-to-use products. Pads and tampons are frequently provided through period poverty initiatives due to their easy-to-use and hygienic nature.²⁴

This would also be consistent with the preferences of women we have consulted with: In our period poverty survey conducted at the ANU O-Week, 28 of 37 participants said that the type of product provided (e.g. tampons vs. pads) was the most important feature of product provision. 86% of respondents would prefer to have access to pads with wings, 56% would prefer access to tampons, and 53% would like access to super absorbency products.

Similarly, in our focus group on multicultural women's health, one participant noted that it's important to have products which are appropriate to women's different health circumstances:

"...make sure it's fit for purpose, so it needs to be, you know, thick and like perhaps in the maternity ward... Like a maternity pad option for women who need those services."

The comment indicates that provision of varying absorbencies and sizes of period products is also necessary as part of a "reasonable range" to cater to individual needs during menstruation and is consistent with the perspectives of the young women at ANU we consulted with.

We recommend access arrangements provide for a "reasonable range of and accessible products", such as pads and tampons of diverse sizes and absorbency.

²² Menstrual Hygiene Management Enables Women and Girls to Reach Their Full Potential (worldbank.org), accessed February 2022

²³ <u>Understanding the Dimensions of 'Period Poverty in the Disabled Community',</u> (globalinitiative2020.wixsite.com), <u>How to talk about periods in a more inclusive way | Moxie, accessed</u> February 2022

²⁴ NSW to trial free tampons and sanitary pads in public schools (smh.com.au), South Australian schools tackle 'period poverty' with free pads and tampons for students - ABC News, Dignity Vending Machines (sharethedignity.org.au), accessed February 2022



6. Provide information through different modalities

The Bill stipulated 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. 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).²⁵

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

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

7. Highlight healthcare services for additional help with abnormal periods

Health promotion can go beyond product provision and information about menstrual hygiene; there is an opportunity to improve health literacy and awareness of services among people who menstruate. Health conditions such as dysmenorrhea (severe period pain), endometriosis, premenstrual syndrome, and polycystic ovarian syndrome (PCOS) are associated with painful and/or irregular periods.²⁶

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 be²⁷.

²⁵ <u>ACT-Womens-Health-Matters.pdf (womenshealthmatters.org.au)</u>, accessed February 2022

²⁶ Menstruation - pain (dysmenorrhoea) - Better Health Channel, accessed February 2022

²⁷ 05d79645459991e3a3ccd3e720166ff7.pdf (d1fzx274w8ulm9.cloudfront.net), accessed February 2022



The Big Bloody Survey reported 70% of respondents associate regular pain with their period.²⁸ 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."
- "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 women. 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.

²⁸ <u>05d79645459991e3a3ccd3e720166ff7.pdf (d1fzx274w8ulm9.cloudfront.net),</u> accessed February 2022