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Access to period products during the first nation-wide lockdown in Australia: results from an online survey

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In early 2020, Australia experienced a nation-wide lockdown to help stop the spread of COVID-19. While many aspects of normal life were put on hold, others, like menstruation, did not stop. We examined the impact of the lockdown on the ability of people to access their usual period products. We conducted an online survey open for 2.5 weeks during the lockdown. Here we report on responses from participants who identified as female, were of reproductive age, and who answered questions regarding their ability to access their usual products. We fitted univariable and multivariable logistic regression models to explore factors associated with difficulty accessing period products and utilised a conventional content analysis for the free-text qualitative data. Of the 410 participants, nearly one third reported difficulties accessing their usual period products during lockdown. Women under 25 years were more likely to experience difficulty accessing products. Free-text comments revealed the ways in which women handled this, often purchasing whatever was available regardless of whether it was a product that met their needs or not. Periods do not stop in a pandemic and it is vital that people are able to access the products they require to manage their periods hygienically and comfortably.

Keywords: infectious disease, menstruation, reproductive health

Introduction

Periods do not stop in a pandemic. Access to pads, tampons and other products to manage periods safely, hygienically and comfortably are vital to the health and wellbeing of people who menstruate (Babbar *et al.* 2022; Julie Hennegan *et al.* 2021). An inability to access these products (as well as the other resources required to manage periods, like clean water, for example) directly impacts the ability of menstruating people to participate fully in society, and thus has clear impacts on gender equity (Julie M. Hennegan 2017). More recently, period poverty – that is, the inability to afford period products – has been shown to negatively impact mental well-being (Cardoso *et al.* 2021). In Australia, period products (also called menstrual, sanitary or feminine hygiene products) are widely available at supermarkets, pharmacies and online. Products range from single-use pads and tampons in a range of brands and sizes, to reusable menstrual cups, cloth pads and period underwear. Although

varying in price, Australian consumers can purchase a 14 pack of single-use pads or 16 pack of tampons for less than \$5(AUD).

In response to rising COVID-19 case numbers, the Australian Government implemented a nation-wide lockdown on the 22nd March 2020 (Prime Minister of Australia 2020b). Extending until the 8th May 2020 (Prime Minister of Australia 2020a), people were only allowed to leave their homes for one of four reasons: to seek or provide care, to exercise, to shop for essential items, and to attend work or education where these could not take place in the home. During this time, Australian supermarkets were subject to ‘panic buying’, with long lines of shoppers purchasing large quantities of items, including toilet paper, dried pasta and hand sanitiser (Australian Broadcasting Company (ABC) News 2020). Despite assurances of supply lines and the implementation of restrictions on several items to combat panic buying, supermarket shelves were often devoid of certain items. While period products were not on the list of restricted items, they were nevertheless in short supply (Truu 2020).

In the first year of the pandemic, we conducted an online survey to investigate the impact of COVID-19 on the sexual and reproductive health of people living in Australia. Given the unprecedented shortage of various products in supermarkets as noted above, and the importance of access to period products for menstrual health (Julie Hennegan *et al.* 2021), in this paper, we focus specifically on what impact the first nation-wide lockdown may have had on access to period products in Australia.

Materials and Methods

Our survey was open from the 23rd April to the 11th May 2020. A repeated, cross-sectional survey, this was the first of four surveys conducted across 2020. People aged 18+ who were living in Australia were eligible to participate. The survey was hosted online using Qualtrics Survey Software. Paid Facebook advertisements and dissemination via newsletters, emails to colleagues, student noticeboards and the researchers’ social media accounts were used to advertise the survey. Further detail about this survey and how participants were recruited has been reported elsewhere (J. Coombe *et al.* 2020). Participants were asked several questions regarding their sexual and reproductive health, including changes to sexual behaviour, pregnancy intentions, and access to sexual and reproductive health care and products. One question asked specifically about access to period products (“*Since the 22nd March 2020,*

have you had any problems accessing your usual feminine hygiene products like tampons and sanitary pads?”). Participants could select ‘Yes’, ‘No’ or ‘I do not usually access or buy these products’. Participants who selected yes were then asked, “*Has your use of feminine hygiene products changed since the 22nd March 2020 because you are unable to access your usual products?*”. Participants could select ‘Yes’ or ‘No’. Participants who answered yes were asked a follow-up free text question: “*If you were unable to access your usual products, what did you do? Please tell us in the box below.*”. In this paper we focus on the responses to these questions and limit our analysis to those participants who identified as female, were aged <50 years and said they usually accessed period products. We calculated the proportion and 95% confidence interval who reported difficulty accessing period products. Using logistic regression, we investigated demographic variables (age, area of residence [metropolitan versus regional/rural], employment status and educational level) associated with difficulty accessing period products.

A conventional content analysis was utilised to analyse the qualitative free-text data (Hsieh and Shannon 2005). Free-text comments were exported into NVivo qualitative analysis software to facilitate analysis (QSR International Pty Ltd 2012). One author (JC) familiarised herself with the comments by reading and re-reading the dataset as a whole before commencing the analysis. Comments were coded inductively. Once all data was coded, JC re-read all the data coded to each code, collapsing codes in the case of duplicates, created new codes, or moved data to a more appropriate code as needed. The final coding structure was utilised to write the results, and JC referred back to the dataset regularly to ensure the results reflected the analysis. This study received ethics approval from the University of Melbourne Human Research Ethics Committee (ID: 2056693). Prior to commencing the survey, participants were required to confirm their age, that they had understood that the survey would ask questions regarding the impact, if any, of COVID-19 on their sexual and reproductive health, and that they consented to participate, including the use of their anonymous data in academic publications and presentations.

Results

A total of 410 women of reproductive age (18-49 years) said that they usually accessed period products and were included in the analysis. Participants had a median age of 23 (IQR

20-30), were mostly from metropolitan areas (77.5%) and just over half were from the State of Victoria (53.3%). Most of the participants were employed (60.2%). Participants were generally well educated, with nearly three-quarters (71.3%) reporting further education and/or training (e.g. university degree, TAFE qualification, diploma).

Overall, 32.7% (134/410; 95%CI: 28.2-37.5) of participants who said that they usually accessed period products reported having trouble accessing their usual products. Of those who experienced difficulty accessing period products, nearly half (48.5%, 65/134) said that they changed their use of products as a consequence.

Univariate analysis found that women aged 18-24 were more likely to experience difficulty accessing period products than women aged 25-34 (OR=2.3; 95%CI 1.4-3.7). In addition, women living in inner regional areas of Australia were more likely to experience difficulty compared with those living in major cities (OR=1.8; 95%CI 1.1-3.1), and women without a university education were more likely to experience difficulty compared with university-educated women (TAFE/Certificate/Diploma: OR=1.9; 95%CI 1.0-3.6; School education: OR=1.8; 95%CI 1.1-2.8). In the multivariable model, only young age remained associated with an increased odds of difficulty accessing period products (AOR=2.0; 95%CI 1.2-3.6).

Insert Table 1 here.

Free-text comments

Fifty-nine participants responded to the free-text question regarding what they did if they were unable to access their usual period products. Most participants reported switching to a different brand of their usual product because that was all that was available at the time (*“Switched brands to whichever is available” 32 years, major city*). Others reported switching products because they were unable to access their usual product (*“I have had to switch to different products” 35 years, major city*), or a combination of the two (*“Switched brands and type (using tampons instead of pads because pads unavailable)” 33 years, major city*). Some participants who reported switching products said that they had switched to reusable products, like menstrual cups and period underwear (*“Switched from using pads to using a moon [menstrual] cup” 22 years, major city*). Other participants reported having to use products unsuitable for their needs, for example, using panty liners or maternity pads

when they needed regular pads (*“Had to use maternity pads” 27 years, major city*), and as a consequence, modifying their use of their period products to manage this by, for example, changing products more regularly (*“switched to using panty liners, just changing more frequently as the regular pads have been sold out in store” 19 years, major city*). A few participants reported being unable to access period products at all; using non-period products to manage their menstruation or going completely without (*“Had to use towels as pads as there was none in the shops” 23 years, inner regional*). Some reported changing their shopping strategy to be able to access products that they required, for example, by going to the supermarket early in the morning (*“I had to go to the shops as soon as they opened to buy the product that I use.” 21 years, outer regional*). A small number of participants reported using their hormonal contraception to skip their periods all together (*“I have used my contraceptive pill to skip my period due to inability to access my regular products” 29 years, inner regional*).

Discussion

In this survey exploring impact of the first COVID-19 lockdown on the reproductive health of Australian women, we found that nearly a third of participants reported difficulties in accessing their usual period products, and nearly half of these reported changing their use as a result during the nation-wide lockdown. Young women (aged 18-24) had the most difficulty accessing their usual products. Although few have examined access issues to period products among high-income countries, recent research suggests that period poverty is an issue for menstruating people in these contexts, particularly those of low-income, or marginalised populations (Krusz *et al.* 2019; Sebert Kuhlmann *et al.* 2019). In regard to our study, younger women may have limited transportation options, rely on casual shift work, or live in a household where they are not the primary grocery shopper, reducing their ability to modify their shopping strategy to access period products. Further, analysis of employment data during the pandemic shows a significant impact on young women, particularly those aged in their 20’s, with declines in workforce participation among this group (Churchill 2021). It is possible these factors contributed to the high proportion of young women in our survey who reported difficulty accessing products during lockdown. In their free-text comments, participants told us how they managed these challenges; often purchasing

whatever was available regardless of whether it was a product that met their specific needs or not. Although this may simply have been a minor inconvenience to some, others may have experienced significant inconvenience and discomfort by using unsuitable products. Although we were unable to explore the impact of inadequate or inappropriate products on our participants further, a study conducted in the United States found that participants unable to access appropriate products used more low quality, or low absorbency products to manage their menstruation (Sebert Kuhlmann *et al.* 2019). Similar findings regarding an inability to access period products during the pandemic have also been reported elsewhere. A Plan International study which examined experiences of menstrual management during the pandemic in 30 countries, including Australia, also found that participants were experiencing difficulties accessing period products (Plan International 2020). In the United Kingdom, a charity supplying period products to those in need reported a significant surge, with the charity supplying six times more products during the first phase of the pandemic than prior to it (Taylor 2020). In Australia, period poverty charity *Share the Dignity*, collected more than 200,000 pads and tampons for distribution for those in need (Share the Dignity 2020).

Our findings should be considered within their limitations. Namely, our sample is not representative of the broader Australian population, and we were unable to capture the experiences of diverse population groups, including culturally and linguistically diverse (CALD) communities. Furthermore, given that our sample size calculation was based on a general cross-sectional sexual health survey (J. Coombe *et al.* 2020), we did not calculate a sample size specifically for the questions explored in this paper and therefore may be underpowered to detect significant associations between participant characteristics and access to period products. However, our findings provide unique insight into the experiences of menstruating people in Australia during the first phase of the COVID-19 pandemic, and as the pandemic continues into its third year, provides the basis for further research exploring this topic.

While the pandemic has impacted our lives in innumerable ways, aspects of normal life remain; people still menstruate, have sex (J. Coombe *et al.* 2020), fall pregnant and give birth (Cunningham and Dow 2021). It is vital that the products and services that support these aspects of life are key to any emergency response; people need to be able to access period products, contraception, STI testing, abortion services and pregnancy care even (and

especially) during a global emergency. Access to these products and services has not always been easy, equitable, or possible in Australia (Marie Stopes Australia 2020), nor globally during the pandemic (Cousins 2020). As noted recently by Babbar et al, ‘menstrual health is a public health and human rights issue’ (Babbar *et al.* 2022). Although the shortage of essential items that typified the first phase of the pandemic may indeed have been inadvertently caused by the panic buying of panicked Australians, the lack of period products, combined with difficulties accessing contraception and delayed plans to conceive (J Coombe *et al.* 2021) are clear examples of the gendered impact of COVID-19. Several peak organisations, including Plan International (Plan International 2020) and Marie Stopes (Marie Stopes Australia 2020), have called for all responses to COVID-19 to be cognisant and inclusive of sexual and reproductive health; a recommendation that all decision-makers, including the Australian government, should heed.

Conclusion

People do not stop menstruating in a pandemic and it is vital that these people are able to access the products they require to manage their periods safely, hygienically and comfortably. Being cognisant of issues to accessing sexual and reproductive health products and services, and the inclusion of mitigating strategies in responses to COVID-19, is essential.

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Declaration of interest statement

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Table 1 Factors associated with women experiencing difficulty accessing period products

Variable	n (%)	OR	95%CI	p value	AOR*	95%CI	p value
Age group (in years)							
18-24	234 (57.1)	2.3	1.4, 3.7	0.001	2.0	1.2, 3.6	0.012
25-34 (Ref)	123 (30.0)	1.0			1.0		
35-49	53 (12.9)	0.7	0.3, 1.5	0.331	0.7	0.3, 1.5	0.327
Area of residence							
Major cities of Australia	316 (77.5)	1.0			1.0		
Inner regional Australia	72 (17.7)	1.8	1.1, 3.1	0.027	1.5	0.9, 2.7	0.132
Outer regional / remote Australia	20 (4.9)	0.5	0.1, 1.6	0.217	0.4	0.1, 1.3	0.109
Highest level of education							
University degree/s †	239 (58.7)	1.0			1.0		
TAFE qualification / Certificate / Diploma	51 (12.5)	1.9	1.0, 3.6	0.042	1.5	0.8, 2.9	0.245
Primary / High School	117 (28.8)	1.8	1.1, 2.8	0.017	1.0	0.6, 1.8	0.891
Employed ‡							
No	163 (39.8)	1.0			1.0		
Yes	247 (60.2)	0.7	0.5, 1.1	0.097	1.0	0.6, 1.6	0.974

*Age group, area of residence, level of education, and employment included in final model;

†Including undergraduate and postgraduate university degrees; ‡Employed either full time, part time, on a casual basis, or self-employed