# Transcript of EDICa Seminar on Menstrual Health at Work

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Chair is Chiara Cocco. Panellists were Ellie Honan, Dharma Reyes Macaya, Ashmika Motee, Juliet Nwafor, and Gabriel Goodrich.

## Introduction by Chair, Chiara Cocco

Okay, I think we just start. I think our speaker is also joining as well. So yeah. Welcome you all to this session of the EDICa seminar series about menstrual health in the workplace. so these are our contacts. If you want to connect with us. So today the session is gonna be chaired by me, Chiara Cocco, I'm a Postdoctoral Research Associate on the Equality, Diversity & Inclusion Caucus or EDICa for short. Our guest speakers are, Ellie Honan, from the UK Polar Network, who is also doing a PhD at Durham University and the British Antarctic Survey. then we have Ashmika Motee, a PhD student from Heriot-Watt University. We have Dharma Reyes Macaya from Heriot-Watt University, and also affiliated with MARUM University of Bremen in Germany we have Juliet Nwafor from Heriot-Watt University and also Gabriella Goodrich from Heriot-Watt University, and they are all going to be talking about their research, and how that connects in one way or another to menstrual health at work.

For the Q&A, we do have a dedicated Q&A session at the end. Feel free to pop any questions and use the Q&A function to share your comments or questions that you might have, and we will address them at the end of the dedicated session. So we really would like you to interact with us, to share your thoughts and just come forward with any questions that you might for any of our speakers

In terms of accessibility, there is no BSL interpreter at this event. We will, however, add a BSL interpreter version of this seminar after the event. You can activate close captions. As you can see how to do that. And then, if the Q&A function is not accessible, or is not your preferred means of communication, please do raise your hand, and you can share your question verbally.

## Intro to EDICa and our Menstrual Health Research

So about EDICa: You might know us already. You might have joined some of our events already. But we are Equality, Diversity, Inclusion Caucus, and our work is to create inclusive research and innovation cultures. And we really want to see and facilitate, access for a diverse range of researchers to thrive in careers in the research and innovation systems. And so obviously, we do focus especially usually marginalized and underrepresented groups in this sector or at work such as disabled people, LGBTQ+ community. Roughly, minoritized researchers and researchers with caring responsibilities and women. EDICa is a focal point that identify, evaluates and synthesize initiatives across the research and innovation sector. And we really want to ensure that research addresses the needs of a diverse range of stakeholders. And to do so, we use evidence reviews.

We also commission research in the realm of EDI through a Flexible Fund which we're launching soon a round of it- 3 rounds of flexible funds. One is already completed. The second one is on the go just now, and we're gonna have one in a few months time, and what we do is to coordinate, disseminate research that is interdisciplinary, and that addresses to someone inequalities that are still rampant in the research and innovation system, and by creating also national and international communities of practice, and to just build inclusive research careers and cultures that are clearly still required.

We work in different workstreams and the workstream that we're going to focus on today and the one that I personally work in the most is workstream one which is about the career life cycle. So we look at the relationships between key career events and life events. So career events, such as recruitment, selection, promotion and life events such as disability, perimenopause, caring responsibility, maternity and neurodivergence, and so on.

So we want as according to our ethos and purpose, we really want to reduce barriers to inclusion across the whole career stages. And we want to obviously enable the access to careers in the research and innovation ecosystem for all. Our main study focuses on looking at menstrual health and perimenopause in research and innovation workplaces. This study has been carried out through different stages.

Our first stage was to look at the evidence. We found out unsurprisingly that menstrual health, perimenopause, menopause are still quite under-researched topics and poorly understood. There's much more research about menopause than there is in terms of periods and menstrual health, especially in the workplace context. There is also under researched and representation of usually-marginalized categories. So the research is often not intersectional- doesn't look at the different intersections of and experiences of people at work, and also the work environments that are usually looked at in the literature are mostly office-based jobs.

What we have done then to kind of fill these gaps was to conduct in-depth interviews. We have conducted 53, cause I did do one just this morning, actually. And talking about the lived experiences of women who work in the research and innovation space and the feature of the research and innovation ecosystem is that encompasses different wide range of work environments. So the experiences of menstrual health and perimenopause managed in different work environments spanning from office, but also laboratories and remote work environments - that today we are gonna talk about that with a few of our speakers - and archives and field work as well, cause obviously we do look at the whole career from early career researchers, to PhD students, who embark on field work and also have to manage and menstrual health periods and menopause as well.

And so we have conducted these interviews we have spoken to people and by analyzing these interviews and learning from these experiences, the next step is to co-design interventions to remove the barriers and the challenges that we have heard. And so what we do is to work with different organizations that we call test sites where we co-design interventions aimed at facilitating access inclusion for people who menstruate in different work environments and these interventions are obviously taking into account different experiences of women- periods and problematic menstruation, including conditions such as endometriosis, heavy bleeding, polycystic ovary syndromes- and perimenopause. The different experiences of menopause and perimenopause, who affect often mental health as well. And how that affects different jobs and activities to carry out.

So we look at the various challenges and barriers in different environments. We look at also cultural differences in terms of like talking about and being open about these topics, which are still quite stigmatized and still considered as taboo. So how do we overcome that? How do we normalize the conversation around this in the workplaces?

So we have different levels of intervention that works in different levels in the structure of work. So organizational level, departmental level, and individual level. So different types of interventions might be for example, giving training and awareness around this topic to normalize the conversation, or it could be obviously in different spaces, like laboratories could be also, and in terms of like changing uniform, to make them more breathable and more comfortable, and maybe change the color for leaking and to conceal blood or other more in terms of policies that include menstrual health and into absences. For example, HR systems that accommodate absences that are more related to periods that could be 2 days a month, for example.

So there are a lot of interventions that have been suggested in our study. And we're gonna trial them and assess them and try to understand also who is responsible for implementing them and look at the success of them. So we also carry out a feedback and assessment system, so that we ensure that these interventions are actually responding to the needs of people across the research and innovation system. But now that's enough about me and our study and our speakers are gonna be talking and feeding into this conversation by giving practical examples of what they've been doing. So now, I give the floor to Ellie Honan.

## Ellie Honan speaking to menstrual health in polar research

Ellie: Hello. ...for the dreaded question- can you see my screen? Brilliant. Okay, so thank you so much for inviting me here today. My name is Ellie. My pronouns are she/her. And, as Chiara said, I am a Ph. D. Researcher with Durham and the British Antarctic Survey. I work with polar seabirds. But I am also highly involved with capacity development for early career researchers within the polar sciences in the UK and my own interest in that area is improving the access to training for menstrual health and personal hygiene. So I work with birds called snow petrels. So my focus of my actual research isn't on menstruation itself. So I'm a marine ecologist. I look at how birds use, sea-ice environments in Antarctica, through tracking and dietary studies. And before I came into this area previously, I worked mainly in outdoor roles, so I took a lot of time off before I came back into Academia for a Phd. I trained originally as a geologist. And I've worked on vessels- so on ships, both sailing ships and other vessels and I've also worked in diving and in caving. So I tend to go for jobs that are outside, and you'll see why I think a lot of what I've done is based on that prior experience. So, as I mentioned, I'm involved in early career researcher-focused studies in the UK. So I do most of this through the UK Polar Network. So the UK PN, we're the British branch of APECS, which is the Association of Polar Early Career Scientists, and we have a membership base of nearly 400/ 500 individuals in the UK who are early career. So within 10 years of their last degree, and we provide training, workshops... networking (it is in the name) as well as outreach opportunities for them. So do check us out. We have a website and a large social media presence if you'd like to look more into it. I'm also the EDI champion for the students of the British Antarctic Survey. So my role as a British Antarctic Survey Phd. student is helping communicate EDI issues to the student body there. And as an extra thing to tag on at the end what I'm about to talk to today I've recently founded a small company based on it called You Outside, which is all about improving access to practical advice on how to deal with periods and personal hygiene when you're working in remote field environments. So, as I said, I am a polar field worker. So I work in Alaska, in the Arctic and in Antarctica, and these kind of environments come with really really unique experiences and wonderful experiences, but also unique problems as well. So when I talk about remote environments through the rest of this presentation. What I'm meaning are environments for where you don't have access to normal toileting facilities. So this is things like you don't have access to running water for cleaning. You don't have access to flushing toilets and, a lot of the time, even clean water for personal hygiene isn't an option either. So the motivation behind why I've organized a lot of these training is because, although we like to sell the idea of fieldwork looking like this, everyone has that little idea of the polar hero when they think of Antarctic research. And most of the time field polar environments looks a bit more like this. It's pretty messy, it's cold, it can be smelly. You're not washing, and it is a really unique setting to live within. And it's one that it doesn't really have any analogues outside of its own environment. one thing I would notice amongst polar field workers in particular, is that when people talk about our experiences a lot of the time, we are really emphasizing the messy bits. And it's kind of a funny thing that people like to share their own little horror stories, and they're embarrassing. And it's wasn't this gross? And wasn't that gross? And people do have a laugh about it? But the longer I worked with polar sciences, the more I noticed common themes running through a lot of these - what people would present as - "funny stories-" (Just to caveat, I haven't just taken people's personal experiences and thrown them onto the screen. These are my own experiences that I've highlighted here.) -and if you look at these at face value, they can be quite funny, and they can seem a little bit unavoidable because you are working in such a strange environment. But if you look at these. A theme here is that these are issues of safety. And these are issues where correct training hasn't actually been provided. And as a result of that, people's personal safety and personal comfort are compromised as well. And although we might think of these as unavoidable in these kind of environments, they're really not. And we know that the more we talk about it, and the more we train in advance these experiences don't have to happen, and we can have a more comfortable field experience, and as a result, do better science when we're there. Because that is why field workers go into these environments. But the question is, why, although science has been happening in these environments for over a century now, it's why are these still an issue? And the reason for that is manifold, and it is complicated. But if you look at it in depth, and I'm gonna focus more on Antarctica as a reason here is that historically, there's been hugely gendered barriers to working in these polar environments, especially in Antarctica. There's been some studies come out recently that have highlighted massive issues. with the different polar organizations. So the Australian and the American Antarctic programs published studies which basically underlined how they were struggling to have the environment at their bases, and in the field, really a welcoming one for people who do menstruate and also women have only been allowed over winter in Antarctica since the late nineties. So I've been to Antarctica. I've worked in Antarctica. When I was born, women weren't allowed to go to Antarctica. one of my favourite quotes from this is that when we talked about introducing women into Antarctica, the recommendation was to do it "gradually and in a managed manner". So if that's not a quote to boil your blood, I don't know what will. There is a very dark side to this, whereas only recently, in recent decades women who work in Antarctica have dealt with really awful situations from their field leaders while trying to deal with their own menstrual and personal hygiene while on fieldwork. So there's a gendered barrier there. There's also a socioeconomic barrier there. I've always been very comfortable going to the bathroom in the fields, and it's never been a massive worry for me. But I know that's because that I was lucky enough to be able to be in Scouts as a child, which meant that my parents paid for me to go to Scouts and to experience working and living in the outdoors from a young age. And these opportunities aren't presented to people from different backgrounds, or be they cultural, gender or socioeconomic. And there is a cultural barrier there as well, especially when it comes to toileting where you aren't really having people from certain cultures used to discussing the aspects of menstruation and going to the bathroom, so peeing and pooing, in quite as much depth as you would need to do so before you enter into these remote environments. So last summer I put out a survey and I put it out through various networks where I had access to different polar scientists, so went out through APECS. It also went out through an online group where we have, like a slack channel for women who work in polar environments. And I got some really wonderful responses back. And with this survey (I'm not trained as a social scientist. I'm very much physical scientist.) I was just looking for practical advice and practical experience from people who had lived this experience of dealing with their period or going to the bathroom when they've been in these remote environments, and I cannot emphasise how generous people were with their time, and they really took the time to fill out the survey in great depth, and gave some really great advice on how they dealt with their menstruation, but also what they wish they had had prior training in, and sort of tips and tricks as well that they found as well. So a lot of these were kind of big sister questions like, How do you do this? How do you deal with that. Why don't you like this product? Why do you use this product? And the results did emphasize that this training doesn't really exist in great enough depth for people going into polar environments. So the majority of people hadn't received any training specific to menstruation before they went out onto their first field work, and as a result of that a lot of people didn't feel prepared whatsoever. And I can tell you now that going to Antarctica, going into Alaska and to the Arctic. These are very daunting experiences. They're wonderful experiences, and it is a massive honour to be able to do it. But it is really scary at times. And so the last thing you need is another issue weighing on you about. Oh, how am I going to deal with going to the bathroom? Or how am I going to deal with my period when I'm there as well? So again, from the survey, a lot of what I got was quite- practical advice that people gave. How they wish that they had been given a bit more information on the logistics of dealing with stuff like menstrual cups. Because when you're in polar environments, it's not just how you change the tampon or change your menstrual cup. It's where you do it, and it's where you dispose of the waste, because a lot of these environments are protected, and that you can't leave any human waste behind as well, so there's all these little caveats that come into dealing with with your period, and with going to the bathroom and polar environments that you wouldn't really have to think about in other environments themselves. So again, it's not just your own personal, the act of changing it itself, it's where does the waste to go? It's how do I stay safe and protected while I'm doing this and sheltered? And it's how do I make sure that I'm clean enough that I'm not introducing any infection or anything when I'm changing my menstrual hygiene products, either. So yeah, the survey was really enlightening. And I'm so grateful for the people who did take the time to respond to it. So from the survey, what I started doing was developing workshops based on what people wish they knew and putting together the advice that I got back in the survey, advice from my own experience, advice from looking at the small body of existing literature on how to best deal with periods and toileting when you're working in remote environments in the outdoors. And so I put this workshop together with massive support from the UK Polar Network. and it was delivered for the first time in Dartmoor last summer on a course called the Clean Planet Peninsula, which is a UK collaboration with the Clean Planet group where we were providing training for early career UK polar researchers who didn't have any previous fieldwork experience. So this is going back to people who haven't got to go to scouts, (or I know in the UK it's the Duke of Edinburgh Award) people who haven't got to do that So we had about 20 of these students in Dartmoor. So that was our analogue for Antarctica, but it did rain a lot, and it was pretty cold. Looking over the basics of how to pack tents how to pack your rucksack, and then also this workshop on how to deal with your period and going to the bathroom when you are in these remote environments. and we had some support from various companies like Organicup, which was great, and Shewee and the BBC got involved, which was lovely, and so that really highlighted the work that we were doing, and we had some really positive responses from that- from both the participants and from people who saw us in the media and also in a way that was almost validating because it showed that it was necessary, I got some pushback from it from primarily older male scientists questioning was it really necessary? And I think, comparing that to the feedback I got from the survey where people were saying, Thank you. This is really good. This is what we need. I wish I had this. It just emphasizes that that gendered barrier is still there within the polar sciences. so that workshop is now something that I am running for various organizations that do send people out into remote environments. So if anyone's interested in learning more about that I'm happy to chat more about it. But the main takeaway from all of this, from the survey, from the workshops, is that communication is the most important thing and communication in advance of field work. So making sure that before you go into the field, the people that you are bringing into the field are aware of the different provisions and the different restrictions. When it comes to to menstrual hygiene and toileting in the field as well, and we really emphasize that it's the responsibility of the field leader as well as the individual, to make sure that participants are aware of the logistics of that as well, and it also just creates a much better and more welcoming environment for field workers as well. So I am currently working with the British Antarctic Survey to put together some more guidance notes on their field work. So they are the people who within the UK send people down south. So down to the south Pole. across multiple stations and into the deep field itself. And I'm also putting together guidance notes for a few other organizations. So if you think that you send people out into remote environments where they're not having access to normal toileting facilities, or if it's just something you'd like to know more about, do get in touch. And my email is on the screen now, and that is the Instagram handle for an Instagram that was made last night. So there isn't anything up there yet. But I'm keen to develop it and to chat more to anyone who would like to know more, or think they might be able to provide any more information. So thank you so much.

Chiara - Thank you, Ellie. That was brilliant and absolutely amazing. I'm looking forward to the discussion later on. And now we will go to Dharma, please share your experience. We can see your slides and just brilliant.

## Dharma Reyes Macaya speaking about problematic menstruation in remote fieldwork

Dharma: Thank you, Chiara, thank you for inviting me to talk about my experience in working in the ocean and in Los Andes a long, long hours, working in some of the high security laboratories that we have here in Edinburgh. I'm working as a full time senior technician in palaeoceanography and biogeochemist. I'm in love with the ocean, and you could see that in the photos that I like playing with mud, that is coming from the ocean floor in front of Chile, and then seems see my undergraduate studies, I decided I wanted to become a scientist, and then I did my master in oceanography and I started to do my PhD in marine biogeochemistry in MARUM. I was there for 3 years. Then I had to come back to Chile, because family matters and the pandemic started, and the last year of the PhD. I disrupt everything in 2022, and then I doing that last year part time, From here remotely working with my colleagues from MARUM And ...I will show you. Wait... yeah. For take, these samples, marine sediments and river sediments and lake sediments from Los Andes, We usually need to see a very well where we need to do the coring responding, the scientific question about what we want to do, in Peru and Chile we are trying to, study the past ocean circulation. and for that we have a bunch of sediment core collected from many, many years since, 20 years ago, from my colleagues in MARUM, and some colleagues from the US and Japan And you could see there that we usually obtain the samples with quite big ships that you could see there is the new SONNE and I was in 2010, in the old sonny , in a cruise and I have this, kind of like breaking out experience of of going to the north of the SONNE, when I have my period in the cruise - crying, and said to her that I couldn't work, and I was feeling very, very ashamed of said to everybody that I have painful menstrual periods. and then she was like giving me a bunch of ibuprofens, and said to me, Stay here just for the breakfast time, you will feel better now with this like kind of like ibuprofen to the pains, and I came back to the work, and with my- I usually like very... I have a big smile then I like everything that we are doing. Then nobody noticed that I was in pain during that time. nowadays, since Chiara and Fenella invite me to do this talk, I think, after finishing my Phd, I will have a meeting with my bosses in MARUM, to my colleagues there, and here to talk about all these experiences, and how we could improve this kind of conditions and not put this typical poker faces in cruises when you are a woman that have very painful menstrual periods. And here is a photo of that day, we were collecting multi cores in front of Chile. There is my boss, Ricardo from my masters, and during that time he was not my PI, my line manager, But I talk to him, he told me, like what is going on with you. You always like super happy, and your face is- And I was like and I told him, and he said, Oh, let's talk about it -we went for tea. and then he told me during all the sampling process, of the multicore, and it's so guilty that after when I started my PhD I came back to work in that multi cores and bring me all these kind of memories, of supporting and- and kind of understanding of what is going on. For a study climate change and how was the ocean circulation in the past. I using proxies, call it geochemist, in calcite in planting, foraminifera- they're like unicellular microorganism that live in the water column that you could see them. They're super pretty. and last year we went to Chile to to have a campaign, to try to collect them to do proxy calibrations and extract DNA from them. And I also working with these other babies that we call benthic foraminifera that live in the sea floor. And for a study, these guys, we usually need to spend a lot of time under the microscope collecting them and separate by species, and In MARUM, in Chile, in Peru, and here in the UK, in Edinburgh, when you are with a strong menstrual period, to be in the microscope is the most relaxing thing ever And usually I, when I'm with my period, I try to be under the microscope because you are sitting. And you're like observing these nice creatures. Then you are like almost meditating. And I think it's a great part of my career to do this kind of meditation in it when you are with strong period. and also because, like I'm working with ocean circulation in the past. I need to understand what is going on in the present. Then I have been participating in a bunch of cruises, a small one, and big ones to collect water samples. This is a photo of myself, in Peru in 2018 collecting, samples, and 2 days before this cruise started I started with my period, and I always like it's like I. Sometimes you couldn't escape that. And I was using this kind of jumpsuit to try to survive if I have leaking of blood during the cruise. and some of my colleagues like make a lot of fun about that, because it's like what you are using that. And it was like, No, because I work in with mercury chloride, and I need to do a lot of bunch of stuff I don't like. This was the the premium stuff, but also I wanted to protect myself if some leaking was going on usually. The cruises that my colleagues in IMARPE in Lima do, are they going offshore for a survey of 48 hours. and you barely sleep for that hours, is like you have little shifts, and you need to sleep a little. Come back to work, and sometimes you are in the lab. Then third day, and you don't have any time to go to the toilet. and they are not big ships are like middle size one. Then when you go offshore you move a lot. then you just not need to deal with your period. You just need to also deal with seasickness. Then, yeah, I say, okay! This is what I will do. And I went for it. One of the last chapter of my Phd. is try to understand, and calibrate reductrace elements in bulk sediments, and I in 2019 when I froze my PhD and then the pandemic started in 2022. I was like very sad, because my dad passed away. This was the reason that I came back very suddenly to Chile. and took me almost 2 years to the grieving process. Then I started to see these nice little imaginers like pictures and said, Okay, if I wanted to calibrate these guys in a good way could be I will need to take samples from the the rivers in Chile that you could see there is a NASA photography from the region that we study, nowadays with my colleagues in MARUM and here in the Lyell Centre, and you could see that all these kind of veins that coming from Los Andes to the ocean. And you could see this kind of art like clays that go to the ocean. And finally we could, find their signature in the marine sediments. then. I have been, during all this time, grieving. I went with some of my colleagues from Consensia Sur. That is an NGO in Chile that provide help to women in science. and we went like all together during the pandemic voluntarily to sampling different rivers. And we started to have connection with the communities that take care of these rivers. Then we started to work in something called community science for palaeoceanography and marine science. And then you could see, that also is like we work in remote areas, we have to collect samples sometimes where I need to be in the rivers for a lot of hours during the day. and luckily during the period that we did some of the sampling the intense ones, I was not with my period! But what I saw that some of my colleagues were with the periods, and we didn't talk about it. After we knew it together for one week or 3 days, and then you could see that something is going on. And then, as this group of women, that do community science, we started to become like a pack and help it together and openly talk about how we could improve our working conditions as a woman in remote, locations. And you could see there, sampling collecting water from Los Andes. And also we did a lot of outreach events, collecting and going with the schools to Los Andes to help us to collecting samples. And yeah, there again, with sediments from one of the rivers collecting the stuff and some outreach events. then I'm define myself like a kind of multi-disciplinary kind of senior technician PhD student. sometimes everybody feel that I do too much. But I think if I don't keep my connection with people, trying to explain science, I think is something that is part of me, and I know that sometimes, processes and as the PhD take more time. And yeah, we just need to go for it. These are some examples the big ships that you could see in the slide in the top left side, a middle size one and you could see the other reality of working with fishing boats. As we have been doing, since 2 years ago already, and the problem with the big ships. And we don't have access to very good installation in terms of toilets and middle size ships. You don't have nurse, but in the big ones as polar, SONNE, you have nurses that you could go and talk with them. but when you work with fisher boats that you rent, you need to go and accept the conditions that they offer to you. And sometimes some of the boat doesn't have A door in the toilet, as you could see that in the photos. Then it's quite difficult, when you are menstruating that you don't have a private space to change the tampon or change the menstruation pad and it's not a way to use cup because you don't have possibility to clean it. And Then this is a photo of one of my colleagues sent me yesterday of the expedition that we joined last year, and then it's thanks to some of my colleagues in MARUM and in Chile, and here we. We create last year a kind of Code of Conduct for field work in the ocean and field work in remote areas. like a lot of my colleagues here in the Lyell Centre like Juliane, in Los Andes, then, but you know, like something very strange, and I think I really was like Trigger me a little bit that we didn't include in that protocols nothing but nothing related to menstruation, and the second semester of this year after I submit my Phd these, my idea is to come back to that Code of Conduct and improve it, and add all the things related to to menstruation in like big ship. What is going on like? What is some recommendation to the chief scientist of - talk about it, you know, usually we receive when we go to a cruise, we receive an email with the name of all the people. What we will do a schedule for the flights and everything. But we don't talk about this, still a taboo, and I hope that in the second semester I could come back to that document, and contact again, my colleagues, and improve that protocols.

Chiara: Dharma, thank you so much. And this was amazing, and the visuals, as well, you know, we could imagine being there at least, and to see what it's like. So thank you so much for that, and we're a bit late now. But now is the time for a Ashmika to present her research on menstrual health and periods.

## Ashmika Motee speaking about menstruation in remote fieldwork

Ashmika: Hello, everybody! I am a Ph.D student at Heriot-Watt. I'm in my second year. So my project is actually on menstrual health in the workplace. So I'm trying to understand experiences from women, understanding the relationship between problematic menstruation treatment strategies and employment experiences particularly among women that work in remote areas like Ellie and Dharma. So I have had some challenges with my project. So I'll talk through it. And at the research stage that I am right now, I am writing my literature review. And this is already a challenge for me, because I come from a health background and my project is social-science-based so reading papers that are social science and writing it is like learning a new foreign language and writing in a new foreign language. So that is the first challenge at the moment. But while reading literature, I can see actually, there's like little literature around the topic itself. and mostly among women working in remote areas. So I've been trying to look for women that work in remote areas and try to have some chats with them to understand from the experiences. So I got interested in women working in an unusual workspace because there's little literature. So I want to understand their experiences and thinking about those who work remotely. It's already difficult working in a different work environment. And they face several barriers, probably societal norms, stigma around menstruation I'm talking about with limited access to resources. And maybe that environment is maybe male dominated. So I do want to understand. On top they are coping with a problematic menstruation and working in such difficult environments. So that's how I got interested in this group of women. So as mentioned, that was a major challenge in my PhD journey. So my initial thoughts were on sportswomen because they train on field. Then it moved on to women in armed forces, so I had particular interest in women who are deployed in submarines or working on the Royal Navy ships. Unfortunately, I could not do sportswomen, because in the UK working as sports women is not the only job. Like, it's a side job that they are doing- they have other jobs. As for the Armed Forces, although I had 2 meetings with MoD, the Ministry of Defence, it was very insightful. I have learned some information from there, but the ethics has been challenging because the procedures do not align with my university's ethics. So I cannot go ahead with women in the armed forces. So right now I am thinking about women working in ocean vessels going in Antarctic like Ellie or marine biologists. So the common factor among all these three are women that work in remote areas or in austere environments, just like not the usual typical office building factor. So the methods that I'm going to use for my project is a qualitative study to understand the lived experiences, and it's going to be semi-structured. And this is going to be my next step. So I'm working on the ethics and creating a flyer to reach out to women working in remote areas. So I have had a chance to speak to one or 2 women that work on field but if anybody in the audience that you think you can fit in the criteria, please to get back to me, because I do want to hear more stories like from Dharma and Ellie. And I do hope that I will reach to these women to hear from their experiences, to inform my PhD project. And that's all from me. Thank you.

Chiara - Thank you so much, Ashmika and this is great that you share your research process as well. And hopefully, we can have a discussion today. And you can get actually some good perspectives and data for your PhD. We have Juliet Nwafor.

## Juliet Nwafor speaking about problematic menstruation in the Nigerian financial sector

Juliet: Hi, everyone. My name is Juliet Nwafor - I'm a PhD student, and I'm in the same research group with Ashmika, the last speaker. So my research is also focused on managing problematic menstruation. But then I'm focusing on the banking sector in Nigeria. So I'll give like a brief introduction to what my research is about, and the reason why I chose like a Nigerian banking sector. Of course, apart from the fact that I'm Nigerian. Then talk about the aims of my research. and then the methods. next slide, please. So first, I always want to talk about like the fact that menstruation is still an issue that affects women that make up over half of the working population. and in spite of that, still an issue that is shrouded in silence and being concealed. And then this research is focused on not just menstruation, but problematic menstruation. And by the virtue of my research context, I always want to explain what is defined as problematic, because, in Nigeria, when you say something is problematic or has problems, you get some kind of negative reaction. No one wants to talk about it. No one wants to admit that they have a problem. So I try to operationalize the term and talk about problematic menstruation to include gynaecological issues, menstrual disorder, heavy bleeding dysmenorrhea, PMS, or any kind of stress, be it maybe fatigue or any kind of discomfort that might come up during menstruation. And these issues are important because of the way that they intersect with other structural challenges that women face in employment. next slide, please. So my research is focused in Nigeria, and I am taking note of the fact that Nigeria is a multicultural society with over 250 ethnic groups. and it's also a patriarchal and a male-centred and male-dominated society. So the gender division of labor, gender, discrimination and inequality is ingrained across all social institutions. from religious institutions to economic or even political institutions. Women are discriminated against. And this is not an exception. The employment sector is not an exception. and this also boils down to the Nigerian banking sector, because, while the sector is very lucrative and is one of the biggest employers of labor, especially for young people in Nigeria, it's also historically a colonial construct. So banking in Nigeria is related to the colonial history of Nigeria. because the origin of banking, can be traced to British colonialism and the introduction of British norms and British laws in Nigeria. And when banking started in Nigeria it was a British construct, obviously. And this excluded women from this sector. So historically, women were not able- were not seen as qualified to be bankers, and if they work in the banking sector, they work as messengers, as clerical staff, or as secretaries at most. But in the past decade and post independence the banking sector in Nigeria has undergone various restructuring, restructuring and reforms. And this has seen more women being employed in this industry. But as more women are being employed in this industry it doesn't imply that the norms or the policies are made to undertake cognizance of the entry of more women. So these policies are still centred -they're still male centred, and they do not take cognizance of the experiences of women as they go through the life course from menstruation, maternity, and even menopause. So this study, is taking cognizance of - 1) the fact that Nigeria is a historically patriarchal society. Secondly, the banking sector is a product of colonialism, and lastly, the fact that we've seen the entry of more women into this sector. But then the sector hasn't undergone reforms that make policies that apply to women. And then I go on to talk about the structure of the banking sector in Nigeria, and the fact that it is a very lucrative sector, but it is also very competitive, and we have more women in this sector, working as marketers, trying to increase the market share of the bank and get more customers. So they tend to work long hours. coupled with the rigid employment policies and lack of flexible work policies. And there's also a lack of inclusion of like work-life balance policies. And in addition to all the stress that women go through, they still have to engage in what research has called bloodwork and bloodwork is just like additional labour that women engage in to conceal blood- to prevent leakiness- because they have to still maintain some kind of menstrual etiquette as professionals, as banking professionals. At this stage of my research I have started on my pilot study and just trying to recruit participants from the banking sector online, trying to have brief conversations. Just understand the structure of the banking sector and the fact that this- and the influence of the structure of this sector on how they manage menstruation, especially those with problematic menstruation. So far in my interaction, contrary to popular belief, the sector doesn't run on the 9 to 5 model, which is on paper. Many people I have spoken to have to resume at work before 8 am. And stay back at work till about 8 pm to 9 pm. And then I wonder how they are able to manage the pain that they might feel, or the discomfort that comes with managing problematic menstruation while working in the banking sector. So far I've just talked about my aim. I'm focusing on the lived experiences of women. I want to understand how they manage menstruation while working in the banking sector, how they navigate a banking career while managing gynaecological conditions and problematic menstruation. And then. because I have done a lot of research, I also found that the last policy that, even focused on some kind of gender inequality in the work place dates as far back as 2006. There are no recent policies that even talk about supporting women or creating a more inclusive work environment for women in the work place. And even this policy has nothing to say about menstrual health, or how to support women that are going through menstrual disorder, or any kind of gynaecological health condition that they may go through. And then, because of the sensitive nature of this research, and how important it is, this study is going to be a qualitative study. and the focus will be on women's experiences. Just have a conversation to get an in-depth and nuanced point of view. focusing on the structure of the banking sector, how they cope and how they manage problematic menstruation. I will also look at the cultural aspect, because I feel like it would be it will be unsuitable to take on a country like Nigeria with over 250 ethnic groups, and not think of the influence of culture on how they manage menstruation. So in my study, I'm also looking at pain management techniques. How do they manage pain? And from the conversation I've had with people, I know that they had a conversation with someone that said she was once accused of faking pain. Why she was faking the lack of pain- she was accused of, maybe, over exaggerating the extent of the pain. And meanwhile she was just trying to fix the fact that she doesn't feel pain, so she's trying to hide the pain and in the midst of trying to hide the pain, she is still being accused of exaggerating the pain. So I would take cognizance of the experiences of women looking at their point of view. and then the ultimate aim is to create recommendations for major stakeholders on how to create a more menstrual health inclusive workplace in Nigeria. So I have gotten ethical approval for my research and I have started recruiting participants online. But then I know that at some point in my research, I'll have to travel back and have conversation with people, because I have come across people that are not willing to have an online conversation, they would prefer a face-to-face on in-person conversation. So far, so good. This is the extent I have got into in my research, and I'm hoping for more valuable responses. And I'm open to questions and contributions on how to make this research better, or to get a more holistic view of menstruation, especially in a country in the global South. Thank you very much.

Chiara - Thank you so much, Juliet. That was really good and very interesting to have added the kind of cultural background as well. So hopefully, we're gonna talk about that. Later in the Q&A. And so finally, last but not least, Gabriela Goodrich talking about her research on periods in the hospitality sector.

## Gabriela Goodrich speaking about problematic menstruation in the hospitality sector

Gabriela: Okay, so Hi, everyone, I'm Gabriela. I'm a Phd student. I'm part of the same group as Juliet and Ashmika researching problematic menstruation in the workplace. And specifically, I am researching problematic menstruation in the UK's hospitality sector, specifically customer-facing food and beverage service workers like waitstaff, bartenders and baristas. The hospitality industry is one of the UK's biggest industries, and it represents about 10% of the country's entire workforce but most of the research on menstruation employment focuses on professional, office-based work which can have rather different employment conditions. In hospitality, you have many hours of customer interaction, standing, walking, lifting, with limited opportunities to sit down or take breaks, all of which are things I think might make problematic menstruation harder to manage. Compared to those in other industries. Hospitality service workers tend to have poorer psychological wellbeing, lower pay, longer hours, and compared to those in professional work, they're less likely to have fully paid sick days as well. The first stage of my research was to conduct a pilot study. I interviewed 4 women, all based in Scotland, aged between 22 and 25. They worked primarily as bartenders in bars, pubs, and hotels. And they worked a mixture of full and part time, except for one participant who was full-time. next slide, please. So unsurprisingly all of my participants expressed some kind of attitude that periods are something you have to just get on with. or that they would be seen as overreacting or dramatizing if they were honest about their symptoms. All of them perceived menstruation to be a taboo or stigmatized topic in their workplace, and all of them wished that they could openly discuss it, and that it would be understood by colleagues and supervisors. bathroom access and sanitary facilities were huge issues for participants across all of my participants' workplaces. Most staff bathrooms did not have sanitary bins, so they would have to use the customer bathroom if they were on their period and needed to change a product. (Customer bathrooms often being occupied) Period products were not freely available in most work places. So employees would typically have to go back to the staff room if they wanted to get a period product and then go back to the bathroom. Which can be very time consuming. One woman I spoke to said that the journey from the bar to the staff room to the queue for the toilets to the toilet itself could take 10&nbsp;min, which if you're experiencing heavy periods and you're in danger of leaking, that's a very long time to wait to go to the bathroom. And besides, the actual physical access issue hospitality work can be so busy that sometimes it's impossible to escape customers for long enough to find the time to nip away for a toilet break. next slide, please. So when it came to seeking medical treatment, all of my participants expressed some sort of feeling that they neglected their health. They procrastinated making doctors appointments. They struggled to find time. They felt it would be inconvenient, or that they just hadn't got around to it. 3 of the 4 women that I spoke to had seen a GP specifically because of their periods at some point. One of them had been diagnosed with endometriosis, which she overall found to be a positive experience, and she found that her manager took her symptoms much more seriously, and treated her very differently after she disclosed that she had a diagnosis another participant had been given prescription medications to control the pain and heavy bleeding that she experienced. which she did find helpful, but she wondered if there might be an underlying condition that wasn't being addressed because she didn't receive a diagnosis. The third woman who spoke to the doctor was only offered hormonal contraception as a solution to her pain and heavy bleeding which she decided not to take, because she decided that the potential side effects were unacceptable for her. All of the participants interestingly, did mention hormonal contraception at some point in their interviews, and it was only spoken about in a neutral to negative way, which is an interesting finding and something I'm hoping to learn more about in my main study. and finally. hospitality work gets very, very busy, and there's an attitude and an expectation that you must always be available both to your customers and to your colleagues and supervisors. One woman I spoke to said that she felt like she was abandoning her colleagues if she went to the toilet and when participants did take time off work because they were ill, they often faced very negative reactions. One participant who had a few days off ill said that she had multiple managers and supervisors calling her every day to berate her and tell her that she needed to be at work. They were short staffed. Why aren't you here? My participant, who had endometriosis, told her manager that she needed to go home because she was having severe period pains, and the manager told her that she needed to try and stay another hour, which she did, and when she finally did go home an hour later she was told to her face that it was very frustrating. So for the next steps of my research, I am currently planning the research design for my main study with an aim to have my ethics submitted and start collecting data by this summer. I am looking to recruit participants from a wider range of hospitality roles. Obviously, all of my participants in this study were primarily bar workers. But I would really like to speak to waiters, baristas, fast food service. I would also like to recruit participants who are older, obviously. My participant in the study were all in their early to mid twenties. There are a lot of gynaecological health conditions that primarily affect older women. So older people. So I would particularly like to speak to those and perhaps career changes. People who've left the industry recently and changed to a new industry. I think. it's possible that the people who have the worst and the hardest experiences of managing problematic registration are more likely to have left the industry. and one of my participants had recently left the industry, and she was able to directly compare her experiences of menstruation in hospitality versus in her new office-based role. And that was very interesting to hear. And I'm particularly more interested to learn about the experiences of people who've accessed healthcare and pursued treatment. And the factors that influenced those decisions. Thank you very much. That's all I have to say.

## Questions and Answer section

Chiara: Thank you. Thank you, Gabriela. And again, thank you all our speakers, I think. Yeah, the audience also would agree on the fact that these were great contributions and great presentations from so many different perspectives. But all had something in common. That was how important menstrual health and periods are, and I'm very glad to hear that more research has been done. More has been periods have been talked about more, and we're trying to open that conversation, and also how crucial it is to really collect the lived experiences, to understand what some of you mentioned as the nuances, and the really different breadth of experiences, and how that help. and how that affects at work, the life of people and work is a major part of people's lives. I would also want to kinda highlight the fact that obviously we have been talking quite a lot about women We are women here, but we also do understand- and I think all the panelists agree on the fact that not just women menstruate, and it is important to acknowledge the experiences trans and non-binary people as well. And how that experience also, might be even more challenging at times. So that is also very important. And as from EDICa, I also wanted to say that, we are really trying to get that across. So if anybody wants to share that experience that is not just from women, but from trans nonbinary people who want to share and contribute to this study. That would be very valuable. Anyway. So I would have a lot of questions and comments to make, and hopefully the questions the audience will come up with some questions. We have one that is quite general. So I read it, and you decide who wants to answer and address that so "given that there is a history of poor male behaviour with addressing questions about menstruation. For example, with respect to field work. is it still appropriate for male PI's to address respective issues with female colleagues? Or should a conversation be started by female colleagues, and then continued by others?" I think, Ellie, you have unmuted yourself. So if you want to answer that.

Elli: I think that popped up while I was... during my presentation. And no, I think that would be completely passing the buck, and also it would be undervaluing the commitment of many male- like cis-male - researchers and PI's who actually do care and do want to help although there have been incredibly bad stories coming from the fields like with that paper that I talked about. That is a minority, and although probably the bulk could do more, from my experience I've met with male researchers from all career stages who've been really keen to know more, and for them the issue is more- they don't know what to pass on, so I don't think they should get away with not having to start the conversations, but I think that a body of literature should be made more available for them definitely. But no, I think we shouldn't we definitely shouldn't be putting all of the responsibility on to female researchers, to ... and not just researchers, female field workers to provide this training. Like, I am very aware that I'm a female ECR, who's had issues with menstruation in the past, who worked in polar environments, who's now providing the training and one of my main motivations for doing that is because I didn't necessarily get it. I didn't mention in the seminar, but my first paid job working in the outdoors was 10 years ago, and I've been consistently working in the outdoors for 10 years, and in that time I've had half an hour of formal training relating to toileting. So that's 30&nbsp;min. So the responsibility of starting these conversations is on everybody, male or female, cis or trans.

Chiara: I definitely echo you, Ellie. Dharma, would you like to add anything as a field worker yourself?

Dharma: Yeah, I think it's important that across the universities, we could really promote that the code of conduct for field work includes this topic about menstruation and menopause. and we have been realized that in some universities and institutes there doesn't exist the document then I agree that need to be a work of everybody - male PIs, female PIs. But I think it's also important to get a piece of a PDF. Paperwork that we could find as a guidance.

Chiara: Thank you so much, Dharma. So we have 2 questions on the Q&A. And then we have a question that is, gonna be asked verbally, so first I read the question, if from and Encarna sorry if that's pronounced incorrectly.

"do you think the continuous monitoring of bleeding flow may add any value in the study of menstrual health?" I'm not sure who is gonna respond to that. Maybe some of the researchers who are working on menstrual health at work, is this something that would help- would give you any insight on your research? Or what do you think?

Ellie: I think, if what they mean is checking for how much someone bleeds throughout the course of their period. I think that that is already a big factor in menstrual hygiene or menstruation studies. So, we do know that it does vary throughout the cycle. But I might not have understood that question correctly.

Chiara: Yeah, I think. yeah, exactly. I'm not sure how that relates- Obviously, we talked about problematic menstruation as well. So we do also mean heavy bleeding, and that is something that does affect people at work. People who go on field work and people at work in general. We heard about hospitality, for example, the hospitality sector as well. So that obviously is important. And so yeah, in a sense, that is but in terms of, like the person who's monitoring that probably I would see it as another additional labour to have in terms of maybe even a kind of justify cause. Somebody talked about - probably it was Juliet - talking about, people being told about faking pain, or, putting a standard, or a number, or how much you bleed, or how much you are in pain. That might be. It's putting a metric on something that is so individual and personal, and, you know, has a lot of nuances on how people might react. I don't know how that could be navigated, so not sure if we answered your question. But please reach out if if you want to add anything, and Millie wanted to ask a question, please go ahead, Millie.

Millie: I just wanted to chime in on the question about bringing men into this conversation or those assigned male at birth. We've done a lot of training at SUERC, and I know I've spoken to Ashmika and Chiara. But to me, bringing male field trip staff into this is essential, because, whenever I deliver the training to undergraduate training courses, people who are taking undergraduates out into the field, this is an additional workload that falls onto young female ECRs that unanimously - I can see people nodding their heads- you will be taking spare pads, spare tampons with you, and you become secret keeper for those who have bled through their clothes, and who do have menstrual issues that they don't want to talk about, and that reinforces the need for organizations that run field drips to insist that you take a female member of staff, and that means you are not being taken because you have years of field teaching experience. You are being taken because you have a vagina, and you can deal with vagina problems, and that is what it boils down to. And it is so diminishing of female ECR experiences that that is what has to change. And I'm not 100% sure how we do that. But if we don't have male staff who are leading field trips in on this, then you are further disadvantaging students, and you are just reinforcing that glass ceiling for female teaching staff to be able to break through. And that's not why I want to be invited on field work. I don't want to be invited to talk to young women. I wanna be there because I know my subject. I'm good at teaching, and I can make a meaningful contribution to the research if that's what the trip is. Not just because I can deal with these types of questions, and it's an attitude that has certainly been echoed a lot when I've done training on this myself. And it is so frustrating. And I know a lot of other people that have done a lot of field work will feel the same way about this. So I don't know how we do that. At Glasgow we're currently applying for funding to run an event that's tentatively titled, "putting the men in menstruation" just for male field trip staff leaders to come and to be able to understand more and to talk about this. And I think that there is an appetite for that type of event where you know it's not. This problem hasn't been created by men. There is a communication divide here that realistically, men are very capable of talking about these types of issues as are women. We just don't like to talk to each other about it, but most men are capable of buying supplies and understanding the issues and finding ways to just remove that barrier is critical.

Chiara: Thank you so much, Millie. You made absolutely valid points, and I think we can all agree with that. The responsibilities need to be shared, that there needs to be an awareness at all levels, regardless of gender. And yeah, everything you said, it absolutely resonates with also all the people that we've been talking about who are really pushing for all staff to be trained, to be aware, or at least to be able to support in terms of even signposting where to find a support. So, there's really no excuse, in a sense. So thank you so much Millie. And actually, there's a question that kind of links to this. So any tips for bringing up menstruation in the field with maybe with male PIs, if they don't bring it up themselves and can toileting and menstrual provision be included in risk assessments for field work for example.

Ellie: yeah, I think this is good 'cause the topic has shifted over to very much the field-based. And it does seem to be focusing on bringing students into the field. But, I think what this person has said- they've kind of answered the question themselves, have it in the risk assessment. It's a safety element. So it should go in with the other safety elements. It's exactly the same. So for polar scientists. I say, it should be part of like when you're discussing issues with like cold-related injuries, for example, that's where you put in all of your toileting, and if it's to do with your personal health, it's part of safety, it goes in the risk assessment. And although I know it's not an easy thing to do for many people. For me I find the best thing to do is almost just be very, very forward about it. So when risk assessments come out just conversationally with the PI's be like, right? Okay? And what about menstrual waste? It is putting labour on yourself, but if you make it very normal, (it's not the best language) but you can embarrass other people into treating it as normal themselves. It's the responsibility of field leaders to deal with this stuff. And just because they're embarrassed, that's something that they have to get over with. There is good language that you can use, and you can emphasize the safety element of it. But I, from my own experience, and I know I am quite like a confident, outgoing person. I just push it, and I don't stop talking about it until people start listening. One thing that we have talked about is when you are running some kind of field excursion. Whether or not it be teaching with students like Millie was referencing, or whether or not it'd be something like one of the expedition style, having some kind of portal where people can submit queries anonymously. If you are taking on people that are going into the field for the first time, and might be a little bit unsure about asking questions and a bit embarrassed about asking questions, and that can be helpful as well. And we have had some positive responses to that although hopefully, we will eventually get to a position where we don't need that, either. But yeah, put it in the risk assessments, goes into the safety briefings. It's health and safety. It should fall under that.

Chiara: And that's a great start. And then things would follow through. And hopefully, the normalization will eventually happen. I've got only the time to read the last question, "How can we work with clinicians who seem to often have poor understanding of gynae health and as we mentioned, dismiss the pain, dismissed people's experiences and not really understanding all the nuances and spectrums from periods to problematic menstruation, endometriosis and menopause and perimenopause. How can we do that? Who wants to take this question? It is a difficult one? Because obviously depends on the health system, I suppose. And you know, I think Ashmika made also a point of having the separation between sometimes the medical and the social. So how do we bring these 2 elements together? How do we not separate it? Menstruation is both a medical and biological event as much as it is a social event. And also, you know Juliet's presentation did add the nuances of a cultural event as well on how things are perceived differently in different cultures. So you know, how can we... it is a difficult question. But how do we... marry the two? It is quite, quite tricky. Ashmika, please.

Ashmika: So my previous research from my masters, was on understanding diagnostic delay of endometriosis, and I tried to understand why there was a diagnostic delay in the UK and globally, it's around 8, 10... some countries was even 15 years. And I try to understand it at 3 different levels like, where does the delay really occur? Is it at the patient level, or is it at the doctor's level clinician healthcare practitioner, or is it at the health care system level. So one finding that I have seen is misdiagnoses. And that's why women are not diagnosed. So a lot of the gynaecological problems, the symptoms overlap with a lot of other problems. So that's how they are misdiagnosed. So one of the proposed intervention or idea that I was reading through literature, was to have a module or whole chapter covered on reproductive health in the guidelines of general practitioners, because, for example, in the UK we go to the GP first before being referred. So already creating awareness and putting women's health as a big chapter was something called that the GP needs to understand is one of the ways. But this is a very tricky question, like, How do we work with clinicians to tackle this problem? But this is just one of the findings that I have encountered.

Chiara: Thank you so much Ashmika. There was actually a very good, interesting perspective and helpful. So I think that that's what we are trying to do, and is one of our aims as EDICa and the menstrual health study in particular, to really bridge that gap in a sense of like disciplines and hopefully create that communication. Anyway, it's 31 past. So we are. This is the active call for participants of our events and studies. So please share widely and participate.

## Closing

EDICa Admin: Can I just interrupt? Can I just interrupt and say that we have just literally 3 minutes ago nailed our next seminar. So thank you to Cat Morgan, who has been working to try and get our panellists secured. So this one's gonna be on peer review bias. It's a report that we have been working on for quite some time, and we'll be able to share publicly. And we've got Professor Mustafa Ozbilgin, and we've got Emilie Koum Besson and we have Dr. Cat Morgan sharing the peer review bias. So I put the link into the chat. This will come out through our network and our social medias as soon as possible. So thank you so much to our panellists. That was excellent. The recording will be caption corrected and then shared on our website so that people can look again. There is a lot of information in those slides, and we would like this to be shared as widely as possible.

Chiara: Thank you so much. Thank you. The speakers. Thank you. The audience. And thank you. Yeah, let's keep up the good work.

Thanks, bye, bye.