

What is reproductive health leave and why do we need it?

September 11 2024, by Michelle O'Shea, Amelia Mardon, Danielle Howe and Mike Armour



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Time off work to deal with IVF, menopause, gender transition treatments, vasectomies and other reproductive health issues would be

enshrined in all workplace awards if a [national union](#) campaign succeeds.

Using the line, "[Its for every body](#)," the Australian Council of Trade Unions (ACTU) is in Canberra this week lobbying federal politicians to agree to 10 days paid leave so workers can have time to deal with reproductive health.

The call for recognized leave coincides with [our research](#) which found symptoms of menstruation, [menstrual disorders](#), menopause and chronic conditions such as endometriosis significantly affect women's engagement in paid work.

Our review examined 66 articles globally on [workplace policies](#) and practices relating to supporting workers with reproductive [health needs](#).

We found employers should foster a workplace culture encouraging communication and understanding around menstruation, menstrual disorders, and menopause.

Seeking national change

This week's national push, led by the ACTU, has been buoyed by [not-for-profit disability service provider Scope](#) agreeing to provide 12 days reproductive leave to its [7,000](#) workers. They were the first employer in the country to do so.

Earlier this year, the [Queensland government](#) also introduced reproductive health leave, giving public sector workers access to ten days a year.

While unions representing health care, [banking](#), community and education sectors have had similar success for many of their members, the ACTU now wants the National Employment Standards expanded to

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Now the ACTU wants the National Employment Standards—the minimum employment entitlements for all employees covered by the Fair Work Act—expanded to include the leave for all workers.

What is reproductive health leave?

Reproductive health leave is a workplace entitlement acknowledging the need for paid time and work flexibility to treat or manage reproductive health conditions.

These [conditions](#) could include menstruation, perimenopause, menopause, polycystic ovarian syndrome, endometriosis, IVF treatments, vasectomy, hysterectomy and terminations.

It differs from other leave entitlements such as [personal/caregiver's leave](#), compassionate leave and the more recently enacted [family and domestic violence leave](#) because it is not a national standard in the Fair Work Act 2009.

Figures included in the Australian Benefits Review 2023 of consultancy firm [Mercer](#) suggested businesses and governments have been slow to adopt this type of leave.

They reported only 11% of employers offered paid leave for fertility treatments, while a further 4% gave workers unpaid leave.

Fertility rates

The number of Australians needing fertility help to become pregnant is increasing. Current statistics show fertility issues affect [about 1 in 9](#) couples.

The impact of menstruation, menstrual disorders, menopause and [chronic conditions](#), such as endometriosis have received much needed attention.

A [National Action Plan for Endometriosis](#) has set out a productive blueprint focused on improved awareness, education, diagnosis, treatment and research to address the condition's insidious effects.

The current [federal parliamentary inquiry](#) into menopause and perimenopause further recognizes the significance of reproductive health.

Why reproductive health is a work issue

As our research showed, the effects of reproductive health issues ripple through workplaces and extend to the [Australian economy](#).

Workplace rights in Australia are typically grounded in men's experience of life and work. The "ideal" worker is an individual, typically a male, who has no external obligations or bodily demands outside their work.

Women's bodies in the workplace are often seen as [problematic, unreliable and weaker](#) because they can menstruate, be affected by disorders of the menstrual cycle, and can experience menopause.

Due to their health needs, many women report experiencing harassment, career derailment, lack of career progression and underemployment. Some [retire prematurely](#) due to health problems.

Different views

Some women experiencing endometriosis and [chronic pelvic pain](#) reported extra leave, while important, was not necessarily their top priority. Instead, they preferred a focus on improving workplace culture, awareness and support.

Education and training of senior leaders was highly valued. Allowing workers to take bathroom breaks when needed together with quiet/rest areas were identified as ways to manage symptoms and remain engaged and productive in the workplace.

The inclusion of male specific issues, such as vasectomy and prostate screening, highlights the importance of inclusively of gender and sex in policy, however extra leave was unlikely to reduce barriers for these procedures.

Very few men report taking time off work was a [barrier](#) to getting a prostate screening, or for having a vasectomy.

Instead, barriers were mostly related to other factors. In the case of vasectomy this was often related to [perceptions](#) about lowered libido or the pain of the procedure itself.

Hiding the problem

Many employees go to significant lengths to conceal their reproductive health issues.

They remain at work "pushing through the pain," choosing not to disclose their conditions, given the stigma and taboo associated with [reproductive health](#) issues.

A recent study found [young people](#) aged 13 to 25, in particular, are significantly affected by reproductive health issues.

While they report missing more days of work due to menstrual symptoms than their older [counterparts](#), younger workers are less likely to be entitled to reproductive health leave because they are often employed in casual roles.

Is extra leave the answer?

The most important consideration when assessing the value of a national plan for reproductive health leave, is there has been little research on its impact.

Our research showed there was a growing body of evidence aimed at understanding women's experiences managing their menstrual and reproductive health in the [workplace](#) and how this affected their work/career trajectories.

However, we found a dearth of research centered on understanding interventions, and most research simply reported on menopause guidelines and focused on the United Kingdom and European Union member countries.

We currently don't know how beneficial these entitlements may be, if they have unintended negative consequences or if people will feel like they can access them.

Before we enshrine [reproductive health](#) leave in the national employment standards, we must assess the impact this and similar leave has had in workplaces where it's already available.

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