



Heriot-Watt University
Research Gateway

Recommendations for improving support for researchers managing menstrual health

Citation for published version:

Cocco, C, Sang, K, Morgan, C, Wedgwood, B & Ali, N 2024, *Recommendations for improving support for researchers managing menstrual health*. Heriot-Watt University. <https://doi.org/10.17861/ZPJJ-N584>

Digital Object Identifier (DOI):

[10.17861/ZPJJ-N584](https://doi.org/10.17861/ZPJJ-N584)

Link:

[Link to publication record in Heriot-Watt Research Portal](#)

Document Version:

Publisher's PDF, also known as Version of record

General rights

Copyright for the publications made accessible via Heriot-Watt Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

Heriot-Watt University has made every reasonable effort to ensure that the content in Heriot-Watt Research Portal complies with UK legislation. If you believe that the public display of this file breaches copyright please contact open.access@hw.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.



Recommendations for improving support for researchers managing menstrual health

June 2024

Chiara Cocco, Professor Kate Sang, Dr Cat Morgan, Beth Wedgwood, and Dr Nima Ali



About this report

Reference

This report should be referenced as:

Recommendations for improving support for researchers managing menstrual health, Cocco, C., Sang, K., Morgan, C., Wedgwood, B., & Ali, N., 10 Jun 2024. <https://doi.org/10.17861/ZPJJ-N584>

Authors:

- Chiara Cocco | Heriot-Watt University
- Professor Kate Sang | Heriot-Watt University
- Dr Cat Morgan | Heriot-Watt University
- Beth Wedgwood | Heriot-Watt University
- Dr Nima Ali | Heriot-Watt University

Table of Contents

About this report	2
Acronyms	4
1. Executive Summary	5
<i>Stage 1 – Evidence review</i>	5
<i>Stage 2 – Interviews</i>	6
<i>Stage 3 – Co-design workshops</i>	7
2. Acknowledgements	8
3. Introduction	9
4. Evidence Review	10
5. Data Collection	13
5.1 Interview Methodology.....	13
5.2 Co-design Workshops	14
5.3 Insights from Interviews and Co-design Workshops.....	15
6. Recommendations for Practice	17
6.1 Organisational level interventions.....	18
6.2 Team or department level interventions	20
6.3 Individual level interventions	22
5. Conclusion	25
References	26
Appendix A: Table of participants self-reported biographical data	28
About EDICa	29

Acronyms & Abbreviations

ECR – Early Career Researcher

EDICa – Equality, Diversity and Inclusion Caucus

HR – Human Resources

HRT – Hormone Replacement Therapy

GP – General Practitioner, a term for a family doctor

PGR – Postgraduate Researcher

PPE – Personal Protective Equipment

R&I – Research and Innovation

1. Executive Summary

The current study aims to identify recommendations for organisations and employers in the research and innovation ecosystem to support their employees who are managing periods, problematic menstruation and peri/menopause at work. The recommendations presented in the report are the result of evidence review, 55 in-depth interviews, and 5 co-design workshops with partner test-sites (e.g. learned societies, university departments, innovation companies).

Stage 1 – Evidence review

The current literature on menstrual health and peri/menopause at work shows that women (the predominate group studied) report a range of challenges managing menstruation at work. The challenges identified can make menstruation problematic even for those who do not experience heavy menstrual flow, pain, or cognitive and emotional difficulties.

These challenges include:

- Inaccessible washroom facilities (toilets, disposal bins, changing spaces, menstrual products).
- Poorly informed managers and colleagues.
- Shame particularly in reference to menstrual blood, its perceived odour and possible detection on clothes and chairs.
- Absence management policies which do not account for menstruation.
- Management of pain.
- Premenstrual dysphoria disorder whereby women experience debilitating mental health symptoms prior to their period including suicidal ideation.
- Stress of working in male dominated environments where menstruation is silenced has been associated with symptoms of distress, anxiety, and depression.
- Bowel and bladder continence which they are ashamed to talk about.

However, we have identified the following gaps and issues in the current research:

- Focus on menopause and endometriosis with menstruation and other wider gynaecological disorders largely absent from the research.
- Studies tend to lack an intersectional lens, to reveal how race, gender identity, disability and neurodiversity may inform workplace experiences of people who menstruate.
- The current research tends to neglect the variety of workplaces that people who menstruate work in, focusing mostly on desk-based jobs.
- The lived experiences of people who menstruate is often absent as much of the current research draws on quantitative survey-based approaches.
- The current literature does not explore or test interventions to improve the working lives, reduce absence and impact on mental health.
- There is a tendency in the literature to draw on a medicalised individualised approach to the study of menstruation at work which locates women themselves as the problem to be 'fixed'.

Stage 2 – Interviews

Considering the gaps identified, we conducted 55 interviews with people working in the research and innovation ecosystem who are (or have been) managing menstruation, sharing their lived experience and co-designing possible interventions.

Findings from the interviews have highlighted that:

- Researchers experience specific challenges managing menstrual health in research and innovation workplaces, such as laboratories, field work, archives, and remote research sites such as oil rigs, contexts where menstruation is a cultural taboo, and peripatetic work.
- The lack of accommodations in research and innovation workplaces have contributed to researchers with problematic menstruation and peri/menopause leaving research careers.
- Neurodivergent people and those with long-term conditions or disability face additional barriers in managing periods at work, while symptoms of peri/menopause are often heightened and exacerbated by neurodivergency and disability.

- Participants from racially diverse groups experience further marginalisation in relation to menstrual health at work due to cultural bias and racist assumptions.
- Trans women might experience symptoms related to the menstrual cycle caused by hormonal treatments.
- Participants indicated a lack of medical recognition and support that can make securing medical evidence for reasonable adjustments impossible.
- Researchers expressed their concerns about the efficacy of current initiatives and interventions in relation to menopause, describing them as 'tick-box exercises' and noting their lack of impact.
- Some researchers manifested distrust in the sector to implement change and be systemically inclusive and equitable.

Stage 3 – Co-design workshops

We have delivered co-design workshops with key stakeholders to propose interventions which employers could adopt to improve the workplace experiences of those managing menstruation.

The recommendations we suggest address three main areas:

- 1) Awareness and support – e.g. training, menstrual health champions, period policy;
- 2) Physical work environment – e.g. accessible toilets, temperature control, uniforms;
- 3) Work arrangements – e.g. flexible working, absence tracking to account for periods, equitable division of workload.

Interventions can be implemented at organisational, team or individual level.

2. Acknowledgements

The research is part of the [Equality, Diversity and Inclusion Caucus \(EDICa\)](#), a research group led by Professor Sang to improve equality, diversity and inclusion in the research and innovation sector. EDICa is funded by [UK Research and Innovation](#) (UKRI) – the UK's national funding agency for investing in science and research – with support from the [British Academy](#), which supports humanities and social sciences research in the UK. Thanks go to the research participants themselves who gave of their time so freely during interviews and co-design workshops. Without your willingness to share your experiences so openly, we would not have been able to carry out the research. We also thank all the organisations who have hosted co-design workshops and allowed us the opportunity to work with their team members. Thanks also go to Isobelle Rushton who undertook an initial review of the evidence. Finally, but not least, thank you to the EDICa team, especially Dr Katrien Dierckx, Rustam Rakhmanov and Fenella Watson who have enabled us to carry out this research through their excellent support.

3. Introduction

There has been increasing interest from employers, policy makers and the general public in women's reproductive health, including the management of menstruation. This study explores the challenges and barriers faced by researchers and those who work in the research and innovation ecosystem in relation to menstrual health – to identify recommendations for employers. The current study addresses the gaps identified in the literature, as well as adding to the understanding of how a variety of workplaces inform the experiences of women, and trans/non-binary people. In our study, we have been committed to ensure the participation of often marginalised groups, including the experiences of disabled, neurodivergent, and racially diverse people working in the sector. The recommendations presented here are based on an evidence review, interviews with 55 researchers working across research and innovation in the UK and 8 co-design workshops with employers, learned societies, stakeholders and funding bodies.

4. Evidence Review

The current study began with a review of the current evidence on menstrual health and employment. We refer to menstrual health to include periods, problematic menstruation, menopause and perimenopause. We also follow the definition of menstrual health as ‘a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle’ (Hennegan et al., 2021, p. 32). We noted that the interest in the topic has been increasing in recent years, however it remains an under researched area with periods and problematic menstruation still being poorly understood, especially in the context of the workplace. The review analysed both academic journals and grey literature – including policies and guidelines from different organisations.

The extant literature in relation to the management of menstrual health and peri/menopause at work highlights that those who experience periods, problematic menstruation, and peri/menopause, face several challenges in the workplace. Issues reported include poor access to toilets and washing facilities, management of pain and mental health symptoms, and concealment of menstrual blood, which is associated with feelings of shame and dirt (Riach and Jack, 2021; Sang et al., 2021; Remnant et al., 2022).

We found that most of the studies explore menopause and perimenopause, rather than menstruation and problematic menstruation. The lack of research on periods has contributed to the development of workplace policies, guidelines, and provisions for employees experiencing peri/menopause and related symptoms, while workplace support in relation to the management of menstruation and problematic gynaecological conditions keeps lagging behind. However, we note an important contribution to address menstrual health, including periods, at work in the British Standard on “Menstruation, menstrual health and menopause in the workplace” (BS 30416, 2023), although it remains unclear how organisations will implement and assess it.

One policy employers could adopt to support those who menstruate is ‘menstrual leave’ or ‘period leave’. However, it has been argued that

these policies, being inherently gendered, could further increase gender discrimination while discouraging employers to hire women (Hashimy, 2022), as well as framing women as incapable of working compared to men (Aggarwal, 2017). Further, it has been pointed out that the 'menstrual leave', although promoted to support employees, encourages the removal of the person who menstruates from the workplace, rather than addressing the systemic barriers in the workplace and offering appropriate accommodations (King, 2021). Further, for some employees who menstruate, accommodations other than leave may be appropriate. In the same vein, most of the studies on menstrual health at work take a medicalised approach, which focuses on symptom management and its impact on productivity, thus problematising those who menstruate and/or experience peri/menopause.

One of the gaps in the extant research is that of intersectionality – for example how race, gender identity, neurodiversity and disability may intersect, informing workplace experiences of managing menstrual health. This results in the further silencing of groups that already face marginalisation in the work context. For example, the current language around menstrual health mostly addresses women, neglecting the experiences of trans and nonbinary people who menstruate and go through peri/menopause (Chrisler et al., 2016; Frank and Dellaria, 2020; Rydström, 2020). Experiences of disabled and neurodivergent people managing menstrual health at work are largely absent from current studies, making present discussions biased and recommendations partial to ableist systems.

The extant research is limited in terms of workplace settings and job roles, overlooking the specific challenges, barriers and opportunities encountered by people managing menstruation and peri/menopause in different environments, such as highly skilled workers. The current study, by focusing on the research and innovation sector, encompasses a wide range of work settings (e.g. labs, fieldwork, archives), job roles (e.g. lecturers, admin staff, technicians) and career stages (e.g. early career researchers (ECRs), managers, professors).

Although the extant literature in relation to menstrual health and peri/menopause at work identifies some challenges and discusses a few solutions to support employees (Hardy, 2020; Jack et al., 2021; Sang et al., 2021), most studies highlight the problems employees face in work settings without proposing solutions to improve the working life of those who menstruate and go through the menopause.

Considering the gaps in the literature, our study aims to address these gaps by targeting the research and innovation ecosystem, including the experiences of people who face additional marginalisation at work because of gender, race, disability, neurodivergence and sexuality.

Recommendations for improving support for researchers managing menstrual health

Further, through qualitative methods and co-design approach the study encourages the active participation of people with lived experiences in affecting change in their workplaces. Hence, the current study contributes to a deeper understanding of the management of menstrual health at work, to create effective and impactful interventions fostering accessible, equitable and inclusive research careers.

5. Data Collection

5.1 Interview Methodology

After conducting the evidence review, a semi-structured interview schedule was designed to collect data. The questions addressed the lived experience of the researchers and employees managing periods, problematic menstruation and peri/menopause in research and innovation workplaces, as well as prompting them to suggest possible interventions. Participants gave full consent prior to the interview and filled in an optional form including their demographics, job role, and employer. All interviews took place online, while being recorded. The interviews were transcribed verbatim and anonymised, prior to being analysed by the research team. The first phase of thematic analysis focused on identifying interventions, which would feed into the co-design workshops. The report uses selected quotes from researchers to illustrate the challenges they face and the potential changes to their working lives that could remove those barriers

We disseminated a call for participants through various research networks and across multiple social media (e.g. X – formerly Twitter – LinkedIn, Instagram), and mailing lists. In our call for participation, we emphasised the intersectional nature of our research and urged people from marginalised and underrepresented groups to come forward. The dissemination materials encouraged trans and non-binary people to participate. Further, in the recruitment and booking process, we implemented both accessibility options (e.g., British Sign Language interpretation) while also offering the interviewees the chance to choose from among four interviewers, providing demographic and biographic information about each interviewer, including photos. We openly stated our cultural, sexual, religious, and neurodivergence background and caring responsibilities to encourage interviewees to select the researcher with whom they would interact most comfortably.

The study received wide interest, resulting in 55 interviews with a diverse range of people working in different settings (e.g. remote fieldwork, labs, desk-based, archives). We received responses from age-diverse groups, disabled people, neurodivergent individuals, and racially and culturally diverse researchers. In terms of gender and sexuality, a broad spectrum of sexuality was represented (e.g. pansexual, bisexual, asexual), with mostly people who identified as women and female at birth, and one trans woman. We believe that our diverse engagement was due to this open strategy and our positionality statement.

5.2 Co-design Workshops

The research team undertook 5 co-design online workshops with test-sites, and have been liaising with several partners planning further workshops and collaboration. Our partner organisations include a research council, a learned society, an innovation company, and several schools and departments across universities. As a first step EDICa set up preliminary conversations with the key actors within each organisation. EDICa highlighted the importance of having a diverse range of people in the workshops, namely stakeholders, decision-makers as well as those with lived experience. This ensured an efficient negotiation among different perspectives which ultimately produced realistic and effective interventions. In light of this, the organisations were responsible for selecting the people to invite to the workshop. As an accessibility feature, we shared a poster in advance, explaining the study and outlining the workshop agenda – we ensured that participants felt comfortable in attending by clearly mentioning in the poster that sharing their personal experience was not a requirement for the workshop. The poster also included a link for attendees to provide their consent. In some instances, the organisations requested for more people to be involved who could not attend the live event. For this purpose, we designed an interactive asynchronous means of participation using an online interactive platform (Miro Board). This also allowed people who take more time to reflect and contribute up to two weeks after the workshop.

Our team of researchers moderated the workshop, facilitated the discussions and provided guidance with the evidence-based data from the interviews. The workshop featured a brief introduction of the study from EDICa researchers, followed by two brainstorming activities and open discussions addressing interventions. The first brainstorming activity was aimed at discussing potential interventions, the second centred how the interventions could be effectively implemented considering budget, time, and resources available. EDICa ensured that the outcome of the workshop was for the organisation to agree realistic and appropriate interventions to implement in a short time.

The co-design approach enables a combination of EDICa's evidence-based expertise with the specific structures of each individual organisation. By gauging the nature of the work undertaken at the organisation, the size and autonomy of decision-making (department vs whole organisation), and facilitating the negotiation between stakeholders and decision-makers, EDICa has enabled those who face marginalisation to lead discussions on menstrual health at work.

5.3 Insights from Interviews and Co-design Workshops

Findings show that people working in the research and innovation ecosystem experience specific, job-related challenges while managing menstrual health in research and innovation workplaces. Interviews have highlighted that even 'normal' periods can be difficult to manage in certain work environments such as laboratories, field work, archives, and remote research sites. For example, a PGR we interviewed could not access her fieldwork site while menstruating because menstruation is considered a cultural taboo in that specific setting, which was not mentioned by her supervisor in preparation for her fieldwork trip. An engineer working on oil rigs did not have access to running water in the toilet as male toilets were prioritised when there was water scarcity. The requirement to wear white uniforms in labs makes it stressful for researchers who experience heavy bleeding – who fear their menstrual blood may leak through their clothes and be visible for others to see. These examples suggest research and innovation settings are still organised through the experiences of those who do not menstruate.

“sometimes I will bleed very randomly, and it will go through my scrubs, you know. If I'm wearing light blue scrubs, that's it – I – game over, you know. Everyone can see what's going on. And it's embarrassing, it makes you paranoid as well... then distracts you from your actual work... you're so worried and you're so paranoid about whether you've got blood leaking through your trousers...you're more prone to missing stuff that's going on in the room”

Our data show that research and innovation workplaces are not designed to include those who menstruate, whether this be in terms of facilities, policies or attitudes. As a result, researchers who menstruate experience marginalisation and exclusion to the extent some have felt they needed to leave research careers. This is also evident for researchers living with problematic menstruation and peri/menopause, who are often left with no other choice than to leave their preferred career.

“there was talk of me joining the lab as a research assistant, and then when it came to the time that – that my Masters project was finishing and I would have started as like the research assistant, they told me they did not plan on hiring me if I was going to be in that much pain”

Neurodivergent researchers reported facing additional barriers in managing periods at work, with symptoms of peri/menopause often heightened. Further, some neurodivergent respondents reported that therapies used to alleviate menopause symptoms (e.g., hormone replacement therapies – HRT) can clash with other medications that treat depression, anxiety and mental health conditions. On this note, most participants indicated a lack of support from clinicians and GPs in relation to menstrual health and peri/menopause, resulting in delayed diagnoses making it challenging to obtain appropriate accommodations in the workplace.

“I had to push really, really hard for that [premenstrual dysphoric disorder diagnosis], and it was actually only when I had reached crisis and had a suicide attempt, that I got the formal diagnosis off the back of that.... But up until the formal diagnosis point...I was going to the GP regularly and really trying to assert myself and self-advocate. But one of my supervisors didn't believe what was happening...they had said that it was just me and that I wasn't up to doing the PhD and that I should leave academia”

The current study includes the experiences of researchers from racially diverse groups, who report that they face additional discrimination and marginalisation in relation to menstrual health at work due to cultural bias and racist assumptions. For example, a researcher we interviewed shared that while on fieldwork Black researchers were held to different standards and expected by their supervisors to conform to specific cultural customs about menstrual health, even if they were not from the same country. One example cited was an ecologist working in a tropical Western African nation, who recounted how the men in the community asked her male colleagues if she was menstruating. Other participants have highlighted how menstruation and menstrual health is not discussed openly in their culture as it is a private and intimate matter, making it challenging for them to feel comfortable enough to disclose to managers, HR staff or even colleagues. Hence, inclusive accommodations should consider cultural diversity and not imply disclosure as default practice.

“I don't feel comfortable mentioning this thing [menstruation]... I am from India and it's because of my culture...this, it's a very private thing, which we don't share with anyone. So, it's a part of my culture... my main problem is, I don't want people to judge me because of [menstruating]”

6. Recommendations for Practice

Before drawing out specific interventions, it is important to note that there was considerable cynicism among respondents about the efficacy of interventions to improve the working conditions of those managing menstruation at work. Specifically, there were concerns raised that initiatives such as menopause training are implemented without subsequent evaluation and most participants considered these initiatives as 'tick box activities' rather than genuine inclusive interventions. There was a strong desire among participants that EDICa ensures interventions are monitored with appropriate success measures identified, such as reduced absence or increased reporting of symptoms. Further, in the interviews researchers shared an overall distrust in the sector – especially academia. Some researchers identified the systemic organisation of work and workload allocation to be the major barrier to inclusive and equitable careers.

The recommendations we suggest to organisations and employers within the research and innovation ecosystem can be divided in three areas:

- 1) *Changing attitudes*: reducing prejudice and shame through improved awareness and support – e.g. training, menstrual health champions, period policy.
- 2) *Changes to the physical work environment* – e.g. accessible toilets, temperature control, uniforms.
- 3) *Improved work arrangements* – e.g. flexible working, absence tracking to account for periods, equitable division of workload.

Interventions can be implemented at organisational, team or individual level. The following sections identify potential interventions at each level, noting the importance of co-design that avoids top-down design, and the implementation of changes to the workplace.

6.1 Organisational level interventions

The data reveal the importance of accountability for improving the working lives of those who menstruate and experience (peri)menopause. Although there was a sense that all organisational actors should hold some degree of accountability, it was identified that staff at senior level (i.e. line managers), the employer (i.e. university), and funders should be responsible for implementing and effectively enacting interventions. The diversity of work environments and organisational structure in the research and innovation spaces poses a challenge, as without specific lines of accountability, it becomes difficult to hold those with responsibility accountable. Such concern was expressed by some respondents who felt that senior leadership within organisations are responsible for maintaining an inclusive culture, while others believed HR systems should reflect the needs of a diverse workforce.

There were specific recommendations made for employers to help create more inclusive workplaces for those managing menstruation:

- *Educate and empower line managers* to improve their understanding of reproductive health and how to make appropriate decisions that support direct reports who are experiencing challenges in managing their symptoms at work.

"if you're looking at ways to make the workplace accessible, training managers... there's nothing better than that"

- *Embed the social model of disability* to ensure the emphasis is on the removal of barriers rather than the need for individuals experiencing symptoms to change. Doing so will help to reduce absences, by making the workplace accommodating and comfortable for all people to work in.
- *Organisational policies must be intersectional*, to embed the differing needs of those managing menstruation across the life course, including those who are managing multiple conditions.
- *Collation of accurate data*, for example, during key pinch points such as promotion to identify gendered patterns in employment outcomes. It was mentioned that menstrual health should be brought up during performance appraisal.
- *Organisation wide menstrual health education programme and embed into institution wide equalities and health and safety initiatives*. These programmes should aim to normalise menstruation and destigmatise reproductive health, thus achieving cultural change within the organisation. There were suggestions of a

'menstruation toolkit' which brings together relevant policies, information, sources of support that should be available to all and appropriately communicated. Assessment of these practices is crucial to evaluate success. Risk assessments should consider reproductive health across the life course and in different organisation settings, such as on fieldwork or in laboratories.

- *The development and evaluation of menstrual health policies.* A number of respondents felt that greater flexibility in their working day would help to facilitate their inclusion at work. Examples of flexibility include menstrual leave, remote working, and flexible working hours. Such flexibility would enable workers to manage their workloads around symptoms.
- *Ensure that organisations are fully staffed.* Respondents felt there were often insufficient staff to complete all necessary tasks resulting in overload and inability to take leave as needed. There were suggestions of a 'buddy system' at work which would encourage a fair division of labour. These issues were particularly relevant for short-term projects, making funding bodies responsible for appropriately budgeting for an equitable division of labour.
- *Clearly defined processes on how to access support and what support is available (or for line managers, how to refer someone for support).*

"we've got a period policy at work... it basically says you can take time off if you need. And that's not – like, thank you, I appreciate that, but that's not what we – we can function fine. We do this all the time; this is what we do. But, you know, why can't we just make it as easy as possible for people to do that. So, if I know what I need, just help me do that, don't send me home"

6.2 Team or department level interventions

- *Talk about periods*: regular conversations within teams about menstruation and peri/menopause which take into account cultural differences and personal circumstances. An intersectional approach is highly recommended to truly reflect the diversity of experiences. Occupational health teams must have a good understanding of reproductive health across the life course and how it may affect people at work. Further occupational health teams should disseminate information widely across the institution, especially to senior leadership.
- *Collation of data*: ensure that online absence reporting processes include reproductive health (e.g. period pain) as a reason for absence. The absence tracking system should be adapted to accommodate menstrual health absence patterns (e.g. rejection of the Bradford factor, a calculation used in human resource management based on the theory that a high number of short absences is more disruptive than a few long absences).

“what comes to mind is HR... if someone is leaving early or perhaps even taking time off due to problematic menstruation, menopause... if that starts being logged as sick leave, then, once you get to a certain number of days of sick leave, you might be going down a disciplinary process... and so, [you] are more likely to battle through, or maybe call in sick in a different way, rather than being really honest about it”

- *Provision of equipment and facilities:* facilities management teams can ensure that a wide range of menstrual products are available at all times in all toilet spaces. All employees should be made aware of where menstrual products can be accessed. The same applies to people going to fieldwork and working in remote environments, who should be provided with a 'menstrual pack/toolkit'. In laboratories, personal protective equipment (PPE) should be audited to ensure that fabrics, sizes, structures and colour are compliant with health and safety requirements while meeting researchers' needs. For example, white uniforms should be swapped with darker colours, if white is not a health and safety requirement.

"the [laboratory] used to have like a dispensing machining... but I don't think we have any others [dispensers] on site... My solution is to have things in my drawer... So, [providing free menstrual products] would be a very basic improvement"

6.3 Individual level interventions

- *Managers' responsibility:* managers should ensure they have a good understanding of how reproductive health may affect people at work, and foster cultures where such matters can be freely discussed.
- *Colleagues' responsibility:* if the environment is supportive, openly discuss the symptoms they are experiencing in an effort to normalise menstruation. When conversation is normalised and the environment is supportive, the employee is more likely to effectively carry out their work rather than taking sick leave.

“just having discussions with the whole of the [work] community rather than just like people who are experiencing [menstrual health and menopause] ... the more that people are kind of comfortable and aware ... it's much easier to then bring up those issues”

- *Workload management:* agency over tasks and work schedule allows the individual struggling with symptoms to organise their workload to accommodate their condition with work commitments.
- *Specialised intermediary figure:* individuals who are not comfortable with openly sharing personal experiences and symptoms with the team or line managers (e.g. for cultural or religious reasons) should be supported by a mediator. There were suggestions of establishing 'menstrual health champions' who hold expertise and lived experience of menstrual health and peri/menopause and would serve as a point of support and contact within the organisation, as well as mediate between employee and employer in relation to menstrual health.

“if you don't feel that you can go to your manager... we have wellbeing representatives and we have mental health first aiders, as well as ordinary first aiders, so there are plenty of people you can go to, who can, if you like, be the intermediary between you and your manager”

Level of intervention	Potential interventions
Organisational	Policy, training, accountability frameworks, education, resourcing e.g. sufficient staffing level, access to occupational health, empowering managers, and a 'Menstruation toolkit'.
Team or department	Communications, understanding, provision of products and PPE, adequate HR and occupational health provision, processes, and fair division of labour.
Individual	Open communication and normalisation of reproductive health, reporting of symptoms, managerial understanding, and a 'Menstrual health champion'.

In addition to interventions aimed at improving understanding, reporting and support of (and for) reproductive health for those working in research and innovation, there were recommendations for changes to the physical working environment. These are indicated below:

Workspace	Changes
All	<p>Adequate toilet provision, including disposal bins for menstrual products.</p> <p>Individual toilet rooms with sinks for changing and cleaning menstrual products, and handwashing rather than a communal space.</p> <p>First aid boxes to include menstrual products, and pain relief, including hot water bottles, tens machines and teas specifically for period pain (noting that providing medicines is potentially impossible).</p> <p>Quiet spaces for rest (also where light and room temperature may be controlled).</p> <p>All staff to have an allocated private space e.g. locker for change of clothes.</p> <p>Ensuring shower facilities are available and operational in all work environments along with changing facilities that allow privacy.</p>
Laboratory	<p>Separate changing rooms rather than a communal space.</p> <p>Ensure capacity for seating (so researchers and technicians can work sitting down).</p> <p>Provision of adequate water and fans to cool down.</p> <p>Review of uniforms and PPE, with options for alternatives.</p>
Fieldwork	<p>Embed reproductive health into risk assessments and field work provisions, including what to expect in different cultural settings and what products to bring.</p> <p>Provide menstrual health training to supervisors and PIs so that they can offer support to their students and researchers embarking on fieldwork.</p>
Non-traditional research workplaces e.g. oil rigs	<p>Ensure adequate signage of available toilets and menstrual products and include information about where these are located during induction.</p> <p>Period products available in a central location, such as the first aid box, so these can be accessed without discussion and medical approval.</p> <p>Spare set of bedding available and appropriately sized washing bag that can be stored in a locker.</p>

5. Conclusion

The current study addresses the management of menstruation, problematic menstruation and peri/menopause in research and innovation careers. This report provides practical recommendations for organisations and employers within the research and innovation ecosystem to improve the support for researchers managing menstrual health at work.

The evidence review has shown some of the challenges faced by women and people managing periods and peri/menopause at work, including access to toilets and changing facilities, management of pain, physical and psychological symptoms during the whole menstrual cycle, and difficulties in openly discussing these topics that are still stigmatised, especially in the workplace. We also identified gaps in current research, which overlooks intersectional experiences, prioritises menopause over periods, is limited to desk-based jobs, and problematises the individual who menstruates rather than proposing solutions to make the workplace accessible and comfortable for people managing different conditions.

Considering these gaps, our study examined different experiences and suggests practical interventions to be implemented and assessed in research and innovation workplaces. The current study employed a co-design and participatory approach to incorporate the lived experiences and perspectives of marginalised and underrepresented groups and actively include them in the decision-making and implementation. To do so, the team conducted 55 in-depth interviews with people working in the sector, and facilitated co-design workshops to implement, assess and evaluate menstrual health and peri/menopause friendly interventions.

This approach aims to foster meaningful transformation towards more inclusive, diverse, and equitable workplaces. The recommendations presented here are the result of this approach, which we believe enable organisations and employers in a wide range of workplaces to improve the working lives of their employees, encouraging talent retention and developing accessible and flourishing research careers.

References

Published outputs

- Aggarwal, V. (2017) 'Leave to Bleed: A Jurisprudential Study of the Policy of Menstrual Leaves', *Journal of Indian Law and Society*, 8, p. 1.
- Chrisler, J.C. *et al.* (2016) 'Queer periods: attitudes toward and experiences with menstruation in the masculine of centre and transgender community', *Culture, Health & Sexuality*, 18(11), pp. 1238–1250. Available at: <https://doi.org/10.1080/13691058.2016.1182645>.
- Frank, S.E. and Dellaria, J. (2020) 'Navigating the Binary: A Visual Narrative of Trans and Genderqueer Menstruation', in C. Bobel *et al.* (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Springer, pp. 69–76. Available at: https://doi.org/10.1007/978-981-15-0614-7_7.
- Hardy, C. (2020) 'Menopause and the workplace guidance: What to consider', *Post Reproductive Health*, 26(1), pp. 43–45. Available at: <https://doi.org/10.1177/2053369119873257>.
- Hashimy, S.Q. (2022) 'Menstrual Leave Dissent and Stigma Labelling: A Comparative Legal Discourse', *International Journal of Law Management & Humanities*, 5 Issue 6, p. 1270.
- Hennegan, J. *et al.* (2021) 'Menstrual health: a definition for policy, practice, and research', *Sexual and Reproductive Health Matters*, 29(1), pp. 31–38. Available at: <https://doi.org/10.1080/26410397.2021.1911618>.
- Jack, G. *et al.* (2021) 'Menopause in the workplace: Building evidence, changing workplaces, supporting women', *Maturitas*, 151, pp. 63–64. Available at: <https://doi.org/10.1016/j.maturitas.2021.07.001>.
- Johnston-Robledo, I. and Chrisler, J.C. (2020) 'The Menstrual Mark: Menstruation as Social Stigma', in C. Bobel *et al.* (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave Macmillan. Available at: <http://www.ncbi.nlm.nih.gov/books/NBK565611/> (Accessed: 9 January 2024).
- King, S. (2021) 'Menstrual Leave: Good Intention, Poor Solution', in J. Hassard and L.D. Torres (eds) *Aligning Perspectives in Gender Mainstreaming: Gender, Health, Safety, and Wellbeing*. Cham: Springer International Publishing (Aligning Perspectives on Health, Safety and Well-Being), pp. 151–176. Available at: https://doi.org/10.1007/978-3-030-53269-7_9.
- Levitt, R.B. and Barnack-Tavlaris, J.L. (2020) 'Addressing Menstruation in the Workplace: The Menstrual Leave Debate', in C. Bobel *et al.* (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Palgrave

Macmillan. Available at: <http://www.ncbi.nlm.nih.gov/books/NBK565643/> (Accessed: 9 January 2024).

Remnant, J. *et al.* (2022) 'Working it out: Will the improved management of leaky bodies in the workplace create a dialogue between medical sociology and disability studies?', *Sociology of Health & Illness*, n/a(n/a). Available at: <https://doi.org/10.1111/1467-9566.13519>.

Riach, K. and Jack, G. (2021) 'Women's Health in/and Work: Menopause as an Intersectional Experience', *International Journal of Environmental Research and Public Health*, 18(20), p. 10793. Available at: <https://doi.org/10.3390/ijerph182010793>.

Rydström, K. (2020) 'Degendering Menstruation: Making Trans Menstruators Matter', in C. Bobel *et al.* (eds) *The Palgrave Handbook of Critical Menstruation Studies*. Singapore: Springer, pp. 945–959. Available at: https://doi.org/10.1007/978-981-15-0614-7_68.

Sang, K. *et al.* (2021) 'Blood Work: Managing Menstruation, Menopause and Gynaecological Health Conditions in the Workplace', *International Journal of Environmental Research and Public Health*, 18(4), p. 1951. Available at: <https://doi.org/10.3390/ijerph18041951>.

Appendix A: Table of participants self-reported biographical data

Which sector do you work in?	Pronouns	Age	Gender identity	Sexual orientation	Long term condition / disability	Neurodivergent	Ethnicity
Academia / HE		40	Female			no	White British
Academia / HE	she/her	30-34	Female	Straight	n/a	n/a	Black Indian
Academia / HE	She/her	54	Female	Heterosexual	No	No	White
Academia / HE	She/her	27	Female	Bisexual	No	No	White British
Academia / HE		35	Female	Heterosexual	Yes	No	White British
Academia / HE	she/her	31	Woman	Het	No	Yes	indian
Academia / HE		29	female	straight	No	Yes	
Academia / HE	she/her	33	female	asexual	No	Prefer not to say	arab
Academia / HE	She/her/they						
Academia / HE	She/her	37	Female	Heterosexual	Yes	No	White British
Other (please specify): Academia and Third Sector	She/her	40	Female	Heterosexual	No	No	White British
Academia / HE	She/her	31	Female	Bisexual	No	No	White british
Academia / HE		37	Female	Straight	No	No	White European
Academia / HE	She/Her	34	My gender identity is fluid feminine, as my own definition and sometimes not what society defined	My sexual orientation is fluid, I love persons	Yes	No	I am indian latinoamerican
Academia / HE							
Public Sector / Government	She/her	27	Female	Heterosexual	No	No	White British
Third Sector / Not for profit	she/her	25		straight	Yes	No	white
Academia / HE	She/her	30		Asexual	Yes	Yes	
Academia / HE	She/her	34	Female	Heterosexual	Yes	Yes	White Caucasian
Academia / HE	She/Her	23	Women; same gender as assigned at birth	Bisexual	Yes	Yes	White British
Academia / HE	she/her/they	29	o's woman	queer	Yes	Yes	White Scottish (Jewish Heritage)
Academia / HE	She/her	44	Ciswoman	Pansexual	Yes	Yes	Scottish
Academia / HE	She/her	53	Female o's-gendered	Heterosexual	Yes	No	White British
Public Sector / Government		49	Female	Heterosexual	No	No	white British
Academia / HE	She/Her	49	Female	Heterosexual	Yes	Yes	White
Academia / HE		26	Female	Heterosexual	Yes	Yes	White
Academia / HE	she/her	55	Female	Bi	Yes		Mixed British & Jewish
Academia / HE		52	Woman	Straight	Yes	No	White
Academia / HE		52	Female	Heterosexual	No	No	White European
Academia / HE	she/they	45	demi-female	straight	Yes	Yes	
Public Sector / Government	She/Her	29	Female	Heterosexual	Yes	No	White British
Public Sector / Government	She/her	46	Female	Heterosexual	No	No	Latin American
Academia / HE	she/her						
Public Sector / Government	She/Her	45	Female	Heterosexual	Yes	No	White, British
Academia / HE		50	Female	Heterosexual	No	No	White European
Academia / HE	she / her	40	Female and socialised in that way	Heterosexual	No	No	White British
Public Sector / Government	She/Her	24	Cisgendered Female	Straight	Yes	No	White British and European
Academia / HE	She/Her	27	Female	Heterosexual	No	No	Bangladesh
Academia / HE	She/her	29	Woman	Heterosexual	Yes	Prefer not to say	African
Academia / HE	She/Her	43	Female	Pansexual	Yes	No	White
Private sector / Industry	She/her	47	Cis gender	Heterosexual	No	No	White Northern Irish
Academia / HE	She/They	33		Queer	Yes	Yes	Black African
Other (please specify): NGDP	She/Her	43	Female	heterosexual	No	Yes	White British
Public Sector / Government	she/her	47	Female	heterosexual	Yes	No	White, british
Public Sector / Government		30	Female	Heterosexual	Yes	No	White, British.
Private sector / Industry	she/her	30	female	straight	No	Yes	White British
Public Sector / Government	She	45	Female from birth	Heterosexual	No	No	White mixed
Public Sector / Government		43	female	heterosexual	No	Prefer not to say	white British
Public Sector / Government		51	Female	Heterosexual	No	No	White
Public Sector / Government		58	female	heterosexual	Yes	Yes	english
Academia / HE	She/Her	53	Female	Heterosexual	Yes	No	British White
Academia / HE	she/her	39	female	Heterosexual	No	Prefer not to say	White Irish
Academia / HE	she/her	39	female	heterosexual	Yes	Yes	white
Academia / HE	She/her if/ise	51	Female	Heterosexual	No	No	Scottish
Public Sector / Government	She/Her	42	Female, never in question	Bisexual but in a heterosexual monogamous marriage	No	No	White non British
Academia / HE	she/her	32	Cisgender	Bisexual	No	No	White British
Academia / HE		51	Female	Heterosexual	Yes	No	White
Public Sector / Government		57	Female	Prefer not to say	No		White British

About EDICa

The EDI Caucus is a multidisciplinary, £4 million project funded by UKRI and the British Academy over three years to create inclusive careers across the UK's research and innovation ecosystem. To achieve global excellence in research and innovation, the research workforce must bring a diversity of experiences, expertise and ideas which necessitates the creation of inclusive research cultures to remove barriers for marginalised researchers in order to meet UKRI's UK-wide talent programme and research concordats on responsible research practices. EDICa will act as a focal point, identifying, evaluating and synthesising EDI initiatives across the research and innovation systems ensuring research addresses the needs of a diverse range of stakeholders.

EDICa is funded by UK Research and Innovation and the British Academy. Grant agreement number ES/X008444/1



UK Research
and Innovation



www.edicaucus.ac.uk



<https://linktr.ee/edi.caucus>