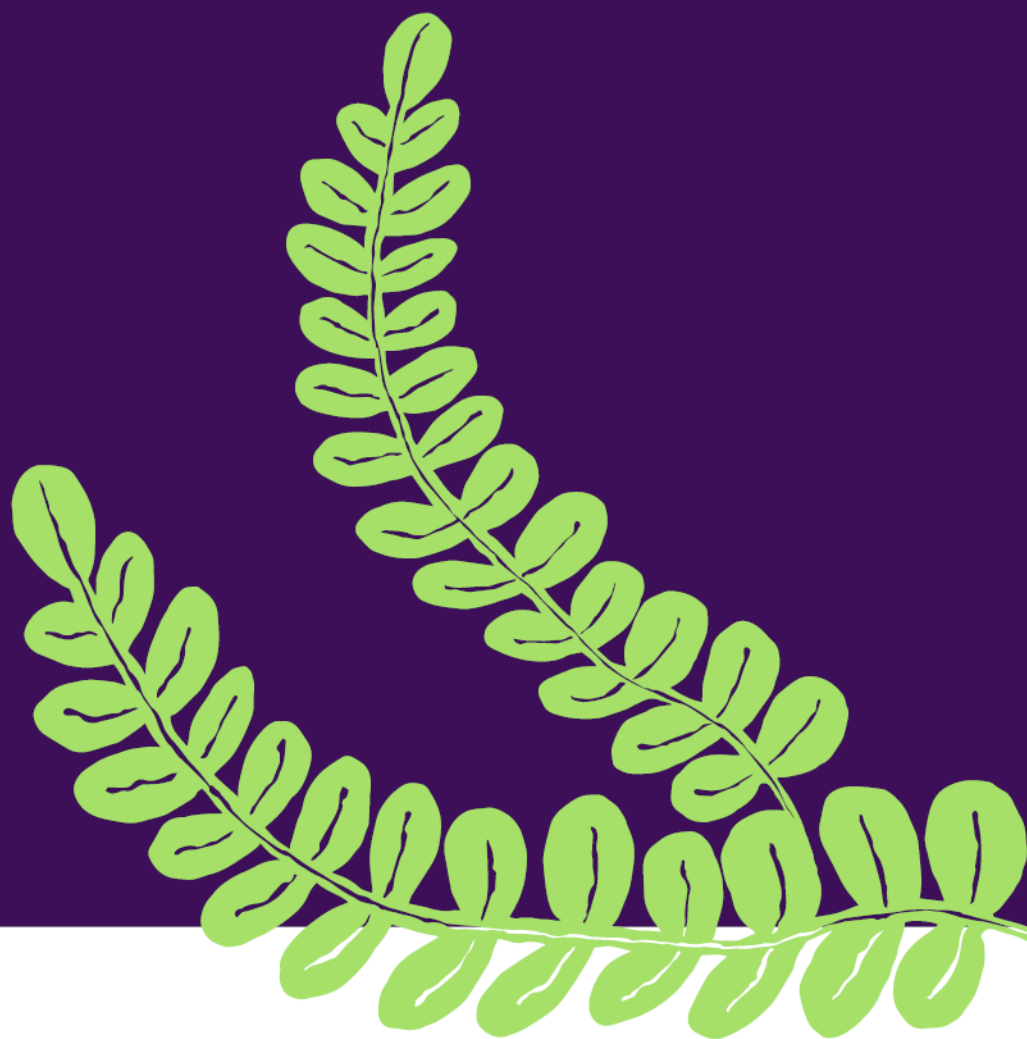


# Bothersome periods experienced by Australian women aged 18 to 44 years

A report from the *2023 National Women's Health Survey* conducted by  
Jean Hailes for Women's Health with funding from the Australian Government  
Department of Health and Aged Care.



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# Executive summary

A random sample of Australian women (see note on terminology) aged 18 plus were asked about their experiences with bothersome periods, i.e. painful, irregular and/or heavy periods. This survey is the first to explore bothersome periods in a randomly recruited, nationally representative sample, meaning the results can be extrapolated to the Australian population. The results for 18- to 44-year-old respondents, broadly 'women of reproductive age', are the focus of this report.

Nearly four in five women aged 18 to 44 years experienced bothersome periods in the last five years, and three in four of those affected reported these bothersome periods had a substantial impact, i.e. made it hard for them to do daily activities. Bothersome periods had a substantial impact on work, study, exercise, mental and emotional health, and relationships with partners, family and friends.

Bothersome periods are a significant problem for Australian women during a life stage in which study and workforce participation are critical for establishing economic security across the lifespan. Six recommendations are provided by the authors based on the data from the 2023 National Women's Health Survey. We note that, although these recommendations are based on findings from women aged 18 to 44 years, many (if not most) are likely to be applicable to all people, of any age, who menstruate.

Six recommendations are provided by the authors based on the data from the 2023 National Women's Health Survey. We note that, although these recommendations are based on findings from women aged 18 to 44 years, many (if not most) are likely to be applicable to all people, of any age, who menstruate.

**Recommendation 1:** Educational, exercise and work settings should ensure all employees have **at a minimum:**

- i) dark uniform 'bottoms', where applicable;
- ii) access to toilet facilities with sanitary disposal units, where access is both proximity to facilities and the ability to use them without restriction on the number or duration of visits, and;
- iii) access to period products, whether for purchase or for free (see Recommendation 2).

**Recommendation 2:** Heavy and painful periods have a significant financial cost, and people experiencing financial insecurity have reported choosing between food and sanitary products and/or analgesics for painful periods. Policy measures to increase the affordability of period products (at least) should be explored, particularly for women who have increased utilisation of disposable period products because they have a medical condition that causes heavy menstrual bleeding. Recent initiatives, by State Governments, to distribute free period products in schools, libraries and public restrooms are a very welcome start.

**Recommendation 3:** Education about periods – what is normal and what is not – should be provided before menarche or as early as possible after menarche starts. The education should include where and how to seek help for those experiencing bothersome periods (see Recommendation 4). This education should be designed to empower girls and women to advocate for themselves when seeking healthcare and when seeking to have their needs at school and/or work met.

**Recommendation 4:** Health professionals should:

- be provided the skills, knowledge and confidence to assess and investigate a range of period problems and provide evidence-based treatment options for conditions (e.g. menorrhagia or endometriosis) that cause bothersome periods.
- provide evidence-based, consumer-informed health information resources that include investigation and treatment options available for conditions that might cause bothersome periods. The new clinical standard, 'Heavy Menstrual Bleeding Clinical Care Standard', by the Australian Commission on Safety and Quality in Health Care has associated consumer resources on clinical care and treatment options for people with heavy menstrual bleeding (menorrhagia) that should be offered to all those experiencing heavy menstrual bleeding.
- discuss the importance of continuing physical activity as a self-management approach and to support mental health and wellbeing and reduce the risk of chronic diseases.

**Recommendation 5:** More research is required to understand and address the knowledge, attitudes and information needs of priority populations, particularly multicultural and Aboriginal communities whose members might have different cultural attitudes to menstruation. For example, focus groups with specific communities could be used to understand attitudes and knowledge gaps, with co-design then being used to create information resources that are culturally appropriate for each community.

**Recommendation 6:** There has been a welcome increase in public discourse over the past 2-3 years about the barriers to workforce participation for midlife and older women. However, barriers to educational achievement and full workforce participation early in a woman's life profoundly impact her economic security across her whole life span. These data show a high proportion of 18- to 44-year-old women report that bothersome periods have a substantial impact on their study and work. A Productivity Commission review of the economic impact of key women's health issues over the whole lifespan is required to develop evidence-informed, equitable workplace policy in Australia.

**A note on terminology**

The term 'women' is used in this report as 99.2% of those surveyed in the National Women's Health Survey were people assumed female at birth and who identified as women. The authors acknowledge that not all women menstruate and not all people who menstruate are women.

# Acknowledgements

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# Introduction

Menarche, which marks the beginning of menstruation, typically occurs around the age of 12.9 years in Australia. For most women, menstruation continues until women are in their mid to late 40s and enter perimenopause, when periods typically become heavy and irregular. The average age of menopause, when periods cease, typically occurs around the age of 51 years.

During the reproductive life stage - defined by the Australian Institute of Health and Welfare as 15 to 44 years<sup>1</sup> - many girls and women have painful, heavy and/or irregular periods, which are often, but not always, due to conditions such as endometriosis (in which tissue similar to the lining of the uterus grows outside the uterus), adenomyosis (in which the endometrial tissue that normally lines the uterus grows into the muscular wall of the uterus), polycystic ovary syndrome (PCOS; a complex hormonal condition that causes a range of symptoms), and fibroids (non-cancerous growths found in the muscle wall of the uterus).

Painful periods, or dysmenorrhoea, occurs prior to and during menstruation. Primary dysmenorrhoea is painful periods not due to other diseases, while secondary dysmenorrhoea is due to an underlying condition such as endometriosis or adenomyosis. Period pain is the most common cause of pelvic pain and can be caused by pain in the myometrium (uterine muscle) or from endometriosis and/or adenomyosis. Pain can include cramping and heaviness in the pelvic area, as well as pain in the lower back, stomach, or even legs. Some women also experience nausea, vomiting, diarrhoea or loose bowels.

Some women are affected by excessive and/or prolonged menstrual bleeding, known as heavy menstrual bleeding (HMB) or menorrhagia. Menorrhagia is defined as “any excessive menstrual blood loss which interferes with a woman’s physical, emotional, social, and material quality of life, and which can occur alone or in combination with other symptoms”.<sup>2</sup> The exact cause of menorrhagia is unclear in about half the women who experience it, with current thinking being that the condition might be related to hormonal or chemical levels in the endometrium (the internal lining of the uterus) or conditions not yet identified in the endometrium. In the other half of cases, though, the cause is related to fibroids, pregnancy or complications of pregnancy, PCOS, endometrial polyps or hyperplasia, adenomyosis or endometrial cancer. Some intrauterine devices used for contraception can also cause menorrhagia.

Irregular periods, also known as ‘oligomenorrhoea’, might be more manageable than painful or heavy periods but can bring their own challenges. Although periods are usually less frequent, they can occur unexpectedly. The causes of oligomenorrhoea include PCOS, pelvic inflammatory disease,

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<sup>1</sup> Australian Institute of Health and Welfare. Mothers & babies (2024) <https://www.aihw.gov.au/reports-data/population-groups/mothers-babies/overview>

<sup>2</sup> National Institute for Health and Care Excellence (NICE) (2021). Heavy menstrual bleeding: Assessment and management. NICE Guideline NG88. Available at: <https://pcwhf.co.uk/resources/nice-guidance-heavy-menstrual-bleeding/#>. Last accessed: 24 April 2024.

perimenopause, disordered eating, diabetes and hyperthyroidism. Cancers in the reproductive organs can also cause oligomenorrhea.<sup>3</sup>

The term 'bothersome' is used in this survey as a catch-all for painful, heavy or irregular periods in this survey, but the impact of managing periods can be far beyond a 'bother' for some women. Menstruation is considered a taboo in some cultures, with restrictions on menstruating women ranging from not being permitted to prepare food or participate in some religious practices, to being physically excluded from the family home.<sup>4</sup> In Australia, discussion of periods is generally socially unacceptable, making it difficult for women to seek workplace flexibility and/or relief from daily duties. The extent of menstrual shame is such that visible reminders of menstrual blood have been demonstrated empirically to lead to avoidance and social distancing<sup>5</sup>, which adds to the fear of shame for women trying to secretly manage heavy or irregular periods.

Then there is 'period poverty', defined as a lack of access to menstrual products, education, hygiene facilities and/or waste management. The charity, Share the Dignity, conducted a survey of approximately 153,000 Australians in 2024<sup>6</sup> and found that period poverty exists across Australia. Some 10.7% of rural and 6.2% of respondents reported they were unable to afford period products in the past 12 months, and 73.6% and 63.1% of rural and urban people, respectively, found it difficult to buy period products. Approximately four in five Indigenous respondents reported finding it difficult to afford period products.<sup>6</sup>

This report, *Bothersome periods experienced by Australian women aged 18 to 44*, is drawn from the findings of a nationally representative survey of 3,570 adult women that used random sampling for recruitment and thus provides information that can be generalised to the Australian population. This is the first nationally representative survey to assess how bothersome periods impact the daily activities of Australian women, including their work/study behaviours, and whether they seek care for bothersome periods.

This report is one of a series from the 2023 National Women's Health Survey. The Australian Government Department of Health and Aged Care has funded Jean Hailes for Women's Health to conduct the annual National Women's Health Survey since 2017.

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<sup>3</sup> Cleveland Clinic. Oligomenorrhea. Available at: <https://my.clevelandclinic.org/health/diseases/22834-oligomenorrhea>. Last accessed: 7 November 2023.

<sup>4</sup> United Nations Fund for Population Activities (UNFPA). Menstruation and human rights – Frequently asked questions. Available at: <https://www.unfpa.org/menstruationfaq#Taboos%20and%20Myths%20about%20menstruations>. Last accessed: 7 November 2023.

<sup>5</sup> Roberts et al. 'Feminine Protection': The Effects of Menstruation on Attitudes towards Women. (2002) *Psychology of Women Quarterly* 26(2):131–39.

<sup>6</sup> Connory J and WhyHive. (2024) 'Period Pride Report: Bloody Big Survey Findings: Australia's largest survey on attitudes and experiences of periods.'

# Methodology

Jean Hailes for Women's Health commissioned the Social Research Centre (SRC) to conduct the 2023 National Women's Health Survey using random recruitment of people assumed female at birth, who were resident in Australia and over the age of 18. Nearly all (99.2%) of the 3,570 respondents identified as women. The responses were weighted to ensure the data are representative of the population of adult Australian women. For more information on the survey methodology, see the [2023 National Women's Health Survey Technical Report](#).

This report focuses on the data from the 18 to 44 age group (n=1,238) as broadly representative of 'reproductive age' women. The survey collected women's self-reported experiences of bothersome periods in the last five years, the impact of those symptoms on daily activities, and their propensity to seek medical care for bothersome periods.

## About the data

Several points should be kept in mind when considering the data presented in this report:

- Data reported on has been weighted. Refer to the [2023 National Women's Health Survey Technical Report](#) for approach and for the weighted and unweighted sample demographics.
- Unless indicated, responses of 'Don't know' or 'Prefer not to say' were excluded from the tables.
- In some tables and figures, the totals shown and/or mentioned in the accompanying text may differ slightly from the apparent sum of their component elements. This is due to the effects of rounding.

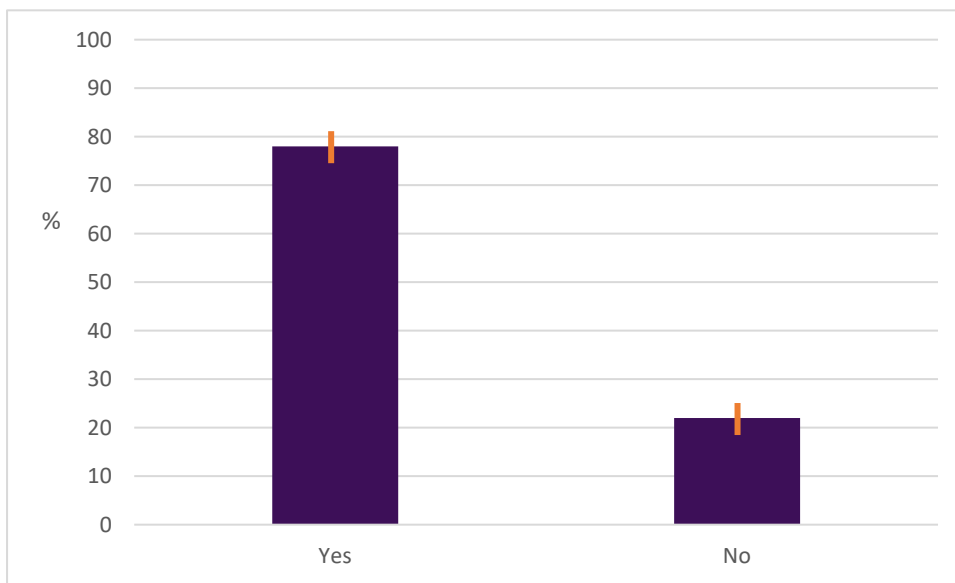


# Results

## Experience of bothersome periods in the last five years

Based on this survey, it is estimated that almost four in five (78% ± 3%, 95% confidence interval) Australian women aged 18 to 44 years – women of ‘reproductive age’ – had experienced ‘bothersome periods’, defined as ‘heavy bleeding, painful or irregular periods’, in the last five years.

**Figure 1. Proportion of Australian women aged 18-44 years who experienced bothersome (heavy, irregular or painful) periods in the last five years (with 95% confidence intervals shown)**



Q: In the last five years, have you been bothered by symptoms relating to menstruation, such as heavy bleeding, painful or irregular periods? (n=1,238)

## Impact of bothersome periods on daily activities, exercise, and work or study

Three out of four (75%) of the respondents of reproductive age who experienced bothersome periods in the last five years reported these periods made it hard to do daily activities, and approximately two in five (44%) missed days of work or study due to bothersome periods (Table 1).

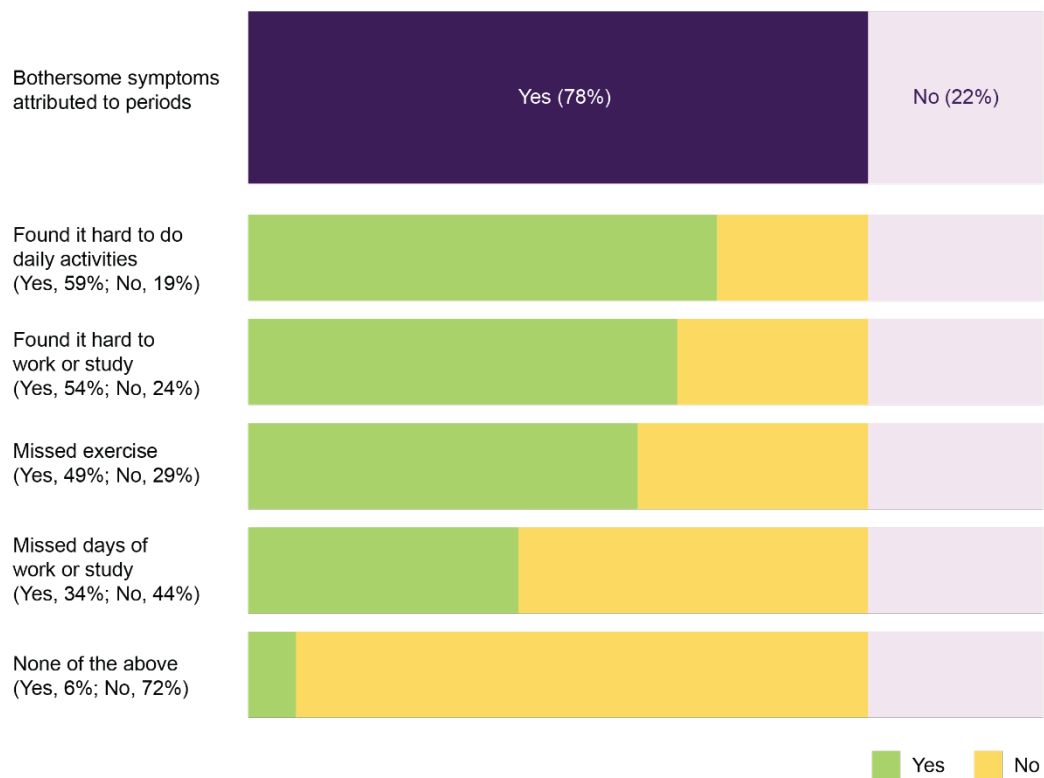
**Table 1. Proportion of survey respondents aged 18-44 years who experienced bothersome periods in the last five years and reported these periods impacted on daily life, work or study, exercise or function within the last five years**

	Found it hard to do daily activities (e.g. caring or household duties)	Found it hard to work or study	Missed days of work or study	Missed exercise	None of the above
%	75	69	44	63	7.1
95% CI	71-79	65-73	40-49	58-67	5-9

Q: Have these period symptoms impacted you in any of the following ways? (BASE: bothered by period symptoms, n=953)  
CI = Confidence Interval. Respondents could select more than one response. (n=1,238)

Extrapolating survey responses to the population showed that, within the last five years, approximately three in five (59%) Australian women of reproductive age had found it hard to do daily activities because of bothersome periods, with half (54%) finding it hard to work or study and half (49%) missing exercise (Figure 2). Approximately one-third (34%) missed days of work or study because of bothersome periods.

**Figure 2. The impact of bothersome periods on Australian women aged 18-44 years on daily life, work, study or exercise in the last five years**



Approximately half the respondents of reproductive age had taken an extended break from work or study or from exercise due to bothersome periods (Table 2).

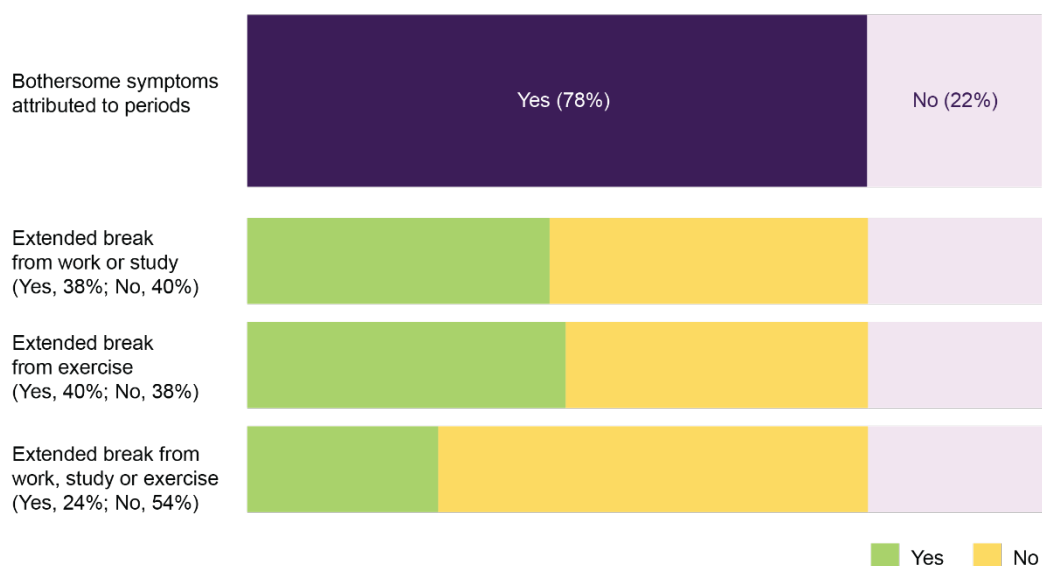
**Table 2. Proportion of survey respondents aged 18-44 years who experienced bothersome periods in the last five years and reported they took an extended break from or stopped work, study or exercise due to these bothersome periods**

	Yes, from work or study	Yes, from exercise	No, this has not happened
%	49	51	31
95% CI	44-54	46-56	26-35

Q: Have you needed to take an extended break or stop work, study or exercise as a result of your period symptoms? (BASE: those impacted by period symptoms, n=953) CI = Confidence Interval. Respondents could select more than one response.

Extrapolating survey responses to the population suggested approximately two in five Australian women of reproductive age took an extended break from work or study (38%) or from exercise (40%) because of bothersome periods, with only one in four saying they had not taken an extended break from either in the last five years (Figure 3).

**Figure 3. The impact of bothersome periods on Australian women aged 18-44 years on extended leave or breaks from work, study or exercise in the last five years**



## Impact of bothersome periods on mental and emotional wellbeing

The toll of bothersome periods on the survey respondents' mental and emotional wellbeing was evident (Table 3). Close to three quarters (74%) of women of reproductive age reported that bothersome periods had negatively impacted their mental and emotional wellbeing. Negative impacts were also reported for respondents' relationships with their partner (35%) and relationships with friends and family (31%).

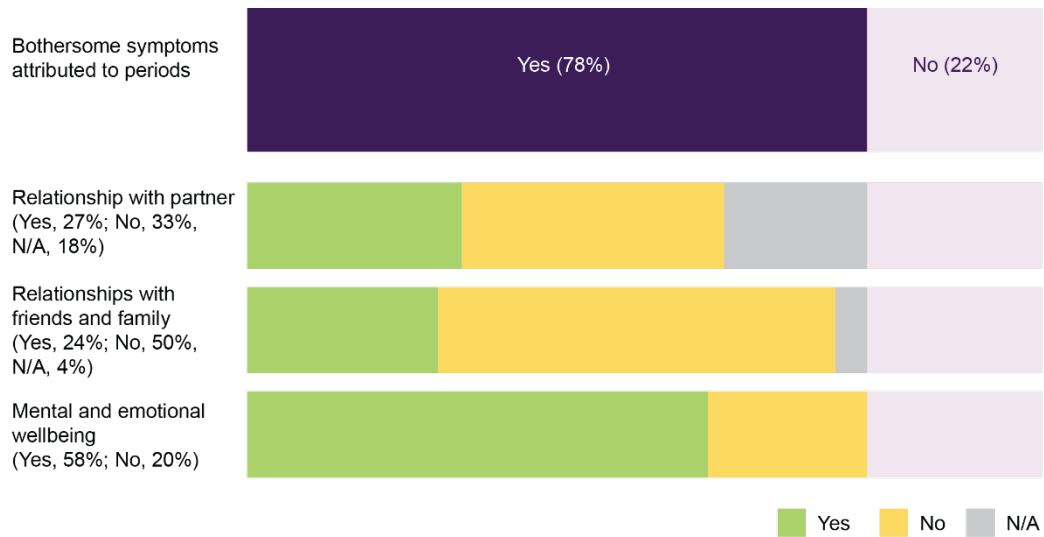
**Table 3. Proportion of survey respondents aged 18-44 years who experienced bothersome periods in the last five years and reported the effect of these bothersome periods on their relationships and mental health.**

	Have these bothersome periods negatively impacted...								
	Your relationship with your partner?			Your relationships with friends and family?			Your mental and emotional wellbeing?		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
%	35	42	23	31	64	5	74	25	1
95% CI	31-40	38-47	19-27	26-35	60-69	3-7	70-77	21-29	0-2

Q: And have these period symptoms negatively impacted: (BASE: bothered by period symptoms, n=953) CI = Confidence Interval.

Extrapolating survey responses to the population showed approximately one-quarter of Australian women of reproductive age reported that bothersome periods in the last five years impacted their relationship with their partner (27%) or friends and family (24%) (Figure 4). Nearly three in five (58%) reported these bothersome period symptoms impacted their mental and emotional wellbeing.

**Figure 4. The impact of bothersome periods on Australian women aged 18-44 years on relationships and mental health in the last five years**



## Propensity to discuss bothersome periods with a doctor

Nearly three in five (56%) respondents of reproductive age had discussed their bothersome periods with a doctor within the last five years (Table 4).

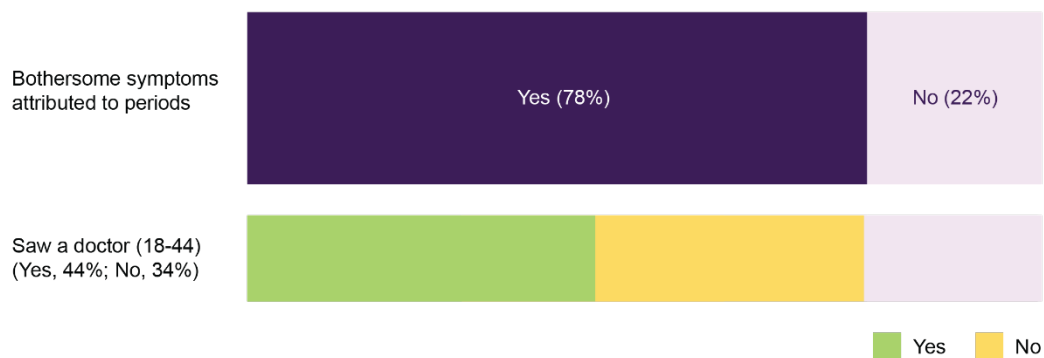
**Table 4. The proportion of survey respondents aged 18-44 years who experienced bothersome periods in the last five years and discussed these periods with a doctor**

	Yes, discussed with doctor	No, did not discuss with doctor
%	56	44
95% CI	51-60	40-49

Q: Have you discussed these period symptoms with a doctor? (BASE: bothered by period symptoms, n=953) CI = Confidence Interval.

Extrapolating survey responses to the population showed that 44% of all Australian women of reproductive age saw a doctor about bothersome periods they experienced in the last five years (Figure 5).

**Figure 5. The proportion of Australian women aged 18-44 years who experienced bothersome periods in the last five years and discussed these periods with a doctor**



Many respondents of reproductive age did not discuss their bothersome periods with a doctor because they felt the symptoms weren't bad enough (Table 5). Approximately one in three (34%) did not discuss bothersome periods with a doctor because they didn't think anything could be done, and approximately one in four (23%) reported they already had the information they needed. Approximately one in ten (11%) respondents of reproductive age reported they were too embarrassed or ashamed to ask.

**Table 5. Proportion of survey respondents 18-44, who experienced bothersome periods in the last five years but did not see a doctor, who identified with key reasons they did not discuss their periods with a doctor**

	I didn't think the symptoms were bad enough	I didn't think anything could be done	I already had the information needed	I was too embarrassed or ashamed to ask
%	79	34	23	11
95% CI	74-85	28-41	17-28	6-15

Q: Why did you decide not to discuss these period symptoms with a doctor? (BASE: did not discuss symptoms with doctor, n=421) CI = Confidence Interval. Responses of 'Other' (2%) have been excluded from the tables. Respondents could select more than one response.



# Discussion

The practical challenges of managing periods are increasingly being recognised and addressed across Australia (and elsewhere). There are campaigns and programs to address ‘period poverty’ and menstrual health is now recognised as both a public health and human rights issue.<sup>7</sup> In the sports sphere, women’s leadership has seen public discussion and policy changes around female athletes wearing white ‘bottoms’ in elite sporting uniforms. Workplaces are openly discussing the practical needs of the female workforce when it comes to menstruation, including consideration of ‘menstrual leave’. Even unions in traditionally male sectors are considering the practical needs of the female workforce; in 2021, the Electrical Trades Union in Australia launched the ‘Nowhere to Go’ campaign to improve bathroom amenities for all people on work sites, noting the lack of amenities disproportionately affected women and highlighting sanitary bins as a particular need.

Measures to address the practical challenges of managing periods are very welcome. However, there is little recognition that these practical challenges are magnified for women who have painful, heavy and/or irregular periods. For example, women with heavy bleeding spend more on period products and have a frequent need to access sanitary disposal bins. Another example might be women who have very painful periods lasting four to seven days and thus will get little relief from an additional day per month of leave in an enterprise agreement.

When one considers that 59% of Australian women aged 18 to 44 years have found it hard to do daily activities (defined by the authors as having a ‘substantial impact’) in the last five years because of bothersome periods it is clear the attention given to bothersome periods is low relative to their impact on women.

The 2023 National Women’s Health Survey permitted comparison between bothersome periods, bothersome symptoms attributed to menopause, and pelvic pain in each age range. Across the same cohort (Australian women of reproductive age) and in the same time period (the last five years), bothersome periods had a substantial impact on nearly three in five women, which was higher than the two in five impacted substantially by pelvic pain<sup>8</sup> and, unsurprisingly, much higher than the one in 20 impacted substantially by symptoms attributed to menopause.<sup>9</sup>

## Work and economic security

The 2023 National Women’s Health Survey did not ask *why* women missed days of study/work or exercise. Women’s experiences, related to Jean Hailes and others over the years, have suggested

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<sup>7</sup> Babbar et al. Menstrual health is a public health and human rights issue. *The Lancet Public Health* (2022) 7(1): e10-e11.

<sup>8</sup> Pelvic Pain in Australian Women. A report from the 2023 National Women’s Health Survey. Jean Hailes for Women’s Health (2023). Available from: [www.jeanhailes.org.au/research/womens-health-survey](http://www.jeanhailes.org.au/research/womens-health-survey)

<sup>9</sup> The impact of symptoms attributed to menopause by Australian women. A report from the 2023 National Women’s Health Survey. Jean Hailes for Women’s Health (2023). Available from: [www.jeanhailes.org.au/research/womens-health-survey](http://www.jeanhailes.org.au/research/womens-health-survey)

some of the potential reasons, such as: painful periods making it impossible to concentrate or function, fear that a 'leak' from a period that is heavy or starts unexpectedly will show up on clothing, being unable to take time from a job activity (e.g. serving customers or on a production line) to change period products, and not having access to sanitary bins.

To the best of our knowledge, there are three national studies on the impact of 'regular' (i.e., not 'bothersome') periods on work or study in the general female population. A large survey of Dutch women and girls (aged 15 to 45 years) found that 'menstrual-related symptoms' caused 11.2% and 19.6% of women to miss days of work or study, respectively, in the preceding six months.<sup>10</sup> The authors noted that presenteeism contributed more significantly to the loss of productivity than absenteeism. The second survey (focusing on the burden of menstrual symptoms), in Japanese women and girls (aged 15 to 49 years), found that 35.8% were absent from work, study or 'household chores' in the preceding three months, while 38.0% reported decreased work volume or time and 62.0% reported decreased efficiency (presenteeism) because of menstrual symptoms.<sup>11</sup> The third survey, the '2024 Bloody Big Survey', was published as a white paper by the Australian charity, Share the Dignity. Some 55% of respondents to this survey reported missing work due to their period, with half saying they missed work due to fear of leaking.<sup>12</sup> The authors estimated the missed days of work caused by periods costs the Australian economy \$9.6 billion per annum.

The direct financial impact of periods, with respect to out-of-pocket costs for analgesics and period products, on individual women is an area that warrants exploration with respect to women's financial health. Individual Australians have an estimated \$15 median monthly spend on period products.<sup>12</sup> In Japan, 'menstrual symptoms' are estimated to have had an annual economic burden – due to the purchase of over-the-counter drugs (analgesics, sleeping pills, etc.), outpatient visits and productivity losses – of approximately US\$8.6 billion in 2013.<sup>13</sup>

Australians with heavy and/or painful periods, however, are likely to experience a substantially higher impact when it comes to missing work or study and to out-of-pocket costs for analgesics, period products and healthcare. Work loss associated with heavy menstrual bleeding alone was estimated, in the USA in 2002, to cost each woman US\$1,692 annually.<sup>14</sup> It is likely that women with heavy and/or painful periods take more leave and miss more casual shifts and/or work and career opportunities, which will have a significant flow-on effect with respect to earning potential and superannuation.

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<sup>10</sup> Schoep et al. Productivity loss due to menstruation-related symptoms: a nationwide cross-sectional survey among 32 748 women., *BMJ Open* (2019) 9(6): e026186.

<sup>11</sup> Tanaka et al. Burden of menstrual symptoms in Japanese women: results from a survey-based study. (2013) *J Medical Economics* 16(11): 1255-66

<sup>12</sup> Connory J and WhyHive. (2024) 'Period Pride Report: Bloody Big Survey Findings: Australia's largest survey on attitudes and experiences of periods.'

<sup>13</sup> Schoep et al. Productivity loss due to menstruation-related symptoms: a nationwide cross-sectional survey among 32 748 women., *BMJ Open* (2019) 9(6): e026186.

<sup>14</sup> Cote I, Jacobs P and Cuming D. Work loss associated with increased menstrual loss in the United States. *Obstet Gynecol.* (2002) 100(4):683-7.

The lack of data on the gender equity and economic impact of bothersome periods – and other health issues that affect women only or women disproportionately – is a significant impediment to informed, equitable policy making in Australia.

## **Impact of bothersome periods on exercise, relationships and emotional health**

The impact of bothersome periods on exercise was asked specifically as a proxy indicator for women choosing to forego discretionary activities, with work and daily duties considered to be non-discretionary. Women of reproductive age who experienced bothersome periods were more likely to miss days of exercise and more likely to take an extended break from exercise. With exercise particularly important for managing mental health and reducing the risk of chronic diseases, encouragement to continue exercise should be included in GP advice and consumer information for those experiencing bothersome periods. Advice and information to continue exercise is particularly important for women with, or suspected of having, some conditions that cause painful periods, such as endometriosis.

A substantial minority of reproductive age women reported their relationships with partners, family and friends (where applicable) were impacted negatively by their bothersome periods.

Bothersome periods affected the mental and emotional health of more than half Australian women in the reproductive age range. It is not possible to differentiate to what extent this negative affect on mental and emotional health is due to pain, the stress of managing heavy or irregular periods, premenstrual syndrome, or premenstrual dysphoric disorder (severe irritability, depression or anxiety in the lead up to menstruation).

## **Propensity of women to see a doctor about bothersome periods**

A little over half of the reproductive age women who experienced bothersome periods in the last five years discussed their periods with a doctor. Most of those who did not see a doctor did not do so because they thought their symptoms were ‘not bad enough’. It’s impossible to tell whether this means the symptoms were manageable and not severe or whether women are conditioned to accept bothersome periods are normal. With three in five women in the reproductive age group reporting that bothersome periods had a substantial impact on their lives, it is unlikely to be the former.

It was also deeply concerning that one in three women didn’t see a doctor because they didn’t think anything could be done about their bothersome periods.

Taken together, these data suggest that women don’t know what is ‘normal’ in terms of period pain and bleeding, and don’t know that there are management or treatment options available for some, if not many, of the underlying causes of bothersome periods, e.g. the use of intrauterine devices to manage heavy periods.

Education is only one aspect of empowering women when it comes to improving menstrual health. Ensuring women have the confidence to raise the impact of bothersome periods on their physical, emotional, social, and material quality of life will be important for motivating health professionals to assess and investigate underlying causes of bothersome periods.

Equipping health professionals and consumers with a common lexicon will be useful for ensuring constructive conversations on a subject that is stigmatised in many cultures and dependent on a woman being able to convey adequately the impact of painful, heavy or irregular periods. A new clinical standard, 'Heavy Menstrual Bleeding Clinical Care Standard' (and associated consumer resources), was released by the Australian Commission on Safety and Quality in Health Care (ACSQHC) in June 2024. Ensuring this clinical standard is adopted widely and the relevant consumer information (developed by Jean Hailes to conform to the Standard) is promoted across the primary health workforce is a good starting point for ensuring women have the knowledge they need to make informed decisions and for facilitating shared decision-making between clinician and patient.

# Recommendations

Six recommendations are provided by the authors based on the data from the 2023 National Women's Health Survey. We note that, although these recommendations are based on findings from women aged 18 to 44 years, many (if not most) are likely to be applicable to all people, of any age, who menstruate.

**Recommendation 1:** Educational, exercise and work settings should ensure all employees have **at a minimum:**

- i) dark uniform 'bottoms', where applicable;
- ii) access to toilet facilities with sanitary disposal units, where access is both proximity to facilities and the ability to use them without restriction on the number or duration of visits, and;
- iii) access to period products, whether for purchase or for free (see Recommendation 2).

**Recommendation 2:** Heavy and painful periods have a significant financial cost, and people experiencing financial insecurity have reported choosing between food and sanitary products and/or analgesics for painful periods. Policy measures to increase the affordability of period products (at least) should be explored, particularly for women who have increased utilisation of disposable period products because they have a medical condition that causes heavy menstrual bleeding. Recent initiatives to distribute free period products in schools, libraries and public restrooms are a very welcome start.

**Recommendation 3:** Education about periods – what is normal and what is not – should be provided before menarche or as early as possible after menarche starts. The education should include where and how to seek help for those experiencing bothersome periods (see Recommendation 4). This education should be designed to empower girls and women to advocate for themselves when seeking healthcare and when seeking to have their needs at school and/or work met.

**Recommendation 4:** Health professionals should:

- be provided the skills, knowledge and confidence to assess and investigate a range of period problems and provide evidence-based treatment options for conditions (e.g. menorrhagia or endometriosis) that cause bothersome periods.
- provide evidence-based, consumer-informed health information resources that include investigation and treatment options available for conditions that might cause bothersome periods. The new clinical standard, 'Heavy Menstrual Bleeding Clinical Care Standard', by the Australian Commission on Safety and Quality in Health Care has associated consumer resources on clinical care and treatment options for people with heavy menstrual bleeding (menorrhagia) that should be offered to all those experiencing heavy menstrual bleeding.
- discuss the importance of continuing physical activity as a self-management approach and to support mental health and wellbeing and reduce the risk of chronic diseases.

**Recommendation 5:** More research is required to understand and address the knowledge, attitudes and information needs of priority populations, particularly multicultural and Aboriginal communities whose members might have different cultural attitudes to menstruation. For example, focus groups with specific communities could be used to understand attitudes and knowledge gaps, with co-design then being used to create information resources that are culturally appropriate for each community.

**Recommendation 6:** There has been a welcome increase in public discourse over the past 2-3 years about the barriers to workforce participation for midlife and older women. However, barriers to educational achievement and full workforce participation early in a woman's life profoundly impact her economic security across her whole life span. These data show a high proportion of 18- to 44-year-old women report that bothersome periods have a substantial impact on their study and work. A Productivity Commission review of the economic impact of health issues that affect women only and women disproportionately - over the whole lifespan - is required to develop evidence-informed, equitable workplace policy in Australia.

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