Hidden burdens for women and girls
Why is menstrual management not on the public health agenda in OECD countries?

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Outline

- Background/significance
- Developing vs OECD countries
- New Zealand (NZ) case study, media
- Public health framing, planned action
- Related NZ research
Why should menstrual management for school girls be recognised as a public health concern in OECD countries?
Problem of developing countries only?
Barriers to girls’ menstrual management

Barrier
- Inadequate guidance on menstrual management
- Social/hygiene taboos
- Cost/access to sanitary products
- Pain management issue
- Lack of sanitation & privacy, disposal bins
- Lack of data: age first menstruation
- Financially dependent

Wellbeing impacts
- Fear, shame, stigma
- Missed school, social exclusion
- Unhygienic substitutes, infection
- Minimal research evidence to guide policy, service provision
“Period Poverty” in OECD countries

- factors

- Unrecognised issue of growing social inequality
- Persistence of menstrual taboo
- Minimal research evidence to guide policy, service provision
- Age of first menstruation – downward trend apparent, evidence conflicting
Financial burden of menstrual management

- Unavoidable, hidden, gendered cost
- Not socially/medically perceived as necessity items – other health-related items subsidised (e.g. condoms)
- Estimated lifetime cost of MMPs £18,450* (around NZ $35,000)
- Women – earn less than men, prioritise other domestic items e.g. food
- School girls: dependent, lack finances (sanitary items, pain relief)

*http://www.huffingtonpost.co.uk/2015/09/03/women-spend-thousands-on-periods-tampon-tax-n-8082526.html
Recent international attention & advocacy
Scotland To Give Low-Income Women Free Menstrual Products In New Pilot Initiative

Women Spend More Than £18,000 On Having Periods In Their Lifetime, Study Reveals

Periods don’t just give us cramps, they also cost us an absolute fortune.

New research has revealed that British women spend as much as £18,450 on their periods over the course of their lifetime.

A large percentage of the money goes of essential sanitary items and pain relief for cramps, while many of us also buy extra chocolate and new underwear because of our periods.

Periods aren't embarrassing, the cost of hygiene products is

MPs plan budget rebellion against tampon tax

Alliance of feminists and pro-Brexit MPs back Labour’s Paula Sherriff in attempting to amend George Osborne’s finance bill

George Osborne is facing a potential rebellion over the “tampon tax” next week, from an alliance of feminists and campaigners for Britain to leave the European...
New Zealand context: case study

New Zealand schoolgirls skip class because they can't afford sanitary items

Girls from low-income families forced to use phonebooks, newspapers and rags to make-do during menstruation

Eleanor Ainge Roy in Dunedin

Saturday 30 July 2016 01.35 BST
Women in 'period poverty' using socks as sanitary pads

EMILY HEYWARD
Last updated 15:53, April 25 2018

Zarna Blossom, left, and Milinda Higgins started Pink Packets to help women in Marlborough struggling with "period poverty".

Women are using socks as sanitary pads and stealing tampons from supermarkets as they struggle with "period poverty", a counsellor says.

Zarna Blossom said she was shocked at the level of poverty in Marlborough for what she called a "basic human need", which even forced some teenage girls to skip school.
Recent evolution as issue of public concern in NZ

- Schools report absenteeism
- Teachers buying sanitary items for schools
- Foodbanks – growing demand for menstrual items
- In line with other goods and services in New Zealand, sanitary products are taxed at 15 per cent via GST.
- Former Minister of Women – sanitary products ‘affordable’, doesn’t support removing GST
- Current Minister – supports intent of PHARMAC application
- Civil society groups, school girls – petitions for government subsidies
- Minimal targeted government funds to charities – one off, low income schools
- Lack of data – anecdotal
New Zealand girls aged 9 to 18 by NZDep decile and ethnic group

Population 2012

Wealthiest

NZDep decile

Least wealthy

- Asian Peoples
- Pacific Peoples
- Māori
- NZ European/Other
<table>
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<th>Code description</th>
<th>Aggregate annual household expenditure ($ millions)</th>
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<tr>
<td>“Toilet paper, toilet tissues”</td>
<td>$138.21</td>
</tr>
<tr>
<td>“Tampons, sanitary pads, panty shields”</td>
<td>$59.35</td>
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Source: Stats NZ Annual Household Expenditure Survey for year ending June 2016
‘Hot off the press’: data from NZ Health Survey 2014/15- Sexual & Reproductive Health Module

% of girls menstruating by school year and month (25 - 34 years cohort 2014/15)

- Year 5: 2.9%
- Year 6: 6.3%
- Year 7: 20.7%
- Year 8: 47.6%
- Year 9: 74.2%
- Year 10: 87.7%
- Year 11: 95.3%

% end of year
2016 - NZ pharmaceutical funding agency (PHARMAC) rejects application from private citizen

Pharmac rejects funding bid for sanitary items saying they are 'not medicines or medical devices'

“Not a medical or therapeutic device”

“Insufficient evidence of health need & therapeutic benefit”
Primary school 'excludes' girl with period

A 10-year-old girl was sent home from her primary school because it did not have a sanitary disposal unit for her to use, a public health sociologist says.
A sanitary products be free for female school students?

Friday 7 June 2017. By Kawe Kōrero Reporters
Planned public health advocacy in NZ

- New application to PHARMAC (July 2018)
- Criteria = “Product must address a health need through having (or supporting) a therapeutic purpose”
- Framing menstrual items for girls as mental health & social necessity
- Child rights framing
- Qualitative accounts
- Support of relevant health & educational organisations
“Medical device” with “Therapeutic purpose” (NZ Medicines Act 1981)

(a) preventing, diagnosing, monitoring, alleviating, treating, curing, or compensating for, a disease, ailment, defect or injury; or
(b) influencing, inhibiting, or modifying a physiological process; or
(c) testing the susceptibility of persons to a disease or ailment; or
(d) influencing, controlling, or preventing conception; or
(e) testing for pregnancy; or
(f) Investigating, replacing, or modifying parts of the human anatomy
Menstrual management also = pain management
Primary dysmenorrhea in adolescents

- Up to 90% prevalence, 15% severe
- Leading cause of school absence
- International prevalence data does not capture teens < 15 years
- Adolescents – lack independence/confidence/finances to seek healthcare & pain relief
“Starting to uncover the burden of adolescent menstrual pain in NZ”

Feasibility study for a prevalence survey (2015) (New Horizons for Women Trust Postdoc Science Award)

- Interview study
- Scoped perceived morbidity & unmet need for age 10-18 among parents, teachers
- Aim: inform age-appropriate prevalence questionnaire acceptable to parents, schools
- Seeking funding for prevalence study/question in national youth survey
“Exploring the hidden impact of Primary Dysmenorrhea on New Zealand women: Towards optimal measurement” – current study

Do you experience a level of pain with your periods which makes it impossible or difficult to do your usual day-to-day activities like work, parenting and social activities?

Would you like to be part of research investigating the ways severe period pain affects NZ women’s lives?

- Qualitative interviews, thematic analysis
- Prelude to prevalence survey
- Preliminary findings
Summary: Public health issue?

- Menstrual management = basic right, public health good
- Public health framing – key determinant of women’s health
- Child rights framing (UNCROC) - access to education, full participation in society
- Shift terminology/discourse - “menstrual management” vs “sanitation” etc
- Reframe menstrual management items as basic health/social necessities
- Need for dedicated research on ‘period poverty’ - data to inform policy, coordinated public health advocacy
- Universal provision for school aged girls
Why is breastfeeding policy failing women in Aotearoa/New Zealand, and what needs to be done?

Aim:
Develop specific, action-oriented evidence to guide more effective public health support for breastfeeding. We will work together with stakeholders across sectors to address the following questions:

- What barriers to breastfeeding do new mothers identify? What solutions do they propose?
- How can current breastfeeding policies and practices be improved?
- How should we integrate data and reporting about breastfeeding into these policies and practices to evaluate current strategies and guide future action?

Methods:
- New mother interviews
- Key stakeholder interviews (policy and health sector)
- Breastfeeding data stocktake and gap evaluation
- Formation of ‘community of practice’ to direct policy/renewal of 2013 government strategy
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