

Policy brief

Reproductive health leave

Purpose of reproductive health leave

Reproductive health policies recognise the care and time required to support various aspects of reproductive health and wellbeing (including menstruation, fertility treatment, miscarriage, abortion and menopause) through leave, adjustments and flexible work arrangements.

Reproductive health policies promote gender equity by giving social and economic value to the often gendered demands of reproduction.¹ Depending on its implementation, reproductive leave can *remedy* inequity by increasing access to leave, and contribute to reducing the gender pay gap.¹ It also has the potential to *revolutionise* gender relations in the workplace by giving greater social value to reproduction generally, and shifting ideals of rational, efficient and masculine workers by creating space for flexibility, care and rest and recovery.

Availability

In Australia, access to reproductive health leave is limited, and is still being driven either as organisational policy in the private and not for profit sector, or as a bargaining claim by a handful of organisations and unions.² Existing policies differ significantly in terms of the leave provided (ranging from 5 to 24 days per calendar) and the scope of policies themselves. While some policies have a limited focus on menstruation, menopause and miscarriage, others have a much wider reproductive health scope including abortion, fertility treatment and contraceptive access.

Some policies also include provisions for flexible work arrangements, such as working from home, in a comfortable place, with additional bathroom breaks and with the option to reduce meetings. The combination of leave and flexibility explicitly aims to revolutionise gender relations in the workplace by allowing women and people with uteruses to be more embodied at work.

Workforce implications

Implementing reproductive health leave may have valuable/important(?) implications for workforce retention and capacity in frontline feminised sectors including education and nursing. For example, evidence indicates that women may leave the workforce as part of managing endometriosis: data from the Australian Longitudinal Study of Women's Health (ALSWH) found that 63% of women born in 1973-78 in who had surgery for endometriosis were working full-time before diagnosis. After their diagnosis, this number

¹ According to research from Marian Baird, Elizabeth Hill and Sydney Colussi at the University of Sydney, menstruation leave can remedy, revolutionise or reinforce gender inequality. The same is true of reproductive health leave. See Baird, M., Hill, E., & Colussi, S. 'Mapping menstrual leave legislation and policy historically and globally: labor entitlement to reinforce, remedy, or revolutionize gender equality at work?'. *Comparative Labor Law & Policy Journal*, 42(1), (2021): 187-228.

² See, for example: [Victorian Women's Trust](#), [Health and Community Services Union](#), [Modibodi](#), [the Victorian Greens](#), and [Women's Health Matters](#)

dropped to 44%. Further, women who had surgery for endometriosis were 85% more likely to be unemployed 3 years after their diagnosis than before.ⁱⁱ

Additionally, recent analysis by the Australian Institute of Superannuation and Tax (AIST) suggests that menopause may be leading women under 55 to leave the workforce early. AIST estimates that 10% of working women may retire early due to menopause. The estimated \$17 billion of potential lost earnings has a significant gendered impact on women's super, regular income etc. and employment as a social determinant of health.ⁱⁱⁱ

Many feminised workforces including nursing, teaching and aged care are currently facing significant pressures. Reproductive health leave should be investigated for its contribution to reducing the rate at which women leave these strained sectors.

Conclusions

Accessing reproductive healthcare can incur significant cost, including in requiring leave from work for procedures, appointments or to manage symptoms. Reproductive health leave has the capacity to *revolutionise* gender relations in the workplace. There is a need to understand the impact of reproductive health in the workforce and evaluate existing reproductive health policies. This will assist in the design an appropriate reproductive health leave entitlement for the Australian workforce.

About us

The Australian Women's Health Network provides a national voice on women's health. It provides a woman-centred analysis of all models of health and medical care and research understanding that women's health is a key social, cultural, environmental, and political issue.

Contact us

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We acknowledge the Traditional Custodians of the lands and waters on which we live and work. We pay our respect to Elders past and present. Sovereignty has never been ceded.

ⁱ <https://theconversation.com/should-australia-introduce-menstrual-leave-yes-but-we-need-other-period-friendly-policies-as-well-184146>, accessed 29 September 2022.

ⁱⁱ <https://alswh.org.au/resources/endometriosis-can-end-womens-careers-and-stall-their-education-thats-everyones-business/>, accessed 30 September 2022.

ⁱⁱⁱ [https://www.aist.asn.au/Media-and-News/News/2022/AIST-Submission-AIST-2022-2023-Pre-Budget-Subm-\(1\)](https://www.aist.asn.au/Media-and-News/News/2022/AIST-Submission-AIST-2022-2023-Pre-Budget-Subm-(1)), accessed 17 October 2022.