

ATTITUDES TOWARDS PAID MENSTRUAL LEAVE

Pain and Prejudice:

**A Mixed-Methods Study Exploring Australian Women's Attitudes Towards Paid
Menstrual Leave**

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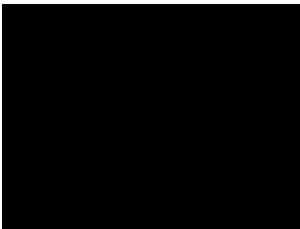
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Declaration

This dissertation contains no material which has been accepted for the award of any other degree or diploma in any University, and, to the best of my knowledge, contains no materials previously published except where due reference is made. I give permission for the digital version of my dissertation to be made available on the web, via the University's institutional digital repository, the Library Search and also through web search engines, unless permission has been granted by the School to restrict access for a period of time.



Amy Wong



June 2023

Statement of Contribution

I conceived the initial idea and topic for this study. It was further refined and developed by my research supervisors who suggested the initial design. I drafted the ethics application, which was reviewed and revised by my research supervisors. I collected the data and undertook data analysis with guidance from my research supervisors. For qualitative analysis, I generated initial codes and preliminary categories, which were reviewed by and discussed with the research supervisors for verification. Together the research supervisors and I discussed emerging categories and sub-categories and refined them, before agreeing on the final category and sub-category names. We also chose the target journal together. I wrote up the thesis.

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Author Note: This article is intended for submission to the journal *Gender, Work & Organization*, which specifies that the manuscript be no longer than 9000 words. The article has been written to meet the Master of Psychology (Health) thesis requirement of 6,000 to 8,000 words. Tables are included in the relevant location within the body of the text for the examiners' convenience. Author biography/ies will be added prior to submission for publication. This article follows Wiley Journals' Style Manual for Chicago referencing as per journal requirements.

Abstract

Lawyers, researchers, and unions have been advocating for the national implementation of paid menstrual leave legislation in Australia. However, the scarce research in this emerging field has not thoroughly explored women's attitudes towards paid menstrual leave and whether this leave is something they would want to access. Hence, this mixed methods study aimed to explore Australian women's attitudes towards paid menstrual leave via a cross-sectional online survey. Of 923 participants, 85.04% expressed being somewhat to definitely in favour of paid menstrual leave, 4.44% were unsure and 10.51% were somewhat to definitely not in favour. Additionally, this study identified age and history of skipping work due to menstrual pain as significant independent predictors of support for paid menstrual leave. The findings also highlight that women had the strongest preference for menstrual leave to be paid and available on a monthly basis with the requirement of a once off doctors' approval to access leave. Women's opinions on the positive, negative and unintended impacts of menstrual leave on Australian employees, were also examined, revealing several common categories through a Content Analysis. The implications of these findings for potential law reform in Australia are thoroughly discussed. This study highlights women's diverse opinions regarding paid menstrual leave in Australia, emphasises the importance of consolidating the main stakeholders of a movement to guide law reform and provides insights into how women in Australia wish to be supported by their workplace during menstruation.

Keywords: menstruation; paid menstrual leave; menstrual health; workplace accommodations; Australia

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Menstrual health is a public health issue concerned with one's state of complete physical, mental, and social well-being, in relation to their menstrual cycle (Hennegan et al., 2021). In the medical field, researchers have highlighted the importance of menstruation for one's overall health and have even acknowledged that it should be classified as the fifth vital sign (González, 2017). Whilst menstruation is a normal health function, menstrual-related pain is one of the most common causes of pain for women of reproductive age (Gagnon & Elgendy, 2020). Menstrual-related pain is known to be more common and severe for women with health conditions such as dysmenorrhea (pain during menstruation due to muscle contractions in the uterus) and endometriosis (Barnack-Tavlaris et al., 2019). Researchers have found that women often use sick leave for menstrual-related symptoms and that among those with health conditions, such as endometriosis, it is common to exhaust sick and unpaid leave for symptoms related to these health conditions and menstruation (Mastrangelo & Turnbull, 2022; Schoep et al., 2019).

Paid menstrual leave is a type of employment leave available to those whose menstrual-related symptoms prevent them from working safely and productively (Golding & Hvala, 2022). Lawyers and health professionals have argued that not only would paid menstrual leave put women on an equal footing with their colleagues but that it can be a potential solution to protect women, their health and their safety (Golding & Hvala, 2022; Levitt & Barnack-Talvaris, 2020). From a meta-analysis of 21,573 young women, 90% of respondents reported debilitating pain during their periods, with 40% of those respondents reporting skipping study and work commitments to cope with or hide their pain (Armour et al., 2019). Whilst the concept of menstrual leave has been enacted in many countries globally, tracing back to over a hundred years ago, there is still a gap in the literature on people's attitudes towards menstrual leave (Baird et al., 2021). Therefore, this research aimed

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to increase knowledge about women's attitudes and preferences towards menstrual leave in Australia.

The length of menstrual leave varies by country but is, on average, 1-3 days per month (Baird et al., 2021). Menstrual leave is offered as both paid and unpaid, depending on the country. For example, in South Korea, menstrual leave that employees use is unpaid; however, unused menstrual leave remaining at the end of the financial year is reimbursed to employees as additional pay (Raj & Pandit, 2021). There is currently no evidence base regarding the appropriate length of menstrual leave and financial preference (i.e., paid, unpaid, or reimbursed menstrual leave) and which is most effective for employers and economies. Names for menstrual leave also vary amongst countries, based on their different cultural values and national intentions behind the leave. For example, 'Menstruation leave' in Taiwan was enacted to protect women's health, whilst 'Mother's Day' in Zambia has similar intentions but is also believed to be a reproductive parenthood policy (Price, 2022). There is currently no evidence base regarding what name Australian women would prefer for menstrual leave.

Additionally, procedures to access menstrual leave differ by country, and employers often have their own mandatory requirements for their employees. Requirements range from medical verification, such as once-off General Practitioner (GP) approval or ongoing GP approval every time leave is accessed, to a mandatory diagnosis of menstrual issues such as dysmenorrhea and endometriosis (Baird et al., 2021). Countries such as Zambia and Japan require no medical verification to access menstrual leave as they believe one can judge their symptoms and ability to work (Baird et al., 2021). There has been no research into what Australian women feel should be required to access menstrual leave.

In 2017, a Bristol firm, Coexist, had 7 out of 13 employees with periods use menstrual leave, as their director believed it was a way to synchronise work with the body's

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natural cycles (Quarshie, 2017). Additionally, in India, over 75% of employees at Gozoop, a marketing agency, have accessed paid menstrual leave since the policy was enacted in 2017 (Barnack-Talvaris et al., 2019). In 2023, Spain and Scotland aim to be the first European countries to implement menstrual leave, as most countries with menstrual leave are located in Asia. In Southeast Asia, Malaysia is currently conducting a national survey of 57,000 women to investigate the national demands for menstrual leave (Raju, 2022). Their neighbour, Singapore, with the assistance of Blood, a local period care brand, has recently conducted a similar study in 2022. The survey revealed that 44% of women in Singapore had regularly taken time off work to deal with period pain and that 54% had lied about their reason for absence to avoid workplace discrimination (Sofiah, 2022). Additionally, 71% of women reported pressure to be at their desks even though they could not perform to expected standards due to pain (Sofiah, 2022). Like this Singaporean study, it is crucial to investigate how Australian women experience menstruation at work and their preferences regarding accommodations such as menstrual leave.

A thematic analysis investigated people's attitudes towards paid menstrual leave in America, reporting positive, negative and unintended effects of paid menstrual leave. Positive effects included that the leave would allow women to care for their health and wellbeing and potentially protect women who already miss work during menstruation (Barnack-Tavlaris et al., 2019). On the other hand, negative impacts include concerns about being unfair to men and speculation that women may abuse the leave and that it would be difficult to track and enforce (Barnack-Tavlaris et al., 2019). As for unintended effects, there were concerns that it could further stigmatise menstruation, violate women's privacy and lead to discrimination against women (Barnack-Tavlaris et al., 2019). An Australian Department of Health Menstrual Health Survey (Munro et al., 2021) noted similar concerns, highlighting that the leave and 'special treatment' can perpetuate the idea that women are weak and, thus, provide

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a reason for them to be further discriminated against. As Australia ponders possibly introducing menstrual leave, more data must be collected on its perceived effects as some countries that have enacted it have observed negative and unintended consequences. For example, Japan has had menstrual leave since 1942. However, it is one of the least used menstrual leaves in the world, as the taboo and stigma around menstruation in Japanese society prevents women from feeling able to use the leave without discrimination (Price, 2022). The same was experienced by Russian women in the 1920s who protested to cancel menstrual leave after five years as they found themselves being discriminated against compared to male colleagues (Baird et al., 2021).

In countries such as Australia, where menstrual leave is not a national policy, some individual workplaces have implemented menstrual policies as they recognise that menstruation, for some, can result in health-related issues (Levitt & Barnack-Talvaris, 2020). In Australia, the Victorian Women's Trust is leading the menstrual leave movement through its menstrual policies enacted at various employers, including *Future Super* and *Modibodi* (Colussi et al., 2021). This menstrual policy aims to shift the autonomy to employees, giving them freedom and flexibility to choose where and when they work, as they are the experts on their bodies and menstrual symptoms (Victorian Women's Trust, 2021)

Several Australian employers are leading the way with the implementation of menstrual leave policies. In Sydney, *Future Super*, an ethical superannuation company, found that 22% of employees accessed menstrual leave four months after it was implemented (Bower & Turner-Cohen, 2022). *ModiBodi's* CEO, Kristy Chong, declared that her period underwear company had boosted productivity and witnessed increased trust between managers and employees after introducing paid menstrual leave (Bower & Turner-Cohen, 2022). In November 2022, *Maurice Blackburn Lawyers* announced that they had joined a

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collective of Australia's biggest unions to campaign for national menstrual leave policies (Maurice Blackburn Lawyers, 2022).

At the same time, limited peer-reviewed research exists on people's attitudes towards menstrual leave in Australia. The Australian Department of Health, has conducted one of the few Australian studies, the Department's 2021 Menstrual Health Survey, which findings indicating that 57% of employees desire access to menstrual leave (Munro, 2022). However, this survey which focused more generally on the experience of menstruation in the workplace provides limited insight alongside its specific sample of workers who had an office culture with pre-existing work-from-home options. It is unknown if menstrual leave is feasible for Australian women employed in diverse occupations, work settings and cultures.

This current study aims to explore Australian women's current attitudes towards menstrual leave to develop a comprehensive understanding of how the leave may be received in the Australian context. Consequently, this study specifically aims to investigate Australian women's (i) levels of support for paid menstrual leave (ii) preferences for paid menstrual leave (e.g. financial preference, frequency of availability, length of leave, terminology for the leave and medical requirements to access it) and other workplace accommodations to menstruation (iii) predictors of support for paid menstrual leave (iv) attitudes towards the potential positive, negative and unintended impacts of paid menstrual leave on employees.

Materials and Methods

Data Collection

The University of Adelaide School of Psychology Human Research Ethics Sub-Committee approved this research (approval number 2022-78). Data were collected via an online survey which took approximately 20-30 minutes to complete hosted on Qualtrics for four months,. Participants were primarily recruited via social media, including the researchers' social media accounts, and community groups, including a range of women's health and menstruation support groups in Australia for adenomyosis, polycystic ovarian syndrome, endometriosis, premenstrual dysphoric disorder, pelvic pain and menopause. Other groups who shared study information and/or stories on social media included TABOO Period Products and The Chalice Foundation. Participants were also recruited via the mailing list of the Body@Work Project at the University of Sydney Business School, the first-year psychology students' Psychology Research Participation System at the University of Adelaide (for course credit) and passive snowball sampling.

Eligibility Criteria

People were eligible to participate if they had experience with menstruation (current or previous), were aged 18+ years, resided within Australia and were fluent in English. This study followed the Sex and Gender Equity in Research Guidelines (SAGER) and employed its reporting checklist to shape the content of this paper (Van Epps et al., 2022). All participants had to be female sex assigned at birth, regardless of their current gender, to ensure they had experience with menstruation. Participants who selected the prefer not to say or male for the question about sex at birth were removed from the overall sample.

Measures

Participants completed a study-specific survey comprising three sections – demographics, menstruation history and views about paid menstrual leave.

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Demographic Items: Participants responded to eight items (i.e., age, sex assigned at birth, gender, sexual orientation, country of birth, highest level of education completed, employment status, employment industry).

Menstruation History: Four items about menstruation history were asked (current menstruation status, experience of debilitating period pain, formal diagnosis of painful periods by a health professional, and ever had to skip work, cancel a shift or use leave for menstrual-related pain).

Menstrual Leave: Participants were provided with the following statement about paid menstrual leave:

“Paid menstrual leave is a type of leave from paid work where an individual who menstruates may be given the option to take paid leave if they are experiencing debilitating pain whilst menstruating, making it painful and unsafe for them to work. Paid menstrual leave is available in multiple countries, including Japan, Taiwan and Spain. The length of paid menstrual leave differs from country to country, on average, it is approximately 1-3 days per month. Each country also has its own requirements to access the leave. For example, some countries require employees to have a formal diagnosis of menstrual pain in order to access paid menstrual leave. Currently, paid menstrual leave is not available in Australia under the Fair Work Act of 2009.”

Subsequently, participants indicated, on a 5-point Likert scale (*Definitely yes* to *Definitely no*), whether they were in favour of paid menstrual leave. Participants who supported paid menstrual leave proceeded to more detailed questions regarding other workplace accommodations for menstruation and preferences for menstrual leave such as whether the leave should be paid, whether they would access the leave, the preferred length and

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availability of leave as well as the preferred eligibility requirements to access the leave. Participants were also asked what menstrual leave should be called in Australia and what leave names they would feel comfortable in using to access the leave. Additionally, all participants, regardless of level of support for paid menstrual leave, were asked 2 open-ended questions on the potential impacts (positive, negative and unintended) of paid menstrual leave on employees.

Data Analysis

Data were analysed using SPSS Statistics Version 27, where statistical significance was defined as a probability value of $p < 0.05$. Before data analysis, the data were screened, and respondents who did not satisfy the inclusion criteria were removed and excluded from the analysis.

Power Analysis

Proposed rules of thumb for binary logistic regression posit a minimum number of participants based on the number of independent variables within a study. One rule by Long (1997) posits that 500 participants are typically considered 'adequate' but further recommends a sample size equal to 10 events per explanatory variable. This study of 929 participants satisfies Long's (1997) rule with more than 500 participants and at least 10 events per variable, indicating that the study is sufficiently powered.

Factors Influencing Support for Menstrual Leave

Five factors assessing attitudes toward support for menstrual leave, selected a priori based on the limited existing research (Bhattacharya et al., 2021; Chen et al., 2018; Marathe & Raj, 2020; Schoep et al., 2019) and considerations of the research team about the variables that prima facie would be associated with the outcome, were examined as possible predictors of support for menstrual leave. These factors included age, employment status, current

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menstrual status, experience of debilitating pain and history of skipping work due to menstrual pain. Age was used as a continuous variable. Employment was dichotomised into ‘currently employed’ and ‘not currently employed’. Current menstrual status was dichotomised into ‘currently menstruating’ and ‘have menstruated in the past but no longer do’. Experience of debilitating pain and history of skipping work were dichotomised into ‘yes’ and ‘no’.

The dependent variable was support for paid menstrual leave, which was dichotomised into ‘Support’ and ‘No Support’. ‘Support’ included responses of ‘Definitely yes’ and ‘Somewhat yes’ on the 5-point Likert scale. ‘No Support’ included responses of ‘Definitely no’ and ‘Somewhat no’. Respondents that answered ‘Unsure’ were removed for the sake of this analysis. All five predictor variables were analysed descriptively and checked for assumptions. The predictor variables were examined via a binary logistic regression to determine the influence of each variable. All predictor variables were entered into the model simultaneously as a single block using the enter method (Stoltzfus, 2011).

Positive, Negative and Unintended Impacts of Paid Menstrual Leave on Employees

A classical inductive content analysis was conducted as this qualitative data analysis approach is effective for small-scale health-related research (Vears & Gillam, 2022). Participants’ responses to the 2 open-ended questions in the survey regarding potential impacts, positive as well as negative and unintended, of paid menstrual leave on employees were analysed. First, the first author engaged in data familiarisation by reading the data multiple times to develop comprehension (Morse, 1994). Then, all text superfluous to the study aims was set aside. Ten surveys were independently analysed by all members of the research team and discussed to validate and guide subsequent coding. Then, all responses to the two questions (positive impacts and negative/unintended impacts) were analysed, and

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responses of similar content were merged and given a code name. The unit of analysis was both the individual participant and the response. For the unit of analysis being the individual participant, if a participant made more than one distinct statement within the same code, this was coded as one statement. For the unit of analysis being the response, when there was more than one distinct statement within the same code, these were counted as separate counts. the unit of analysis was the response and the participant. Tables showing the content analysis provide categories and sub-categories, the number of participants endorsing a category and the number of counts of the category alongside direct quote examples.

Results

Demographics

Nine hundred and twenty-three respondents participated in the online survey. The average time of survey completion was 67.58 minutes ($M= 67.15$, $SD= 454.45$). The participants ranged from 18 to 64 years old ($M= 28.89$, $SD= 10$). From 724 participants who completed the demographics question, 95% reported their gender as female, and the other 5% reported themselves to be non-binary, male, agender and trans women. Most participants (82%) were born in Australia; the remaining 18% reported 44 countries of birth outside of Australia. Most participants were 35 years of age and below, had an undergraduate level of education and were currently employed (Table 1).

Table 1.

Summary of Participants' Demographic Information

Demographic characteristic	N (%)
Sex assigned at birth (N= 724)	724 (100%)
Female	
Current gender (N= 724)	
Female	695 (95.3%)
Male	4 (0.5%)
Non-binary	17 (2.3%)
I/They use a different term	6 (0.8%)

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Demographic characteristic	N (%)
Non-binary woman (She/They)	2 (0.26%)
Agender	1(0.13%)
Androgynous	1(0.13%)
Demigirl	1(0.13%)
Trans masc woman	1(0.13%)
Sexual orientation (N=724)	498 (68.78%)
Heterosexual	23 (3.18%)
Gay	160 (22.1%)
Bi+ (bisexual, pansexual)	13 (1.8%)
I use a different term	4 (0.55%)
Queer	2 (0.28%)
Demisexual	1(0.14%)
Panromantic asexual	1(0.14%)
Pansexual	16 (2.21%)
Don't know	14 (1.93%)
Prefer not to say	
Age (N=724)	
18-24	304 (42%)
25-34	256 (35.36%)
35-44	95 (13.12%)
45-54	40 (5.52%)
55-64	26 (3.6%)
Country of birth (N=724)	
Australia	591 (82.3%)
Other	129 (17.7%)
Education (N=724)	
Less than Year 12	13 (1.8%)
Completed Year 12	144 (19.89%)
Vocational/Trade Certificate	57 (7.87%)
Undergraduate university study	304 (42%)
Postgraduate university study	188 (25.97%)
Other	15 (2.1%)
Employment status (N=742)	
Full time	269 (37.15%)
Part time	84 (11.6%)
Casual work	61 (8.43%)
Self employed	19 (2.62%)
Student (currently working)	197 (27.21%)
Student (not currently working)	75 (10.36%)
Retiree	7 (0.97%)
Unemployed	12 (1.66%)
Experience of debilitating menstrual pain (N=721)	
Yes	609 (84.47%)
No	112 (15.53%)
Diagnosis for menstrual pain by health professional (N=608)	
Yes	261 (42.93%)

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Demographic characteristic	N (%)
Endometriosis	58 (22.22%)
Polycystic ovarian syndrome (PCOS)	38 (14.56%)
Dysmenorrhea	28 (10.73%)
Adenomyosis	26 (9.96%)
Fibroids	8 (3.07%)
Pre-menstrual dysphoric disorder (PMDD)	8 (3.07%)
Other	95 (36.4%)
No	347 (57.07%)
Frequency of skipping work, cancelling a shift or using leave for pain related to menstrual cycle (N=720)	
Yes	
Frequently	152 (21.11%)
Occasionally	213 (29.58%)
Rarely	187 (25.97%)
No	168 (23.33%)

Levels of Support

As indicated in Table 2, of 929 participants, 85.04% expressed being somewhat to definitely in favour of paid menstrual leave, 4.44% were unsure and 10.51% were somewhat to definitely not in favour.

Preferences for Menstrual Leave and other Menstruation-Related Workplace

Accommodations

Table 2 reports menstrual leave preferences. Most participants (84.1%) preferred menstrual leave to be paid. Participants were divided regarding requirements to access leave and the frequency of leave, reporting a range of responses. As for menstrual-related workplace accommodations, besides menstrual leave, 99.1% of participants wanted accommodations, with the most common accommodations being accessible and hygienic bathroom facilities (90.1%) and the option to work from home (85.4%).

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Among participants who have previously but currently do not menstruate, 58.9% reported being likely to use paid menstrual leave if it was available to them. On the other hand, for participants who currently menstruate, 72.41% reported being likely to use paid menstrual leave if currently available to them. When asked about the name of leave, 73.3% of participants chose *Menstrual leave*, and 26.7% of participants recommended other preferred names, including *Health leave*, *Sick leave* and *Personal leave*. When presented with five leave name options and asked which they would they feel comfortable using for menstruation, *Health leave* and *Menstrual leave* were most popular, followed by *Sick leave*. Participants were divided on *Period leave* and *Women's leave* when asked about the likelihood of using paid menstrual leave.

Table 2.

Preferences for Menstrual Leave and Menstrual-Related Workplace Accommodations

Preferences	N (%)	95% Confidence Interval	
		Lower	Upper
Levels of support for leave (N=923)			
Definitely yes	619 (67.06%)	.635	.697
Somewhat yes	166 (17.98%)	.155	.205
Unsure	41 (4.44%)	.037	.067
Somewhat no	57 (6.18%)	.047	.079
Definitely no	40 (4.33%)	.031	.058
Financial preference (N=623)			
Paid	524 (84.1%)		
Unpaid	25 (4.0%)		
Reimbursed as additional pay when unused	74 (11.9%)		
Requirements to access paid menstrual leave (N=622)			
A once off doctor's approval	451 (72.5%)		
A once off mandatory diagnosis	84 (13.5%)		
Doctor's approval every time leave is accessed	30 (4.8%)		
A mandatory diagnosis and doctor's approval	43 (6.9%)		
Neither a diagnosis or doctor's approval	220 (35.4%)		
Frequency of leave (N=623)			
Annual basis	193 (31.0%)		
Less than 12 days per year	18 (9.3%)		
12 days per year	85 (44.0%)		

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More than 12 days per year	62 (32.0%)
Other	28 (14.5%)
Monthly basis	430 (69.0%)
1 day	64 (14.9%)
2 days	156 (36.3%)
3 days	129 (30.0%)
4 days	20 (4.7%)
5 days	13 (3.0%)
More than 5 days	7 (1.6%)
Other	41 (9.5%)
Need for workplace accommodations besides menstrual leave (N=883, 3379 counts)	
Yes	875 (99.09%)
The option to work from home	711 (21.04%)
Accessible and hygienic bathroom facilities e.g., sanitary disposal bins, hygienic hand washing facilities	758 (22.43%)
Flexible work hours and the ability to take unscheduled breaks as needed	599 (17.73%)
Free or subsidised menstrual products available in workplace bathrooms	555 (16.42%)
Flexibility to modify workstation e.g., use a heat pack, work in a more comfortable or private location	681 (20.15%)
Other	75 (2.22%)
No	8 (0.24%)
<i>*as participants had multiple options to choose from in this survey question, the numbers reported for this question are 'counts'</i>	
If paid menstrual leave had been available to you, would you have used it? (N=73)	
Yes	43 (58.9%)
No	17 (23.29%)
Unsure	13 (17.81%)
If paid menstrual leave is currently available to you, would you use it? (N=656)	
Yes	475 (72.41%)
No	89 (13.57%)
Unsure	92 (14.02%)
What do you think the leave should be called in Australia? (N=614)	
Menstrual leave	450(73.3%)
Other (please specify)	164 (26.7%)
Which of the following would you feel comfortable using when taking leave for menstruation?	
<i>Menstrual leave</i> (N=575)	489 (85.0%)
Yes	86 (15.0%)
No	
<i>Period leave</i> (N=508)	303 (59.6%)

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Yes	205 (40.4%)
No	
<i>Women's leave</i> (N=514)	217(42.2%)
Yes	297(57.8%)
No	
<i>Health leave</i> (N=555)	482 (86.8%)
Yes	73 (13.2%)
No	
<i>Sick leave</i> (N=515)	375 (72.8%)
Yes	140 (27.2%)
No	

Predictors of Support for Paid Menstrual Leave

The binary logistic regression model (Table 3) was statistically significant from the Omnibus Test of Model Coefficients and explained 15.6% of the variance of supporting availability of menstrual leave (Nagelkerke's $R^2=.156$). Of the five predictor variables, two were statistically significant; age and history of skipping work.

Age was predictive of being a potential supporter of paid menstrual leave ($B=-.056$, Wald $\chi^2(1) = 14.115$, $p=.000$). Every one-unit increase in age decreased the odds of supporting paid menstrual leave by 94.6%. History of skipping work was also predictive of supporting paid menstrual leave ($B= 1.602$, Wald $\chi^2(1) = 3.574$, $p=.000$). Every one-unit increase in history of skipping work increased the odds by 496.4%.

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Table 3.

Binary Logistic Regression to Explore Factors Associated with Support for Paid Menstrual Leave

Variable	B	SE	Wald	Df	Sig.	Odds Ratio	95% CI	
							Lower	Upper
Age	-.056	.015	14.115	1	.000	.946	.918	.974
Employment	-1.035	.547	3.574	1	.059	.355	.121	1.039
Menstrual Status	-1.011	.546	3.435	1	.064	.364	.125	1.060
Experience of Pain	.352	.357	.972	1	.324	1.422	.706	2.864
History of skipping work	1.602	.330	23.620	1	.000	4.964	2.601	9.471
Constant	4.439	1.004	19.563	1	.000	84.694		

Attitudes Towards the Potential Positive, Negative and Unintended Impacts of Paid Menstrual Leave on Employees

Participants were asked 2 open-ended questions about the potential impacts (positive, negative and unintended) of menstrual leave on employees. Six hundred and seventy-two participants reported positive impacts, totalling 1150 counts (Table 4). Positive impacts of paid menstrual leave on employees comprised 22 categories and 28 sub-categories. The most common categories were *Better workplaces* and *Productivity and improved work outcomes*, both categories accounting for 25% of participants, respectively. Negative and unintended impacts were reported by 615 out of 672 participants, totalling 877 counts (Table 5). The data consists of 21 categories and 16 sub-categories. The most common categories were

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Discrimination and *Strain on workplace functioning and productivity*, which accounted for 18.36% and 16.22% of participants, respectively.

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Table 4.

Content Analysis of Potential Positive Impacts of Paid Menstrual Leave on Employees (N=672, Total counts= 1150)

Categories	Number of participants†	Number of counts	Direct quote example
Better workplaces	168 (25%)	189	<i>‘Just the recognition of periods as real impact of people’s lives alone would result in beneficial positive workplace culture’</i>
<ul style="list-style-type: none"> • Work environment and culture • Morale • Work/job satisfaction • Motivation • Safety • Relationships • Trust & appreciation • Loyalty • Sense of belonging 		65 (34.39%) 36 (19.05%) 28 (14.81%) 17 (9%) 11 (5.82%) 10 (5.29%) 10 (5.29%) 10 (5.29%) 2 (1.06%)	<i>‘Having flexibility and support in how we work (and how/from where) can contribute to greater work satisfaction, morale, and motivation/efficiency at work’</i>
Productivity and improved work outcomes	168 (25%)	182	<i>‘Employers are getting better quality work for the days employees are present, with fewer mistakes made because employees are dealing with pain instead of focusing on work’</i>
<ul style="list-style-type: none"> • Productivity • Quality of work • Less mistakes and incident • Planning & scheduling 		150 (82.42%) 23 (12.64%) 5 (2.75%) 4 (2.2%)	<i>‘Could help with planning — employers won’t have people taking unplanned or unexpected leave anymore’</i>
Promotes wellbeing	132 (19.64%)	164 (100%)	<i>‘Encouraging greater wellbeing among women. Helping women feel that their health and wellbeing is important.’</i>
Not having to work in pain and feeling comfortable	80 (11.9%)	90	<i>‘...means that we don’t have to make things worse by being at work when experiencing debilitating pain’</i>

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Categories	Number of participants†	Number of counts	Direct quote example
<ul style="list-style-type: none"> • Comfort • Not having to work in pain • Working around others in pain 		47 (52.22%) 40 (44.44%) 3 (3.34%)	<i>'Employees will be able to stay at home if in menstrual pain and ones at work can continue without worrying about that person.'</i>
Feeling valued, cared, respected and understood	78 (11.61%)	92 (100%)	<i>'Employees feeling valued and understood within their workplace'</i>
Reduced stress and pressure	61 (9.08%)	61 (100%)	<i>'Less stress put upon women to 'push through' and put on a happy face when they are in pain'</i>
Destigmatisation and recognition of menstruation	56 (8.33%)	70 (100%)	<i>'Recognition that menstrual pain is legitimate and like maternity leave, a need for women to have access to additional leave should they need it'</i>
Rest and Recovery	52 (7.73%)	56	<i>'Employees getting the time they need to look after their bodies'</i>
<ul style="list-style-type: none"> • Time to rest and recover • Being able to care for yourself • Burnout 		42 (75%) 10 (17.86%) 4 (7.14%)	<i>'knowing they have paid days off will allow them to not worry about missing a day or pushing through pain and then becoming burnt out'</i>
Happiness	51 (7.59%)	63 (100%)	<i>'Much happier employee knowing they are cared for, knowing they can allow their bodies to rest when it asks for it, feeling more energetic after coming back from menstrual leave, not burning self out and therefore feeling more physically and mentally positive'</i>
Job and financial security	43 (6.4%)	53 (100%)	<i>'It would mean so much to millions of women in the workforce & would be a massive step in women's rights and equality. We want</i>

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Categories	Number of participants†	Number of counts	Direct quote example
			<i>to work as hard as we can, but it is hard to do that 100% when experiencing menstrual pain. The money would really help in supporting Australian families, couples and singles to survive with these ever-growing cost of living rises'</i>
Improved use of leave (sick, personal etc.)	42 (6.25%)	45	<i>'No need to use up annual leave or flexi time when unwell because of periods'</i>
• Better management of leave		30 (66.7%)	
• Not having to lie/justify of cause of sick day		8 (17.78%)	<i>'Less random sick days'</i>
• Predictability/planned leave		3 (6.67%)	<i>'Women won't lie about why they need to take time off'</i>
• Unexplained sick days		3 (6.67%)	
• Leave for those who don't normally have sick leave etc		1 (2.22%)	<i>'Leave available for employees for wouldn't normally have leave to take, such as casual employees or staff on certain agreements excluding type of leave. Leave balances able to be utilised for their intended purposes'</i>
Staff retention	36 (5.36%)	38	<i>'Less staff turnover'</i>
• Retention		28 (73.68%)	
• Staff turnover		5 (13.16%)	<i>'Imagine the drop in absenteeism that women would already be taking if their menstrual pain is bad enough to take leave without pay'</i>
• Absenteeism and presenteeism		5 (13.16%)	<i>'There would be less "presenteeism" as workers would take the time off.'</i>

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Categories	Number of participants†	Number of counts	Direct quote example
Equity and Inclusion	32 (4.76%)	41 (100%)	<i>‘More inclusive across the board, might get workplaces to think more about disability accommodations and gender equity’</i> <i>‘Realisation that sex differences exist and welcoming that extra education’</i>
Dignity and Empowerment	28 (4.17%)	38 (100%)	<i>‘Capacity to meet health needs, manage symptoms and avoid diminished presentation at work (I.e. attending when lethargic or in pain and seeming tired/dishevelled)’</i> <i>‘Dignity (e.g. having to work knowing your clothes are blood stained)’</i>
No positive impacts	28 (4.17%)	28 (100%)	<i>‘none, menstruation is a natural process, not an illness’</i>
Keeping women in the workforce	20 (2.99%)	29 (100%)	<i>‘...would allow me to continue to work instead of being forced to take days without pay (as I don’t have sick leave and I have endometriosis)’</i> <i>‘They want more women in leadership but a lot of high potential women are making tough choices cause of their periods controlling their lives’</i>
Workplace attractiveness	17 (2.52%)	20 (100%)	<i>‘Giving women this ability would assist with staff retention and increase the employers brand in a positive light. People would see this employer as a workplace that cares about their staff’</i>
Same as above*	13 (1.93%)	13 (100%)	<i>‘Same as above’</i>

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Categories	Number of participants†	Number of counts	Direct quote example
Less guilt	12 (1.79%)	15 (100%)	<i>‘Removing the guilt from taking personal leave when experiencing cramps. When experiencing period pain I usually consider that it's not too painful, and to save my leave for other illness’</i>
Flexibility and feeling in control	11(1.64%)	16 (100%)	<i>‘The ability to make the best decisions for you and your body, with the flexibility to do so’</i>
Unsure about impacts	10 (1.49%)	10 (100%)	<i>‘Unsure’</i>
Less discrimination lawsuits	1 (0.15%)	1 (100%)	<i>‘workplaces will be less open to discrimination law suits if they have strict rules on menstrual leave’</i>

Note. †Number of participants were the number of participants that engaged with this section of qualitative questions in the survey

*The category *Same as above* refers to participants’ responses for the question on impact on employers that came before this question in the survey

Responses that could be categorised in more than one category were allocated to each relevant category.

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Table 5.

Content Analysis of Negative and Unintended Impacts of Paid Menstrual Leave on Employees (N=672, Total counts= 877)

Categories	Number of participants†	Number of counts	Direct quote examples
Discrimination	130 (18.36%)	145	
<ul style="list-style-type: none"> • Employment discrimination • General discrimination • Reduced career advancement 		78 (53.79%) 44 (30.34%) 23 (15.86%)	<i>'...it could contribute to people who menstruate not being employed at the same rate as those that don't, so employers can avoid paying paid menstrual leave...'</i> <i>'...may lead to women (and others who menstruate) not being given career progression or job opportunities as it is assumed they will take extra time off (much like how women are passed over for opportunities as it is assumed they will take maternity leave)'</i>
Strain on workplace functioning and productivity	109 (16.22%)	118	<i>'Role strain and increased rates of burn out amongst other employees covering workload'</i>
<ul style="list-style-type: none"> • Workplace productivity • Segregation and conflict amongst co-workers 		95 (80.51%) 23 (19.49%)	<i>'Disharmony among male vs female colleagues (or those who menstruate vs those who don't/post menopause)'</i>
Negative attitudes and treatment from workplace	95 (14.14%)	114	<i>'Bullying or shaming from bosses or co-workers'</i>
<ul style="list-style-type: none"> • Bullying • Resentment • Judgement • Jealousy 		33 (28%) 32 (27.12%) 25 (21.19%) 14 (11.86%)	<i>'There could be some harboured resentment between the employees that take the leave and those that don't...'</i> <i>'Jealousy from colleagues who don't get the menstrual leave'</i>

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Categories	Number of participants†	Number of counts	Direct quote examples
<ul style="list-style-type: none"> Backlash and harassment 		10 (8.47%)	<p><i>‘Might face backlash if you take it’</i></p> <p><i>‘harassment from the employer’</i></p>
<p>Potential abuse of leave</p> <ul style="list-style-type: none"> Abuse of leave Being accused of faking need for leave 	71 (10.56%)	<p>80</p> <p>71 (88.75%)</p> <p>9 (11.25%)</p>	<p><i>‘There may be some people who do take advantage of this and that ruins it for others’</i></p> <p><i>‘Seen as accessing leave that others can’t, not being believed that period pain is bad enough to need a sick day’</i></p>
<p>No negative impacts</p>	65 (9.67%)	71	<p><i>‘None, menstrual accommodation is a basic human right and does not negatively affect anyone’</i></p>
<p>Increased stigma</p> <ul style="list-style-type: none"> Stigma Reinforces stereotypes 	61 (9.08%)	<p>70</p> <p>50 (71.43%)</p> <p>20 (28.57%)</p>	<p><i>‘Stigma surrounding actually using the leave you are entitled to. May become a badge of honour to not use the leave’</i></p> <p><i>‘It can reinforce the sexist stereotype that people on their periods are unable to work, emotional, and essentially incompetent’</i></p>
<p>Respondents didn’t write anything</p>	57 (8.48%)	-	-
<p>Men & Misogyny</p>	51 (7.59%)	51 (100%)	<p><i>‘Male employees may feel they "work harder" than women who access this leave which may further entrench misogyny within the workplace’</i></p>
<p>Violation of privacy</p> <ul style="list-style-type: none"> Invasion of privacy Difficulty asking for leave 	47 (7%)	<p>51</p> <p>44 (86.27%)</p> <p>7 (13.74%)</p>	<p><i>‘the workplace will know the exact reason as to why you cannot come in and it may feel a bit invasive if they have to ask questions regarding the time off’</i></p> <p><i>‘...may be uncomfortable asking a non-menstruating person for the leave as they might not understand’</i></p>

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Categories	Number of participants†	Number of counts	Direct quote examples
Unfairness and inequality	42 (6.25%)	44 (100%)	<i>‘Unfairness across the board for all sexes. What will men get in return to even the playing field?’</i>
Feelings of guilt and shame	32 (4.76%)	35 (100%)	<i>‘feeling ‘guilty’/letting the team down - particularly as non-menstruating co-workers don’t have the same leave’</i>
Unsure	23 (3.42%)	23 (100%)	<i>‘Unsure’</i>
Same as above*	14 (2.08%)	14 (100%)	<i>‘Same as above’</i>
Inclusivity concerns	10 (1.49%)	10 (100%)	<i>‘It will segregate the genders, and may also cause issues for transgender people who may identify as female but do not have periods, potentially outing them’</i> <i>‘There is a risk that it can become a means of saying who is a “real” woman’</i>
It’s a can of worms, what do I get?	8 (1.19%)	10 (100%)	<i>‘By isolating chronic health conditions, you must be ubiquitous to all conditions that impact an individual’s health in a working environment - that in itself is a massive can of worms’</i>
Medicalisation of menstruation	8 (1.19%)	8 (100%)	<i>‘Turning menstruation into a sickness or debilitating condition’</i>
Pressured against taking leave	8 (1.19%)	8 (100%)	<i>‘Pressure not to take menstrual leave if employers are not in favour of it/find this type of leave annoying’</i>
Financial concerns	7 (1.04%)	7 (100%)	<i>‘Impact to/loss of services to consumers/customers/clients/patients’</i>

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Categories	Number of participants†	Number of counts	Direct quote examples
Potential issues with leave	6 (0.89%)	6 (100%)	<i>'It is not conducive to cooperation between the work of different personnel'</i>
Decreased self-esteem and confidence	6 (0.89%)	6 (100%)	<i>'Not having the leave when it is needed due to previous mis-use or overuse' 'They may feel inadequate if their female co-workers aren't taking the leave but they do, could make them feel like they're weak or unable to cope'</i>
Don't want to use it	4 (0.59%)	4 (100%)	<i>'Depending on the policy may not be comfortable taking the leave'</i>
Pressure to stop periods	2 (0.3%)	2 (100%)	<i>'...could also make employers intrusive regarding pressuring women about taking pill to avoid periods'</i>

Note. †Number of participants were the number of participants that engaged with this section of qualitative questions in the survey, 672 participants engaged in this section of the survey but only 615 responded to this particular question

*The category *Same as above* refers to participants' responses for the question on impact on employers that came before this question in the survey

Responses that could be categorised in more than one category were allocated to each relevant category.

Discussion

The present study makes a valuable contribution to menstrual health and menstrual leave research, representing the first mixed-methods survey conducted with an Australian sample outside of the organisation or workplace context. While previous Australian research has explored people's support for menstrual leave, this study extends beyond previous research by investigating people's preferences for menstrual leave and their attitudes towards the potential impacts of such leave on employees, providing valuable specific information for future policy design and implementation.

Participants' Preferences for Menstrual Leave

Levels of Support

This study found that 85% of participants were *Somewhat* to *Definitely* in favour of menstrual leave. This study complements the findings of previous surveys by the Australian Council of Trade Unions (2021) and the Victorian Women's Trust (2021) that have revealed 74% of support and 76% of support, respectively. Collectively, these statistics reveal that there is significant support for the leave in Australia. This finding is a significant contribution to the literature as it is the first study not driven by an organisation or workplace to demonstrate strong support for menstrual leave in Australia.

Financial Preference

We also found strong support for menstrual leave to be paid. This finding aligns with a survey by the Victorian Women's Trust (2021), which found that 80% of their participants supported paid menstrual leave. A common concern in the menstrual leave literature is the cost and financial impact of leave on employers and employees (Muroi, 2022; Price et al., 2021). Future studies should investigate people's preferences regarding whether the Australian government or individual employers should bear the cost of menstrual leave.

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Notably, Spain has recently announced that its social security system will cover the cost of its new menstrual leave legislation (Garcia-Aguilera, 2023).

Requirements to Access Menstrual Leave

We found that the majority of participants preferred the requirement of a once-off doctor's approval to access menstrual leave. This approach is the most common requirement across countries like Spain and Italy (Baird et al., 2021). On the other hand, some of the participants preferred no requirements to access the leave, like the approach in Japan. Examining multiple perspectives on the requirements for accessing menstrual leave is crucial when developing an Australian policy. In other countries, these requirements have significantly impacted the utilisation of leave as the need for diagnosis or ongoing doctor's approval has proved to be inaccessible, time-consuming, and costly (Baird et al., 2021).

Frequency and Length of Leave

Regarding the frequency of leave, the majority of participants preferred a monthly basis compared to an annual basis. There is no existing research on what basis is optimal frequency. Participants who preferred annual leave frequency recognised the variability of menstrual cycles in terms of pain and other menstrual symptoms. They suggested that each period may require different amounts of leave and, if offered monthly, the allocated number of day(s) may be insufficient. Alternatively, participants who preferred monthly leave suggested that this approach reduces the potential for abuse of leave for other purposes such as scheduling in holidays in advance.

Participants who preferred an annual frequency menstrual leave had the most commonly expressed preference for 12 days per year, whilst those favouring a monthly frequency predominantly preferred 2-3 days per month. Compared to existing menstrual leave policies, these preferred number of days of leave align with the Victorian Women's Trust (2021) menstrual policy of 12 days a year employed by several Australian employers

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and Spain's new legislation of 3 days per month (Masih, 2023). It is important to recognise that 84% of the participants have experienced debilitating period pain, with 35.8% having received a diagnosis of endometriosis or other conditions that worsen menstrual symptoms. Additionally, 76% of participants reported previously skipping work due to debilitating menstrual pain. Therefore, it is important to ensure that future leave legislation allows a sufficient amount of leave that aligns with the realistic health needs of women in Australia.

Other Menstruation-Related Workplace Accommodations

Most participants expressed the need for additional workplace accommodations, aside from menstrual leave, to support menstruation. Options including work from home, accessible and hygienic bathroom facilities, flexible work hours with the ability to take unscheduled breaks, free or subsidised menstrual products, and flexibility to modify workstations received strong support. This finding aligns with the Victorian Women's Trust menstrual policy that allows employees to work from home or work in the office in a more quiet and comfortable area (Melican & Mountford, 2017). Additionally, these results are similar to Munro's (2021) findings, which found that 55% of employees supported access to free or subsidised menstrual products at work, and 74% wanted access to flexible work arrangements to manage menstruation. These results, alongside the established menstrual policy by the Victorian Women's Trust (2021), suggest actionable options besides menstrual leave that employers can readily adopt to support their employees.

Names for Leave

When asked their preferred name for the leave, the majority of participants supported it being called *Menstrual leave* in Australia. From the five provided options, participants expressed that the names for the leave they would feel comfortable using, in order of popularity, were *Health leave* and *Menstrual leave*, followed by *Sick leave*. Participants were

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divided on *Period leave* and *Women's leave* when asked about the likelihood of using paid menstrual leave.

Participants also raised concerns and preferences for a gender-neutral name and a name that does not link menstruation, fertility and desire for motherhood. Whilst a connection to motherhood may be appropriate and widely accepted in countries like Zambia, where menstrual leave is referred to as *Mothers' Day*, this study demonstrates the importance of choosing a name that women in Australia resonate with and feel comfortable using (Baird et al., 2021). Research has shown that linguistics is an important contributing factor to stigmatising menstruation; thus, this should be considered when determining the name for the leave in Australia (Sveen, 2016). A stigmatising name may be unproductive as it could result in Australian women being reluctant or embarrassed to utilise the leave.

Likelihood of Using the Leave

For participants who have previously menstruated but currently do not, 58.9% reported the likelihood of using paid menstrual leave if it was available. In contrast, for participants who currently menstruate, 72.41% reported the likelihood of using paid menstrual leave if it was available. While there is scarce research on people's likeliness to use menstrual leave, these statistics contribute valuable data to the field and lend support to the notion that women are likely to utilise menstrual leave if made official legislation.

Factors Associated with Support for Paid Menstrual Leave

The analysis indicated that age and history of skipping work for menstrual-related pain are significant predictors of support for menstrual leave. Younger participants were more likely to support menstrual leave. This finding may have two plausible explanations. Firstly, younger individuals are more likely to be currently employed, which, in turn, may lead to higher relatability to accessing the leave compared to older individuals who are more likely to be retired. Secondly, the significance of age may be accounted for by generational

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differences in the perceptions of menstruation. For example, this study, similar to previous research (Barnack-Tavlaris et al., 2019; Newton, 2012), demonstrated strong generational differences within menstrual stigma with older people employing a ‘just get on with it’ attitude compared to younger individuals who prioritise rest and wellbeing leave.

History of skipping work for menstrual-related reasons was also identified as a significant predictor for supporting paid menstrual leave. This new finding in the field is self-explanatory and intuitive. From this study’s qualitative data and data from other research (Schoep et al., 2019; Mastrangelo & Turnbull, 2022), it is evident that high rates of women exhaust their sick and personal leave for menstrual-related symptoms and often take unpaid leave or unpaid days of work. It is highly plausible that they would favour a dedicated leave for menstruation to protect their job and financial security, a common category identified in this study.

Notably, employment status, menstrual status and experience of debilitating pain were not significant predictors of support for paid menstrual leave. These findings may be attributed to several factors. For example, it is plausible that individuals who are not currently employed express more support for menstrual leave as they may not comprehend the challenges associated with it. Conversely, those currently employed may possess first-hand experience and knowledge of the difficulties associated with menstruation-related workplace accommodations. As a result, they may view menstrual leave as impractical or unfeasible in their workplace. The same can be said for menstrual status and experience of debilitating pain. Although at first counter-intuitive, individuals not affected by currently menstruating or debilitating pain may exhibit more empathy towards debilitating menstrual experiences as they have less exposure to managing these periods in workplaces and navigating the stigma associated with menstruation in society and particularly in workplaces.

Potential Positive, Negative and Unintended Impacts of Paid Menstrual Leave on Employees

We explored participants' attitudes towards the potential positive, negative and unintended impacts of paid menstrual leave for employees. The most prominent category identified amongst responses regarding positive impacts was *Better Workplaces*. Participants expressed how recognising menstruation in the workplace can foster a positive workplace culture that promotes safety and healthy relationships. In Australian workplaces such as *ModiBodi* who have implemented menstrual leave in their workplaces, women have reported increased morale, motivation, trust, appreciation, and job satisfaction as potential outcomes of menstrual leave (Bower & Turner-Cohen, 2022). In contrast, the most common category identified amongst the negative impacts was *Discrimination*. Participants expressed concerns that menstrual leave may lead to employment discrimination resulting in less employment and career advancement opportunities, such as promotions or leadership roles, compared to their male counterparts.

Numerous participants drew parallels with their experiences of workplace discrimination related to maternity and parental leave. King (2023) shared concern, highlighting how gender-based policies such as maternity leave, as opposed to shared parental leave, result in gender-based backlash and discrimination. Similar concerns were also expressed in the Australian Department of Health Menstrual Health Survey (Munro et al., 2021), which highlighted that the leave and 'special treatment' can perpetuate the idea that women are weak and, thus, provide a reason for them to be discriminated against. A historical example supporting this concern is the removal of the menstrual policy in Russia in 1927, when women demanded its removal due to it perpetuating discrimination against them (Baird et al., 2021). Hence, it is crucial to consider these factors during the development of

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menstrual leave policies to ensure they promote *Better Workplaces* and prevent *Discrimination*.

Productivity was the second common category in both the positive and negative impacts analyses. There were 182 counts regarding potential increased productivity and improved work outcomes and 118 counts of concern regarding the strain menstrual leave may have on workplace productivity and functioning. Regarding the positive impact on productivity, women reported better quality of work, fewer mistakes and the ability to plan and schedule. Participants reported that they often struggle to perform at their full potential while menstruating in the workplace and that rest and recovery and looking after their wellbeing would lead to better quality work. Contrastingly, participants also noted potential negative impacts of menstrual leave's strain on workplace functioning and productivity, negative attitudes and treatment from workplaces and the potential abuse of leave. These findings align with the those of an American thematic analysis that reported 'Concerns About the Effect on the Workplace' (Barnack-Tavlaris et al., 2019). Whilst Australian companies with existing menstrual leave policies have reported increased productivity, further research is crucial to understand the implications of menstrual leave across different occupations and work environments (Bower & Turner-Cohen, 2022).

Improved *Staff Retention* was another prevalent category amongst the reported positive impacts of menstrual leave. This study's participants reported that access to menstrual leave would reduce presenteeism and increase their likelihood to remain with a workplace that accommodates menstruation. A survey of 32,478 women in the Netherlands revealed that on average, presenteeism accounts for nine days of lost productivity per employee annually, highlighting reduced presenteeism as an important positive benefit of menstrual leave (Francis, 2022). Another notable positive category was *Dignity and Empowerment* in the workplace; women expressed that menstrual leave would allow them to

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address their health needs and manage menstrual symptoms. Many women also expressed that menstrual leave would alleviate their concerns of having a diminished presentation at work with blood stains on their clothes or workplace furniture. Similar concerns regarding presentation at work have been highlighted in previous research, including one notable study by Karin (2022), that emphasizes that these issues warrant further attention and discussion as workplace health and safety concerns. A British survey also identified a similar theme of ‘Managing the leaky, messy, painful body’ when participants described menstruation at work (Sang et al., 2021). Additionally, *Job and financial security* as well as the *Improved use of leave* due to menstrual leave were categories identified in this study to help keep women in the workforce. Many women in this study highlighted the stress and pressure associated with managing their leave usage to ensure that they do not deplete it solely on menstruation or have to take unpaid leave. They expressed that menstrual leave would enable many women to retain their jobs, which they might otherwise be unable to do. This finding aligns with the theme of ‘Supporting Women and Women in the Workplace’, identified in an American thematic analysis of attitudes towards menstrual leave (Levitt & Barnack-Talvaris, 2020)

Alternatively, a common negative category identified was increased *Stigma* and the sub-category regarding reinforcing stereotypes associated with menstrual leave. Considering this issue in the Australian context is important as it has severely impacted the use of menstrual leave in Japan. Despite having one of the world’s oldest menstrual leave policies, Japan experiences extremely low uptake of the leave due to stigma surrounding menstruation in Japanese society (Baird et al., 2021). Other notable negative categories of *Men and Misogyny* and *Unfairness and Inequality* echoed similar findings from Levitt and Barnack-Talvaris’ (2020) thematic analysis with the theme ‘What do Men get’. Another negative category, *Violation of privacy*, identified in this study, expressed concerns that menstrual leave may result in the outing of transgender or non-binary employees and also begs the

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question of 'who is a real woman'. Whilst a positive of menstrual leave was reported to be *Equity and Inclusion*, this negative category truly highlights both sides of the coin and the importance of researching a broad range of perspectives. Levitt and Barnack-Talvaris (2020) recommended that fair policies must be inclusive and provide confidential disclosure options to prevent further discrimination in the workplace.

Using both units of analysis (number of participants and counts), this content analysis indicates that participants described more positive than negative impacts of menstrual leave. Notably, the fifth most common category of negative impacts was *No negative impacts*, endorsed by 65 participants, while only 28 participants endorsed *No positive impacts* in the positive analysis. These findings are important topics for debate and discussion, highlighting the need for further community consultation to develop a strong understanding of the potential positive and negative effects of implementing menstrual leave in Australia.

Methodological Considerations & Future Research

A notable strength of this study was its robust sample size of 929 participants, which allowed for diverse opinions and increased statistical power, compared to other Australian research, such as Munro's (2021) study involving 500 people. However, the study should be considered in the context of possible limitations. Due to the sampling frame, the surveyed women were predominantly ethnically Australian identifying, highly educated, aged 35 and below and likely to have experienced debilitating pain or have a diagnosis for a related health condition. Therefore, the findings of this study may not represent the views of all Australian women.

In order to gain a more comprehensive understanding of the topic, future research should recruit under-represented, culturally diverse ethnicities, especially in a highly multicultural country such as Australia. Cultural variations in understanding menstruation and considering the experiences of women who migrate to Australia from countries with

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established menstrual leave policies would provide valuable insights. Additionally, it would be beneficial to investigate the perspectives of a broader age demographic in future studies, as the current sampling frame resulted in a limited perspective of older women and women who no longer experience menstruation.

Giving the growing momentum and community support in the field of menstrual leave, there is a strong, timely demand and ample opportunities for future research in this field. Future research should analyse the diverse experiences of menstruation. Notably, 5% of this study's participants did not report female gender. It is important to develop a strong understanding of different menstrual needs and experiences to promote inclusivity and education among the general public, healthcare providers, employers and policymakers. It is also essential to explore the perspectives of men and other stakeholders, such as employers and colleagues, regarding menstrual leave. Investigating their understanding of menstruation can shed light on potential educational gaps that need to be addressed in developing and implementing menstrual leave or menstruation-related workplace accommodations.

Implications for Law Reform

The implications of this study are significant and can aid policymakers in informing co-design on future menstrual leave provision in Australia.

1. The findings suggest strong support for the implementation of menstrual leave under the Fair Work Act in Australia, with 85% of respondents expressing support. Albeit in a highly defined sample, this result is consistent with other studies and the ever-growing voices of community advocates for menstrual health and equity.
2. As for financial preference, the results suggest strong support for menstrual leave to be paid, with 84.1% of participants expressing this preference. However, future discussions should consider the relative cost of the leave and if this leave is to be

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funded by taxpayer money, such as in Spain (Garcia-Aguilera, 2023) or if it is at the expense of the employer such as in Japan and Indonesia (Price et al., 2021).

3. In terms of the name of the leave, the results suggest strong support for the names *Menstrual leave* and *Health leave*. The data also shows lack of support and concerns about stigmatising and gendered leave names such as *Women's leave* or *Sick Leave*. Future investigations should explore the impact of the names of leave on leave usage and stigma, drawing insight from countries with established menstrual leave policies.
4. The participants divided responses regarding the requirements to access menstrual leave and frequency of leave suggest that these are divisive topics that should be further discussed in community consultations. Community consultations will also aid further discussion on people's attitudes towards the potential impacts of menstrual leave on employees. Based on law reform efficacy and implementation research, these consultations would benefit from diverse representation, lived experiences and inclusive co-implementation processes (Crontin, 2019; Neave, 2005).
5. Notably, 99.1% of participants supported additional menstruation-related workplace accommodations besides menstrual leave. This finding suggests strong support for policymakers to incorporate a range of workplace accommodations, such as the possibility of working from home, into a national menstrual policy, alongside the option of accessing menstrual leave. This finding aligns with research and conversations in the field that suggests menstrual leave is one piece of the menstrual health puzzle and not something that should be implemented in isolation (Victorian Women's Trust, 2021; Walker, 2022)

Conclusion

In conclusion, this study provides valuable insights about Australian women's attitudes towards menstrual leave, contributing important findings to the under-researched

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field of menstrual leave, shedding light on strong support for menstrual leave and the diverse views about its potential impacts in the Australian context. These findings are essential for informing discussions around developing national menstrual policies in Australia. However, further research is needed to develop an inclusive understanding of menstruation and broaden perspectives by investigating the attitudes of a wider range of stakeholders such as men, colleagues, employers, employment lawyers and economists.

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2. [Article Types](#)
3. [After Acceptance](#)

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