

**IT'S FOR
EVERY
BODY**

Campaign Bargaining Kit



Understanding Reproductive Health as a Workplace Issue

**WE ARE
UNION**

Australian
Unions

Acknowledgment of Country

Victorian Trades Hall stands on the lands of the Wurundjeri people of the mighty Kulin nations.

We acknowledge and pay respects to their elders, past and present. This land was stolen, never ceded, always was and always will be Aboriginal land.

Solidarity Statement

We are union.

We stand united as part of a great movement of workers.

Our diversity is our strength.

Our solidarity is our power.

We respect and take care of each other.

Prejudice and discrimination – including misogyny, racism, homophobia, and all other hatreds have no place in our movement.

We rise together.

Today and every day we commit ourselves to achieving justice, fairness, equality, and dignity for all workers.

Solidarity forever.

Contact us:

Facebook: /unionwomen
Instagram: @union.women
weareunion.org.au
women@vthc.org.au

This resource is regularly updated and available online at: weareunion.org.au/repro_health

Support:

If you need to access support, you can contact:

- Lifeline: 13 11 14 | lifeline.org.au
- WIRE Women's Information and Referrals: 1300 134 130 | wire.org.au
- Pink Elephants Support Network: pinkelephants.org.au
- Griefline: 03 9935 7400 | griefline.org.au

Additional resources:



Use the QR code to access additional resources and those referred to in this kit.

With special thanks to:

With special thanks to the Australian Council of Trade Unions, the Queensland Council of Unions, the Finance Sector Union and the Health and Community Services and Health Services Union for access to their resources and guidance.

We Are Union

- commitment to safety, respect and equality

All workers, regardless age, sex or gender, will experience reproductive health issues at some point in their working lives.

Many of these health issues can take a serious physical and mental toll on workers and can inhibit their ability to work. *It's For Every Body* is about supporting workers to be safer and healthier and to create more inclusive workplaces.

The union movement is committed to ensuring safety, respect and equality for all workers. That means we're committed to ending gender inequality. Victorian Trades Hall Council will work in partnership with unions and workplaces to ensure they have the tools to understand and implement reproductive health leave, flexibility and better support for all workers.

The Victorian union movement joins with the Australian Council of Trade Unions to advocate for reproductive health to be understood as a workplace issue and for paid reproductive health leave to be included in enterprise agreements, awards and the National Employment Standards.

Reproductive health leave, and related forms of leave such as menstruation, menopause and pregnancy loss leave have already been achieved by the Victorian union movement in Victorian workplaces and we acknowledge those unions and their members for taking up this fight.



Notes on language

This kit recognises that all workers will experience reproductive health issues at some time in their working lives and for this reason we have generally referred to 'workers'. Quotes have been taken from VTHC's Reproductive Health and Work survey and anonymised. The majority of workers who completed the survey self-identified as women and this is reflected in the results of the survey and the associated quotes.

Content warning

This kit discusses issues that may be confronting such as miscarriage, pregnancy loss, still birth, depression and suicide. Please refer to the opposite page of this booklet for a list of support services.

**IT'S FOR
EVERY
BODY**

Using the *It's For Every Body* campaign kit



This kit is intended to improve understanding of reproductive health as a workplace issue. It provides contextual information about reproductive health and work, common misconceptions, conversation starters, survey data, personal stories and acknowledges that everyone's experience is different.

It also provides strategies and resources to implement reproductive health entitlements at workplace and industry levels in enterprise agreements. It can be used by unions, union delegates, health and safety representatives (HSRs) and employers. There is also a Delegates Pocket Guide to accompany this kit.

It is impossible to plan or understand every scenario or individual workers' needs. This kit looks at overarching issues, principles and common themes.

Commitment to building and sharing collective knowledge

This is a document that will evolve as we acquire increased collective knowledge about reproductive health and related issues at work and its implementation in workplaces. We encourage your feedback and questions.

women@vthc.org.au

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What is *It's For Every Body*?



***It's For Every Body* is a union campaign to win paid leave, flexibility and entitlements in enterprise agreements and the National Employment Standards for workers experiencing a range of reproductive health issues.**

The purpose of paid leave and flexibility is to support workers to manage and treat those issues. It recognises:

- All workers, regardless of age, sex or gender, will experience reproductive health issues at some point throughout their working lives
- Reproductive health issues can take a serious physical and mental toll on workers making it harder for them to work
- Access to paid reproductive health leave and flexibility entitlements will help to address stigma associated with reproductive health
- These rights will support workers to be safer and healthier at work and to create more inclusive workplaces

Paid leave and flexibility entitlements will:

- Promote health and wellbeing by enabling workers to manage their reproductive health without compromising their employment, their pay and entitlements
- Foster inclusivity by recognising the diverse health needs of all workers and promote a fair and supportive workplace
- Encourage preventative care by allowing time necessary for health screenings and treatments, reducing long-term health risks.

What does reproductive health leave cover?

Reproductive health is wide-ranging and its impacts on work are significant.

The proposed entitlement would cover a broad range of issues including but not limited to:

- Menstruation
- Pregnancy
- Breastfeeding and lactation
- Miscarriage and pregnancy loss
- Perimenopause and menopause
- Chronic conditions such as poly-cystic ovarian syndrome, endometriosis and PMDD
- Hormone therapy

- Fertility treatments, IVF and assisted reproductive health services
- Vasectomy
- Hysterectomy
- Termination
- Preventative health care such as screenings for breast, cervical and prostate cancer

Specific information regarding entitlements for pregnancy loss and miscarriage is also included.

A glossary of these terms and other common terms are found on page 22.

Why reproductive health is a workplace issue?

Our reality at work:

Reproductive health is a workplace issue. It impacts our work and our financial security. Reproductive health issues are far more common than generally thought. The impacts on individual workers and their families are significant.

Millions of Australian women are impacted by chronic conditions such as endometriosis and poly-cystic ovary syndrome (PCOS). The economic cost is in the billions - from absenteeism (when a worker cannot attend work), presenteeism (when a worker attends work but cannot perform their duties to their usual standard), unemployment, underemployment and leaving the workforce early.

Research commissioned by the Health Services Union, Aware Super and Queensland Council of Unions found that not having paid reproductive leave entitlements costs Australia approximately \$26.55 billion per year.

The facts below reflect just some known facts about reproductive health.

Menstruation

An Australian study of more than 20,000 people found that 90% of working women experience debilitating pain from their periods, and 40% were forced to take days off or hide symptoms, compounding and exacerbating the impact.¹

Severe menstrual pain alone costs women nearly nine productive days per year, while those experiencing menopause with severe symptoms face a 25% drop in productivity.²

An Irish study found that 95% of people who menstruate experience physical and psychological pain so severe that they are unable to fully participate in key aspects of their life.³

Peri-menopause and menopause

Menopause is causing women to retire early. It costs Australian women collectively \$15.2 billion in income and superannuation for every year of early retirement.

Around 40% of perimenopausal women present to their primary healthcare physician (GP) with depressive symptoms.

Psychological symptoms associated with menopause, including loss of self-confidence, low self-esteem, anxiety and depression lead to

reduced work performance and attendance.⁴ ABS data shows that 26.8% of working women retire under the age of 55, and that on average, women are retiring seven years before men, and 12 years before their desired age of retirement. This amounts to a combined shortfall of over \$112.2 billion in lost earnings due to early retirement (7.4 years).

Around 20,000 Australian women will at some point switch from full-time to part-time work, and 10,000 will leave the workforce and return later as a direct result of menopause.⁵

Women who are struggling economically or who have financial dependents were more likely to report having problems coping at work due to menopause. Women who felt insecure in their employment were also more likely to report moderate or severe difficulties coping at work with menopausal symptoms.⁶

Endometriosis

One million Australian women are estimated to have endometriosis.

Research by Endometriosis Australia found that 70% of women with endometriosis take unpaid time off work to manage their symptoms, one in three had been passed over for a promotion, and one in six had lost their job because of endometriosis.⁷

IVF and fertility issues

Current statistics show that fertility issues impact about one in six couples trying to become pregnant.⁸

One in every 18 babies are born as a result of IVF or assisted fertility procedures.

Many assisted reproductive health services are time sensitive. They range from simple to invasive procedures and multiple procedures are often required.

Pregnancy loss and miscarriage

It is estimated that one in five pregnancies ends in miscarriage, and that most miscarriages occur before 12 weeks gestation.

In Australia, it is estimated 285 women per day experience pregnancy loss. That equates to between 100,000 to 150,000 couples per year impacted by this loss.⁹

Preventative health care and contraception

Preventative health measures are leading to a reduction in deaths and serious illness. For example, breast cancer is the most common form of cancer diagnosed for Australian women. Around 8 deaths are prevented for every 1,000 women screened every two years.

The National Cervical Screening Program has halved the rates of cervical cancer and mortality since its introduction in 1991.

One in seven Australian men will experience prostate issues and early diagnosis and treatment can help before it causes symptoms and spreads. One in four men over the age of forty have a vasectomy.

Sources:

1. Beale & Mahwhinney, McKell Institute, Suffering in Silence: Making the Case for Reproductive Leave in Australia, June 2024
2. <https://www.theguardian.com/australia-news/2025/jan/13/reproductive-leave-study-australian-workers-period-pain-endometriosis-ivf-menopause-vasectomy>
3. Beale & Mahwhinney, McKell Institute, Suffering in Silence: Making the Case for Reproductive Leave in Australia, June 2024.
4. O'Neill., Jones, Reid, Impact of Menopausal Symptoms on Work and Careers: A Cross-Sectional Study, Occupational Medicine, Volume 73, Issue 6, August 2023.
5. www.superannuation.asn.au/media-release/menopause-costs-womens-retirement-outcomes/
6. lens.monash.edu/@medicine-health/2024/10/22/1387114/nuanced-not-knee-jerk-striking-a-balance-to-keep-menopausal-women-in-the-workplace
7. endometriosisaustralia.org/an-invisible-disease-becomes-a-silent-epidemic-in-the-workplace/
8. www.health.gov.au/topics/reproductive-health/about
9. Oderberg, Hard To Bear: Inviesting the Science and Silence of Miscarriage, Ultimo Press



Reproductive health is union business



Union members lead the way

The union movement has a long, proud history of advancing gender equality and our rights and safety at work. Union members have always taken on the fight for new rights and entitlements to combat inequity, support fellow workers and improve the lives of their workmates.

Unions play a key role in driving workplace and societal change. Unions advocate for action to reduce the gender pay gap, and we take action to support gender equality and the participation of women in good, secure jobs. Unions fight to eliminate gender-based discrimination and unfair treatment, challenge attitudes and behaviours that lead to gender-based violence and fix inequities. We hold employers to account to ensure the rights and safety of our members.

Unions have led the way in gathering data, surveying members, raising awareness, developing

resources and bargaining for reproductive health leave and associated entitlements in workplace agreements.

Union members in the finance, manufacturing, public service, first responders, education and community sectors have successfully campaigned to win access to paid reproductive leave and related entitlements in workplace agreements. Many union activists are raising awareness and gathering support from workers, employers and elected representatives to win this entitlement.

The substantial interest in the It's For Every Body campaign among workers shows this is an issue that is widely and deeply felt among the workforce. It is a crucial opportunity for unions to engage with workers on an issue they have identified is extremely important to their working lives.

Case Study

Finance Sector Union – Menopause and Menstrual Leave Policy Framework

In 2021, the FSU produced a menopause and menstrual leave policy framework to provide information for FSU members and finance employers about the value in providing support to workers who are struggling to balance the symptoms of menopause and menstruation with their paid work.

In 2023, the FSU launched a survey of Australian finance workers to understand their experiences and 680 financial workers completed the survey.

It found the discussion of menstruation in the workplace remains taboo, and the inability to discuss menstrual and menopausal symptoms impacts a person's confidence and ability to work productively.

The finance industry also has one of Australia's largest industry gender pay gaps – a gap that has barely shifted in 20 years.

The FSU's framework makes clear that the ability

of the finance sector to eliminate the gender pay gap is largely dependent on not only addressing gender segregation (so that more women are employed), but ensuring that women workers in this industry can manage their health, menstruation and menopausal symptoms and progress into senior roles.

'Workers are clear that the issue of menopause at work needs to be addressed... Stigmas and taboos need to be broken to allow those who are experiencing menopausal transition to be supported.'

The FSU has fought for menstruation and menopause leave in addition to a separate reproductive health leave entitlement.

Since 2021, finance industry employers including CBUS, HESTA, Police Bank, Aware Super and NAB have adopted menopause or menstrual leave frameworks, access to flexible work, and/or paid leave.¹⁰

Case Study

Health and Community Services Union

Since 2021, HACSU has fought for paid leave and flexibility for all workers experiencing reproductive health issues. They argue that access to paid leave for all workers increases participation, reduces the gender pay gap, and reduces the superannuation gap.

A lack of workplace flexibility in the health and community services sector has led to workers retiring earlier than expected, with many instances being linked to symptoms related to menopause and perimenopause.

Of HACSU members surveyed, 76% reported that they felt stigma about disclosing symptoms of pain at work, and 67% reported that their pain is causing them hardship at work.

HACSU research showed that for many women, small adjustments to working arrangements that assist in accessing treatment or to alleviate symptoms associated with reproductive issues can improve their working lives without the need for

workers to take extra leave.

For example, a reasonable and flexible start time could allow workers experiencing sleep disturbances to manage burnout and exhaustion without losing an entire day to personal leave.

HACSU asserts that reproductive leave will ‘allow women to manage any symptoms as they arise, such as excess bleeding, pain, cysts, or symptoms of endometriosis that have come about as a result of hormonal change due to menstruating. It also allows those who are suffering the symptoms of menopause to alleviate sleeplessness, break through bleeds, anxiety and hot flushes by seeking medical assistance or time to recover before returning to productive work.’

Members at disability services provider Scope recently successfully achieved 12 days of paid reproductive health leave; covering almost 7,000 workers nationally.¹¹

Case Study

Queensland Council of Unions (QCU)

The Queensland Council of Unions is the peak organisation for unions in Queensland. They have played an important role in advancing the claim for reproductive health leave. In May 2024, after a successful campaign by the Queensland Council of Unions, the Queensland Government announced

the introduction of an annual entitlement to ten days non-cumulative paid reproductive health leave for public sector workers. This entitlement was later extended to include employees working in Queensland Government owned corporations in power, water and ports.



Sources:

10. Finance Sector Union, Menopause and Menstrual Leave Policy Framework, August 2022.

11. Health and Community Services Union, HACSU Women's Plan, June 2024.

What workers have told us



In November 2024, Victorian Trades Hall Council launched a Reproductive Health and Work survey to better understand the experiences of Victorian workers. More than 800 workers shared their stories. 97% believed that employers should be required to provide paid reproductive health leave and flexibility support for their workforce.

Workers' individual stories traversed the health, safety, and economic impacts of managing reproductive health at work. They included devastating stories about the impact of a lack of support, respect and understanding for reproductive health. Workers reported their concerns were ignored, some were mocked, and some had their reproductive matters treated as performance issues. Many workers refused to talk about their issues at work for fear of being shamed or stigmatised or suffering career damage.

Workers shared their experiences of working through debilitating pain, migraines, heavy bleeding, insomnia, irritability, sleeplessness, depression, grief, and isolation with some reporting their symptoms and experiences caused suicidal ideation.

Many reported using or exhausting paid leave entitlements, losing pay or working through these symptoms because they had no other option. Others reported not being able to get a timely diagnosis for their concerns and inability to attend specialist appointments they needed to manage their health.

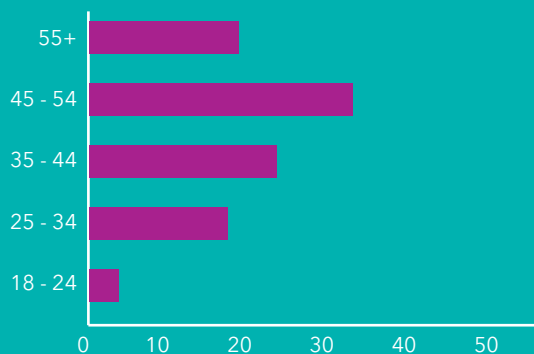
Many struggled through with a lack of support, and many were reluctant to or unable to discuss it with a manager or supervisor because of a lack of compassion, understanding or care.

*Survey percentages have been rounded and may not equal exactly 100%.

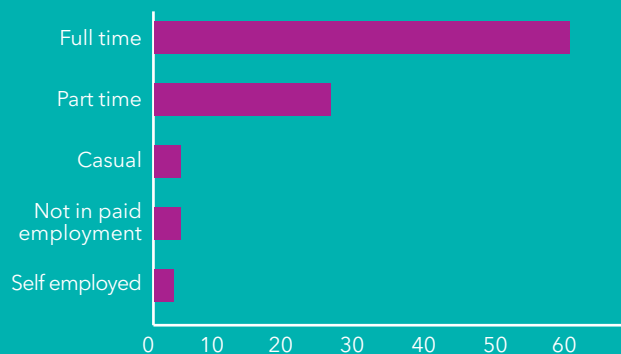
Who completed the survey?

Workers in the education and training sector were the largest group of workers to respond to the survey (31%), followed by health care and social assistance (19%), government or public sector (13%), then administrative and support services, and then transport.

More than half of respondents were **45 or over**.
70% of respondents were union members.



More than **85%** of respondents were in permanent work, whether **full time or part time**.



Key findings

Workers experience a broad range of reproductive health issues that can inhibit their ability to work.

Respondents had experienced a range of reproductive health issues for which they needed to access treatment and/or that impacted their ability to attend, manage or fully participate in work. These included:

Menstruation 64%	Perimenopause 38%	Preventative health care such as breast or prostate screening 24%	
Menopause 22%	Endometriosis 21%	Pregnancy loss 18%	Pregnancy related illness 19%
Accessing contraception 18%	Hormone therapy 9%	Accessing IVF or other assisted reproductive health services 11%	Fertility related issues 12%
Terminations 9%	Hysterectomy 8%	Vasectomy 0.6%	Poly-cystic ovary syndrome 12%
Premenstrual dysphoric disorder (PMDD) 9%		None listed 8%	Other reproductive health issue 22%

The impacts of these issues were wide-ranging, however the impact and importance of addressing reproductive health as a workplace issue was captured by this worker:

“Painful periods and endometriosis have affected my ability to work my whole working life. I have needed to take sick leave, work from home/work flexibly, or access a place in the office to lie down in order to be able to manage my symptoms, which include severe pain, fever/hot and cold flushes, dizziness, blurry vision, nausea, vomiting, and not being able to stand or sit upright. I have also had to take time out of work to seek diagnosis and treatment for these issues (diagnosis of endometriosis took 20 years).

For a lot of my working life it hasn't been possible to talk about it, which makes it impossible to seek support in the workplace. It's great to see this start to shift. Work should be responsive to people's reproductive health issues and needs, rather than workers trying to pretend these issues don't exist or keep them separate from the workplace. My biggest fear has been that employers will think I'm unreliable or taking the piss due to my symptoms. Being able to talk about it and explain what is going on without shame or stigma is key to addressing that.” - Claire

And this worker who shared the cumulative career and life impact of a lack of understanding and workplace support:

“People with uteruses are often managing these issues for years and years; while the issues don’t sound that serious at any one time, the accumulation of all that time, distraction, and emotional distress compounds and seriously sets us back over the course of our careers. It would reduce the feeling of being an impostor for having to hide what was happening, and making excuses to be out of the office to secretly attend appointments. It would take away the shame of having to manage health issues that are not life-threatening so they don’t feel valid, but they really are impactful in life.” - Sarah



Workers are exhausting paid leave and losing pay to manage their reproductive health

Workers accessing reproductive health care can incur significant costs including needing leave from work to access treatment, attend appointments or manage symptoms.

A substantial number of workers told us they were using or exhausting other forms of paid leave and losing pay to manage:

- Nearly 85% of respondents had used other types of leave (eg. sick leave, annual leave, long service leave) to manage their reproductive health
- Nearly half (45%) of all respondents had lost pay because they had to manage a reproductive health related issue
- More than one third (36%) of respondents had taken time off to support a family member or partner who was experiencing or seeking treatment related to a reproductive health issue.

These results show that paid reproductive health leave is essential for workers’ economic security,

particularly women worker’s economic security. More than 85% of respondents were in permanent full or part-time work with access to paid leave entitlements, yet 45% of respondents still indicated that they had lost pay because of a reproductive health issue.

Respondents overwhelmingly reported utilising their personal/carer’s leave for reproductive health issues, leaving little or no leave for when they are sick.

This is compounded by the fact that women continue to do the majority of care work for children, elders and families. Many reported that their personal/carer’s leave was exhausted due to their family and caring responsibilities, leaving no access to paid leave for their own illness let alone to manage their reproductive health. Many simply presented to work through pain and discomfort rather than lose pay or use other leave.

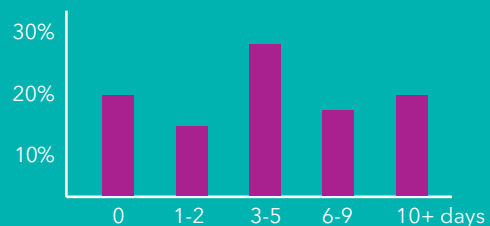
“I have had PCOS with painful periods and needed to take time off work for the diagnosis process because specialists often only work Monday to Friday 9-5. And I’ve had time off when unwell due to symptoms. I would use sick leave if I was lucky enough to have some, but most working mums and single mums like me have no sick leave left because kids in daycare or school get sick and you’re caring for them but carer’s leave is literally just your own sick leave, no extra leave for that either.” - Cath

The survey results showed that personal/carer’s leave was often the only option for workers, and that ten days of personal/carer’s leave is simply not enough. Access to reproductive health leave will help to ensure workers can manage their reproductive health without worrying about their financial security and will be transformative to achieving gender equality at work.

Access to paid leave would be a game-changer

In their survey responses, workers made clear that paid leave is crucial to manage their reproductive health. Workers would access it when and as needed. When responding to the following question:

‘Looking back on the past 12 months, if you had access to paid reproductive health leave, how many days would you have used to manage, treat or alleviate symptoms related to your reproductive health?’



These results show that paid leave is a game-changer for workers to manage their reproductive health. They also reveal how varied workers’ reproductive health experiences and needs are. 43% of workers said they would use between 1-5 days.

One in five respondents (20%) experienced chronic reproductive health issues that require 10 or more days of paid leave per year. For these workers, reproductive health leave would provide the support that would keep them connected, supported and engaged in work.

17% of respondents reporting they would need leave of between 6 - 9 days in the past 12 months and 20% of workers surveyed indicated they would not have needed to access any leave in the past 12 months. Some of these workers explained that they didn’t need paid leave in the last 12 months, but would have utilised leave at a different point in their working life, if available. This demonstrates that the

need to access paid leave is consistent and ongoing for some, while others may only need it from time to time or at different periods in their working life.

The FSU’s survey found that about a third of their members would use paid menstrual or menopause leave a couple of times a year, and just over half would use it three to six times per year. A small number of workers (14%) would access it more than six times per year.

These results address a common misconception that paid leave, if accessible, would be misused. There is no evidence of this and in fact, this survey demonstrates that workers would only access what they needed, when they needed it. Access to leave would instead reduce stigma by encouraging transparency and support for workers experiencing reproductive health issues, making them more productive overall.

'I have other pre-existing conditions and I have to be careful in using my paid sick leave days. Or else I'd have to use my annual leave days. There is also the requirement to use the annual leave days for the annual end of the year shutdown so there are times when I have to use unpaid sick leave days. When I force myself to work despite the menstrual pain, it's so difficult to work properly. I wish we have more reproductive health leave days. It makes it easier for me to get better soon so I can go back to work without any pain or without feeling guilty that I have placed additional work responsibilities to my non-menstruating colleagues.'

'I'm going through perimenopause at the moment and I'm feeling awful - daily migraines, hot flashes, fatigue, brain fog, insomnia, iron deficiency and heart palpitations. I'm only at the start so I still have irregular periods. Not fun. Wondering how I'm going to get through it with full time work,

job insecurity, two teens and aging parents. Leave and more flexibility would make a difficult time of life easier and make staying in full time work more viable.'

'Every month I have a few days where I'm unable to function as per normal. I typically still go to work but everything is harder than normal. I would really love the ability to rest on my worst days. It is so hard to work through bad days, and being able to access leave would significantly help me make better decisions and work output when I'm at work.'

'(Leave and flexibility would) make it less uncomfortable to manage symptoms, would make me feel like I have an inclusive workplace, would be able to keep personal leave for days when I am genuinely sick and keep days off from work for what they are intended to be, leaving me in a better head space for work.' - Susy

Finally, paid personal/carer's leave under the *Fair Work Act 2009* is for illness or injury. Menstruation or menopause are ordinary parts of biological processes and are not an illness or injury. Our entitlements should not deem them as such.

Right to flexible work, including work from home and improved amenities is essential

Our survey results reinforced that paid leave *and* access to flexible work arrangements, including the right to work from home, are essential. When asked if any of the following would assist to manage issues related to reproductive health, survey respondents indicated the following would assist them:

Paid leave (in addition to existing forms of leave)

79%

Right to work from home

66%

Access to flexible work arrangements (change in hours, shifts, duties, etc.)

62%

Ability to rest, access to a quiet area

52%

Reasonable changes to the work environment (eg. Temp, uniforms, facilities)

37%

Longer or more frequent breaks

32%

Many workers would benefit from changes like break times, start and finish times and/or work from home to assist to improve their comfort, dignity and their productivity. Having the right to request flexibility on reproductive health grounds to suit individual needs and creating a safe environment to discuss this with an employer without judgement is essential. As one worker said:

‘Flexibility is key to the approach as everyone’s experiences are so varied.’

Workers were asked if any other supports or adjustments would assist them. A significant issue for many respondents was access to nearby, clean and suitable toilets and amenities, and the ability to have short breaks to visit the bathrooms. Respondents commonly self-identified other workplace supports such as:

- Employer supplied period products in bathrooms
- Education about reproductive health, including menstruation and menopause

for managers, leaders and other workers

- Empowerment and trust to self-manage
- Compassion from workplace leadership
- Being allowed to use a hot water bottle, fan or heat pack while working
- Access to a quiet room or space at the workplace
- Changes to office lighting to accommodate people experiencing headaches and light sensitivity
- Improved access to mental health and wellbeing support beyond EAP (Employee Assistance Programs)

There must be improved workplace action and support to meet the individual and collective needs of workers. It is clear that workers living with reproductive health issues know how to best manage them.

‘Being front facing customer service [is difficult] but I could conduct appointments by phone. I could still do my job without the long commute, parking and walking to work without overheating or having hot flush. The synthetic fabric in uniform I am required to wear is so restrictive and sometimes I just need time out.’

‘When hot flushes are really bad, being able to work from home is a godsend.’

‘I am retired now, through menopause and mostly very relieved that I don’t have to deal

with it any more. It is just so hard to keep doing your job while pretending all the stuff is not happening to you.’

‘During menopause my hot flushes were intense and I lost a lot of sleep. This meant I had to take sick leave so that I could catch up on sleep, as I was too tired to drive and to function at work. Better supports would have improved my working life if they had been available when I needed them. They would have supported me by allowing me to rest frequently and take time off when I was feeling emotional and mentally fragile.’ – Ali

Workplaces must collaborate with workers and their unions to address the needs of their workforces, having regard to their obligations to create and maintain safe and healthy workplaces. Workers must also have a right to request flexible work arrangements and other supports.

Reducing stigma is key

Overwhelmingly, surveyed workers reported a need for better support, respect and understanding. Two thirds of workers had not discussed their reproductive health needs with their employer, while one third had. Workers reported different experiences of discussing their health needs. When workers received support, they expressed

genuine appreciation and reported improvements to their mental and physical health, as well as their approach to work and productivity.

Non-judgmental, supportive responses are needed and beneficial for workers and employers.

‘I have been supported when I needed to take time off for surgery and follow up appointments. It made such a difference to my health and mental health at the time.’

‘My managers have been supportive and

understanding and have sympathised as they have generally experienced the same thing. I am certain I would be supported if I needed a particular arrangement, but there is no entitlement or policies under our agreement, so I worry if management changes.’ - Fanoush

Many said that having access to reproductive health leave would legitimise their experience, make it easier for them to seek time off or flexibility for treatment, and create greater understanding.

‘While I feel I can have conversations around reproductive health, I do not feel comfortable to disclose that info with just anyone. I wouldn’t say there is a culture of awareness/ education across the whole organisation. It would legitimise and validate my experience of discomfort, pain, mental, physical health relating to reproductive health, create a better workplace environment that acknowledges expansive health, safety and hygiene issues.’

‘I just want it to be easier for people to be able to speak more freely about how hard

these issues can be and for employers and co-workers to listen, be empathetic and work with affected workers in a constructive way.’

‘It would make me want to stay in the job I’m in and feel more appreciated’

‘We have a right to... be supported and not made to feel like we have to deal with this alone, needs to be spoken about more, not to feel ashamed or embarrassed of what the body is going through.’ - Natalie

For more than 500 workers who had not discussed their reproductive health issues with their employer, there were several common themes about their reason including:

- Embarrassment, shame, awkwardness and stigma
- Concerns about privacy, trust and confidentiality
- Previous discrimination when raising health issues
- Fear of discrimination
- ‘It is a taboo subject at my workplace’
- Lack of trust in management to understand or be supportive
- Lack of education of management about how reproductive health impacts work
- Sexism and gender stereotyping, including fear of looking weak or unreliable
- Exclusive or majority male leadership

- Poor workplace culture
- Reproductive health leave is not yet an entitlement
- Job insecurity, leading to fear of speaking up

These results lay bare the significant stigma and shame about reproductive health issues. There is also fear about adverse consequences of disclosing a reproductive health issue. This needs to change. Having access to reproductive health leave will help to reduce stigma. Reproductive health leave is necessary to creating safe, respectful, inclusive and equal workplaces.

‘I’m glad that this is a public conversation so that people can understand how important it is to so many and how creating accessibility in workplaces can improve access to work, work quality, and life quality.’

‘There is little support and there is a sense of shame around suffering from reproductive issues. If it was recognised, I believe there would be greater support and acceptance from peers and management.’

‘It’s important for everyone. When people are looked after, they are more productive.’

‘I need a workplace in which you can speak openly about the issues you face without fear of prejudice. It would enable me to properly recover from bouts of pain and get back to work quicker. It would also more generally relieve anxiety at work.’ – Sabra

Few workers currently have access to reproductive leave or related rights

91 % of workers said their workplace either did not have any entitlements or policies regarding reproductive health (including menstruation and menopause leave), or that they were not aware of any such policy of entitlement. Only 9% of workers surveyed said their workplace had a reproductive health leave policy or entitlement.

Figures included in the Australian Benefits Review 2023 showed only 11% of employers offered paid leave for fertility treatments, while a further 4% provided unpaid leave.¹²

Source:

12. theconversation.com/what-is-reproductive-health-leave-and-why-do-we-need-it-238581

More support is needed for workers and their partners who experience pregnancy loss, miscarriage and still birth

Nearly one in five (18%) respondents reported experiencing pregnancy loss, miscarriage or still birth. This reflects estimates that one in five women who know they are pregnant will experience pregnancy loss or miscarriage before 12 weeks.

Currently, the *Fair Work Act 2009* provides for two days of compassionate (bereavement) leave for a pregnant worker and their non-birthing partner who experience miscarriage, defined as a spontaneous loss before 20 weeks of pregnancy. Compassionate leave also extends to workers who experience loss due to still birth, defined as the

birth of a baby where the baby weighed at least 400 grams or reached at least 20 weeks’ gestation. *The Fair Work Act* also provides for unpaid parental leave in the case of a still born child, if the worker was eligible for unpaid parental leave.

In effect, for any pregnancy that does not reach 20 weeks’ gestation, under the *Fair Work Act* new parents can only access two days of compassionate leave. This does not recognise the psychological and physical impacts of miscarriage and pregnancy loss on parents.

Many unions have negotiated improved entitlements in enterprise agreements for pregnancy loss, including paid leave to support workers who experience pregnancy loss before 20 weeks, in addition to entitlements to compassionate leave for miscarriage.

For example, HACSU claims for five days of pregnancy loss leave for a worker and their partner if a pregnancy ends between 1 and 10 weeks, and 10 days of paid pregnancy loss leave for a pregnant worker and their partner if a pregnancy ends between 10 weeks and 20 weeks.

Other unions have addressed pregnancy loss differently, affording workers the right to parental leave from 12 weeks in the event of a pregnancy terminating. For example, in The Police Association of Victoria's (TPAV) enterprise agreement, provides for paid parental leave where a pregnancy terminates after 12 weeks. This is also provided where the pregnancy of an employee's spouse

terminates beyond 12 weeks.¹³ In the Treasury agreement, workers are entitled to one week of pregnancy loss leave where the loss of pregnancy that occurs between 12 and 20 weeks' gestation.¹⁴

Without access to additional leave entitlements, workers are using or exhausting their personal leave and/or only able to access two days of compassionate leave to recover from physical and psychological impacts of pregnancy loss. These circumstances should not be considered 'illness or injury'.

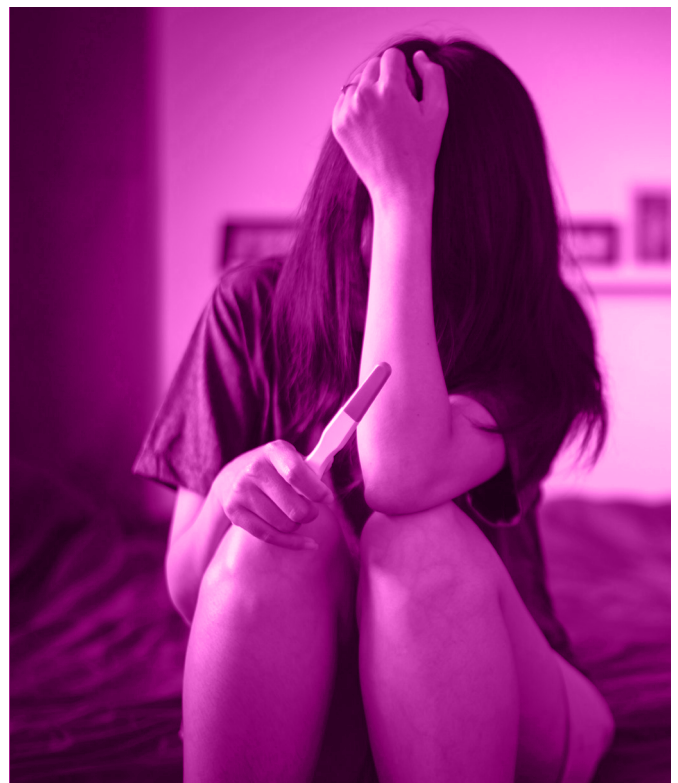
Internationally there has been increased focus on support for workers who experience miscarriage. This year, Germany passed a law guaranteeing paid maternity leave after 13 weeks (previously this was applicable at 24 weeks). Countries such as the Philippines and India provide leave entitlements for miscarriage and the UK is currently debating a new policy that would afford two weeks of paid leave.¹⁵

'It felt at the time there was very little support for experiencing this loss in general.'

'I had a miscarriage that meant I had to take leave, could barely function due to the grief, had on-going appointments, pain and mental health impacts.'

'I would feel heard, supported and less isolated while battling the trauma and grief that I have experienced... It would give me the space and time to recover and care for myself, then go back to work and be able to perform at a top level. Working through without these supports is stressful trying to perform but not being physically or mentally able to.' - Carla

The reproductive health leave enterprise agreement template provision at Attachment A would allow workers to use paid reproductive health leave in the case of miscarriage or pregnancy loss, in addition to any other leave entitlements. Some unions have and others will seek to negotiate separate and/or additional provisions and entitlements for pregnancy loss, miscarriage and still birth beyond reproductive health leave. Improvement of entitlements to support workers experiencing pregnancy loss is encouraged.



Sources:

13. TPAV Enterprise Agreement 2024pg.62

14. Treasury Enterprise Agreement 2024-2027, s. 62

15. www.mother.ly/getting-pregnant/miscarriage-loss/germany-miscarriage-leave-us-policy

What will reproductive health leave do?



It will support the quality of workers' lives:

Reproductive health leave will be life changing for Victorian workers. It will provide allocated time and flexible work options to manage issues arising from reproductive health. It will allow workers to access preventative health screenings and will

mean increased wellbeing, participation in work and economic security for workers. This will lead to a better quality of life and increased early detection of health issues for workers and their families.

It will benefit employers

The benefit to employers of this leave will include increased productivity, as workers will be empowered with transparency to plan and manage reproductive health issues and appointments. Employers can also manage and meet their duty

of care to eliminate sex discrimination, to ensure workers' health and safety while at work, and reduce help to their organisations' gender pay gap and meet gender equality targets.

It will benefit our community:

It will break down stigma related to reproductive health, increase gender equality, close the gender pay gap between men and woman workers and increase the participation of women in the workplace.

The role of union delegates



Union delegates have an important role supporting the introduction and effectiveness of reproductive health leave and flexibility. Some strategies that union delegates should consider include:

- Actively understanding this issue and starting conversations with co-workers
- Working with your union to develop a survey or other tools to understand how this issue impacts people in your workplace (having regard to sensitivity and privacy)
- Forming a working group of union members who want to get involved and work on this issue together
- Seeking additional training or advice about reproductive health issues and work
- Understanding common misunderstandings and resistance from workers and employers, and practicing objection handling
- Reviewing your existing policies and enterprise agreement to identify gaps or opportunities
- Sharing wins your workplace has with other workers and union members to grow momentum, overcome issues and share what's working
- Keeping a copy of the *It's For Every Body* Campaign Kit and Delegate's Pocket Guide handy
- Giving feedback on this kit to your union or to women@vthc.org.au

Starting a conversation



Conversations at work, at home and in the community are important to improve understanding of reproductive health issues. Starting conversations well in advance of your enterprise agreement negotiations and getting a good understanding of how reproductive health

impacts your workmates is important to creating change at work.

These conversation starters (as amended) were created and first published by the Queensland Council of Unions.

“Ten days of sick/carer’s leave is not enough!”

Full or part time Victorian workers are entitled to access up to ten days of paid personal/carer’s leave each year under the National Employment Standards if they are unfit for work due to a personal illness or injury. However, for many workers, particularly women and those who have responsibility for caring for children, family and elders, their only choice is to use their personal leave as carer’s leave.

Many organisations also strongly encourage workers who are sick to stay home or keep their children from childcare to prevent the spread of illness. It’s so important to take sick leave when

you’re sick; as it’s a matter of personal health to rest and recuperate, as well as an occupational health and safety issue to ensure illness is not being spread at work.

Our survey showed that almost 45% of workers had lost pay to manage a reproductive health issue and many more, almost 85%, had used or exhausted other leave to manage.

It’s not fair for workers with reproductive health issues to have to use all their sick leave, annual leave and take unpaid leave to deal with an ongoing issue.

“We need to reduce the stigma around reproductive health”

Many workers have grown up in an environment where they were actively discouraged from talking about reproductive health issues. This means many workers simply won’t talk about these issues or feel ashamed of what are normal bodily reproductive health issues.

In some cases, this results in workers not seeking early detection or screening for reproductive health issues that can lead to cancer: breast,

cervical, or prostate, or they don’t seek medical advice about pain or other symptoms they may experience, sometimes until too late.

That’s why it’s important workers are able to speak up about common reproductive health issues, or simply listen to others talking about them. It’s also important we talk about flexibility, the change we need at work and how we can support each other.





“We should have a right to request flexibility to suit our needs”

Some employees can currently access flexible work arrangements under the *Fair Work Act* if they are:

- Pregnant
- Are a parent, or have responsibility for the care of a child of school age or younger
- Have a disability
- Are 55 or older
- Are experiencing family or domestic violence, or
- Provide care or support to a member of their immediate family or household requiring care or support because they are experiencing family or domestic violence

A flexible work arrangement allows a worker to request different hours of work or work in different places. A worker should be able to access flexible work if they have a reproductive health reason.

Having a reproductive health issue means a worker may need flexibility to attend IVF treatment at the last minute based on their fertility cycle, or work from home on days when their periods are excessively heavy, or to help recover from a procedure.

The point is, we need a right to ask for flexibility to suit individual needs.

“All workers can experience a reproductive health issue at any time in their working life”

All workers may experience a reproductive health issue at any point in their working life. Reproductive health affects people of all genders.

It can include women with endometriosis or dysmenorrhea (heavy chronic periods), couples or individuals seeking IVF or IUI treatment and women experiencing peri or menopausal symptoms.

Sometimes women and men need to have surgical procedures related to their reproductive health

such as a termination, hysterectomy or a vasectomy, which will require time off work to undertake the procedure and time to recover.

It's important that all workers undertake preventative reproductive healthcare measures; to screen for things like prostate, cervical and breast cancers. Early detection of these types of health issues can result in better treatment options and saving lives.

Common misunderstandings and resistance



With any new entitlement, objections and resistance are to be expected. Often, this is because of a lack of understanding rather than unwillingness to engage. Use the conversation starters above to get started. Always remember, having a conversation about why this is important to you is a good place to start. Union members are connected by our shared values of equality, fairness and inclusivity.

“Isn’t this unfair?” or “I never had access to this”

Reproductive health issues are more common than you think and affect people in substantially different ways. Reproductive health leave is For Every Body.

Every worker, no matter their age, sex or gender, will experience a reproductive health issue at some point in their working life. Some will experience impacts more than others.

Union members care about making work fair and equal for everyone. That means fixing inequities that impact workers differently or responding when we become aware of or better educated about an issue. There are so many examples of us fighting

for what’s right. Not every worker wants to become a parent or will have a child, but our movement fights for parental leave because it makes our society better. Not every worker will need family or domestic violence leave, but we fight for it because it supports those who do need it and it’s the right thing to do. Not every worker uses 10 days of sick leave each year, but they are entitled to it because they may need it at some point.

Leave and flexibility will level the playing field for people who are experiencing reproductive health issues, and create better workplaces For Every Body.

“I just can’t see my employer/workmates getting on board with this.”

Every new workplace entitlement has been won because union members have started conversations in their workplace and community, and then demanded change.

Union members won family and domestic violence leave because one ASU delegate at one workplace raised it at the bargaining table and made the case for it. From there, other workplaces and unions started talking about it, putting it on the table and increasing workers’ and employers’ understanding of why family and domestic violence is a workplace issue that demanded attention. Eventually, family and domestic violence leave was won for all workers, including casual workers, in the National Employment Standards.

This entitlement has supported workers experiencing family and domestic violence to leave safely, made workplaces safer overall, and saved lives. It also recognised the prevalence of family and domestic violence in our community and helped to reduce the stigma and shame experienced by people it is perpetrated against.

This is just one example of union members standing up and speaking out on an issue to improve their workplaces and their working lives before it was commonly understood as a workplace issue.

By talking about reproductive health and listening to others, we can reduce stigma surrounding these issues and change workplace cultures.

“Won’t people misuse it?”

There’s no evidence that workers take advantage of sick leave. There’s no evidence that workers misuse flexible work arrangements.

When asked, survey respondents made clear that many workers who identified experiencing reproductive health issues would only have taken a few days of leave, even if they had 10 or more days available in the past 12 months. 28% of respondents said they would have accessed 3-5 days, while 15% would have taken just a couple

of days of leave. This shows that workers will use this entitlement as and when needed and will not misuse the entitlement.

Research also shows that access to paid leave would actually cost an employer, and our society, much less than not providing it. Research showed providing universal reproductive health leave would cost \$985 million, while not providing it costs our economy \$26.5 billion.

“Isn’t this covered by sick leave? Shouldn’t we just ask for more personal/carer’s leave?”

Personal/carer’s leave is for workers who are experiencing illness or injury or to care for others who are ill or injured.

Common reproductive health issues like menstruation or menopause are not illnesses but normal parts of life. While miscarriage or pregnancy loss is common, workers need allocated time off to overcome physical and psychological impacts and this should not be considered an illness. Accessing IVF and assisted fertility treatments is also not covered by the definition of personal/carer’s leave.

Our survey showed that many workers are exhausting their paid leave entitlements. And while ten days of personal/carer’s leave is not enough, increasing personal/carer’s leave entitlements to cover reproductive health will not help address inequities or level the playing field for people experiencing reproductive health issues.

A separate stand-alone entitlement is required to ensure that every worker who needs it can fairly access reproductive health leave, regardless of sex or gender.

Growing momentum for change



There is significant momentum for better recognition of our reproductive health in the community and in the workplace.

Last year, a Senate Inquiry into issues related to menopause and perimenopause recommended introducing paid gender inclusive leave and altering the *Fair Work Act* to make sure women had access to flexible working arrangements during menopause. The Committee also encouraged Australian workplaces to ‘develop peri-menopause and menopause workplace policies in consultation with their employees.’¹⁶

In early 2025, the Victorian government will release its findings and response to its Women’s Pain Inquiry. It will reveal the significant impact pain conditions like endometriosis, pelvic pain

and migraines are having on the lives of Victorian women and girls. More than 13,000 women and girls responded to the inquiry. Respondents told the Inquiry about cases of delayed diagnosis, high cost of care and the impact pain can have on their quality of life, relationships with family and friends and their careers.¹⁷

Significant investments have also been made by the Federal and Victorian State Governments into women’s health, recognising that women’s health has been underfunded, and that women’s economic participation is central to our well-being and achieving gender equality.

Sources:

16. Australian Government response to the Senate Community Affairs References Committee report: Issues related to menopause and perimenopause, pg. 12

17. <https://www.premier.vic.gov.au/lasting-impact-womens-pain-revealed>

Attachment A: Template Enterprise Agreement Clause



Note:

The *It's For Every Body* campaign is campaigning for paid leave and flexibility to be included as a universal right in the National Employment Standards and enterprise agreements.

These are recommended minimum reproductive health leave entitlements for enterprise agreements. Unions may seek to achieve other related entitlements separate and/or in addition to those set out. For example, additional paid leave for pregnancy loss, miscarriage and still birth. Please review the Campaign Kit for guidance.

X. Reproductive Health and Wellbeing Leave and Supports

X.1 Introduction

- (a) The Employer recognises the importance of employees being able to manage and maintain their reproductive health and wellbeing at different stages of their life.
- (b) The employer is committed to providing support to staff for matters relating to their reproductive health. The employer recognises that reproductive health and wellbeing leave and workplace supports are important entitlements that provide time, flexibility and support for workers to address reproductive health matters that impact on their capacity to work or to take preventative health care measures.
- (c) The employer recognises that reproductive health can impact all workers, at all stages of their working lives.
- (d) The employer recognises that reproductive health impacts on work are particularly significant in affecting women's workforce participation, workplace health and safety, career progression, and the gender pay gap.

X.2 Definition

- (a) For the purpose of this clause, reproductive health is defined as including (but not limited to) any condition, illness or issue (including any experience of pain or discomfort), whether temporary or permanent, relating to menstruation, pregnancy, breastfeeding and lactation, contraception, miscarriage and pregnancy loss, perimenopause, menopause, chronic conditions such as poly-cystic ovarian syndrome and endometriosis, hormone therapy, fertility related issues, genetic carrier

screening, In Vitro Fertilisation (IVF) and other forms of assisted reproductive health services, vasectomy, hysterectomy and terminations, and preventative health care such as breast, cervical and prostate screening.

X.3 Entitlement to Reproductive Health and Wellbeing Leave

- (a) An employee, including a casual employee or a fixed term employee is entitled to up to twelve (12) days per year of paid reproductive health and wellbeing leave for matters relating to their reproductive health as defined by this clause.
- (b) Reproductive health and wellbeing leave is in addition to existing leave entitlements. It may be taken as consecutive, single or part days, or as a fraction of a day. It can be taken without prior approval.
- (c) Employees do not need to have exhausted other forms of paid leave prior to accessing reproductive health and wellbeing leave.
- (d) All employees are entitled to the full ten days paid leave, including (but not limited to) full-time, fixed term, part time and casual employees, without distinction.
- (e) The leave will be available in full at the commencement of employment and subsequently in full at the start of each 12 month anniversary of the employee's employment.

X.4 Notice and Evidentiary Requirements

- (a) The employee shall give the employer notice as soon as reasonably practicable of their intention to take leave under this clause. This may be a time after the leave has commenced.
- (b) If required by the employer, the employee must provide evidence that would satisfy a reasonable person that

the leave is for the purpose as set out in this clause. Such evidence may include a statutory declaration; or a document issued by a medical practitioner or registered health practitioner (as defined by the national law) including a medical certificate; or other evidence that would satisfy a reasonable person. Such evidence does not need to detail the precise nature of any medical condition, illness, issue or procedure.

- (c) Enduring forms of evidence will be accepted and evidence does not need to be provided on each occasion leave is requested (for example, where there are recurring, ongoing or chronic symptoms, conditions or issues).

X.5 Flexible Working Arrangements and Workplace Adjustments

- (a) In order to provide support to employees and to provide a safe work environment, the employer will approve any reasonable request from an employee for reasons relating to their reproductive health, including but not limited to:

- (i) The right to work from home;
- (ii) Access to flexible working hours and arrangements (such as a change in hours, patterns, days, duties and location of work);
- (iii) Reasonable changes to the work environment, including facilities, to provide comfortable and safe working conditions (for example, which alleviate symptoms or facilitate treatment);
- (iv) Provision of longer or more frequent breaks;
- (v) The ability to rest in a quiet area in the workplace;
- (vi) Job sharing arrangements or job redesign;
- (vii) The right to access reasonable unpaid leave; and
- (viii) Any other change requested

by an employee.

- (b) Such arrangements may be temporary, or employees may request ongoing flexible working arrangements and workplace adjustments to

accommodate recurring, ongoing or chronic symptoms, conditions or issues.

X.6 General Measures

- (a) The employer must ensure that any personal information concerning an employee's reproductive health will be kept confidential and is not used for any purpose other than satisfying the employer in relation to the employee's entitlement to take reproductive leave. No information will be kept on an employee's personnel file without their express written permission. This does not prevent the employer from keeping leave records as required by the Fair Work Regulations.
- (b) Understanding the impact reproductive health can have, the employer will support employees if they have difficulties with work attendance or performance. No adverse action will be taken against an employee if their attendance or performance at work suffers for reasons related to their reproductive health. An employee will not be discriminated against, victimised or have adverse action taken against them because of their disclosure of; experience of; or perceived experience of; matters relating to their reproductive health.
- (c) The employer will nominate contact(s) in the workplace who an employee can contact if they are experiencing matters relating to their reproductive health. The employer will ensure the nominated contact people have training to handle such requests with compassion and confidentiality.

Glossary of common terms



Adenomyosis: Adenomyosis is a condition where cells similar to those that line the uterus are also in the muscle wall of your uterus. Studies suggest that about one in five women have adenomyosis. People with adenomyosis experience painful, heavy periods and persistent pelvic pain.

Assisted fertility: Assisted fertility is when individuals or couples become pregnant through medical assistance. (eg. when eggs are fertilised outside the body).

Breastfeeding/lactation: Breast feeding/lactating is the process of making and secreting milk from the mammary glands in the breasts to feed a baby. Lactation typically begins during pregnancy because changes in hormones signal to the mammary glands to make milk.

Compassionate leave: Compassionate leave is also known as bereavement leave and is an entitlement under the National Employment Standards. Under the NES employees are entitled to two days paid compassionate leave if they are part time or full time, they are entitled to two days unpaid if they are casual employees to deal with the death or serious illness of a family or household member. Employees can access compassionate leave for miscarriage.

Endometriosis: Often called 'endo' it is condition where tissue similar to the lining of the womb grows outside it in other parts of the body. Nearly 1 million Australian women and girls are estimated to have endometriosis and it often takes an average of 6.5 years to diagnose. Symptoms include pelvic pain that disrupts life around or during a person's period and may impact fertility.

Equal pay: Equal pay is where two employees are paid the same for performing the same work or different work of equal and/or comparable value. This is different to the gender pay gap.

Gender affirmation: Gender affirmation is an umbrella term for the range of actions and possibilities involved in living, surviving, and thriving as our authentic gendered selves. Medical affirmation describes forms of affirmation with the help of doctors or health professionals, including: taking some form of hormones such as estrogen, testosterone, or progesterone, or puberty blockers or having affirmative surgeries, such as chest surgery, genital surgery, facial surgeries, or more.

Note: This kit does not include information regarding entitlements for gender affirming care. We acknowledge that gender affirming care may be considered related to reproductive health, however it is our view that it deserves and requires its own separate entitlement. Many unions have been bargaining and winning substantial entitlements to support workers receiving gender affirming leave and care.

Gender equity: The provision of fairness and justice in the distribution of benefits and responsibilities on the basis of gender. This concept recognises that people may have different needs and power related to their gender and that these differences should be identified and addressed in a manner that rectifies gendered imbalances.

Gender identity: Gender identity is a person's own sense of what their gender is. For some people their gender identity can be the same as their sex assigned at birth and other times this may differ.

Gender pay gap: The gender pay gap is the difference between the earnings of men and women. It can be measured as either a percentage or in dollars. It is different to equal pay.

Hormone therapy: People can undertake hormone therapy for a range of reasons including whilst undertaking medical gender affirmation treatment. Whilst going through perimenopause some people undergo menopausal hormonal therapy (MHT) which is a new name for hormone replacement therapy (HRT). It is a type of hormone therapy used to treat the symptoms of menopause, especially hot flushes and night sweats.

Hysterectomy: The surgical removal of the uterus. People have hysterectomies for a variety of reasons including heavy and painful periods, fibroids and cancer.

Individual flexibility arrangement: An arrangement made to suit the needs of the employer and employee. An IFA can be used to establish a flexible work arrangement that suits an employee's personal circumstances. Employees have a right to request an IFA on certain grounds.

Intersectionality: This refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation.

In-vitro fertilisation (IVF): This is an assisted fertility process that can vary for couples and individuals and depending on the usage of donors. Typically though it involves several steps or cycles whereby fertility drugs are taken to stimulate the ovaries so that they produce many eggs which are then retrieved from the ovaries. The eggs and sperm are then fertilised in a laboratory dish.

Menopause: This is the time when the periods of a person who menstruates permanently stop and they are no longer able to get pregnant. Menopause can cause significant physical and mental impacts and can last for about seven years.

Menstruation: The process of a person discharging blood and material from the lining of the uterus at intervals of about one month that occurs from puberty until they go through menopause. Some people experience significant pain, and/or heavy and chronic bleeding associated with their periods.

Miscarriage: Miscarriage refers to the loss of a pregnancy prior to 20 weeks gestation.

Perimenopause: This is the time of the body's transition towards menopause which can last years for some people. Symptoms include and are not limited to hot flushes, sweats, brain fog and sleeplessness.

Pre-menstrual dysphoric disorder (PMDD): PMDD is a serious condition that causes severe emotional, psychological and physical distress in the lead up to your period. PMDD is more than just bad pre-menstrual syndrome and can have serious negative impacts on people's lives.

Poly-cystic ovarian syndrome (PCOS): This is a condition associated with increased levels of hormones in the body that can cause irregular periods, excessive hair growth and weight gain.

Pregnancy loss: The loss of an unborn baby. Prior to 20 weeks' gestation this is referred to as miscarriage, after 20 weeks' gestation this is referred to as a still birth.

Preventative health: Health and care can vary significantly but this is when people take measures to prevent serious health complications or illness. For example, attending regular mammograms or prostate checks to ensure cancer is caught at the earliest possible stage. This may also include when people have their breast tissue removed (a mastectomy) so as to reduce their chances of developing breast cancer.

Sanitary items/period products: These are absorbent items that are used while menstruating to prevent leaking onto clothing or other items, for example: pads, tampons, menstrual cup.

Sex discrimination: This refers to unfair treatment on the basis of sex, sexual orientation, gender identity, intersex status, marital or relationship status, pregnancy and breastfeeding. Sexual harassment is a form of sex discrimination. Sex discrimination is unlawful including in connection with work. Employers have a positive duty to prevent sex discrimination.

Still birth: Still birth is when a pregnancy is lost After 20 weeks' gestation. The *Fair Work Act* defines a still birth as a baby weighing at least 400 grams or that reached 20 weeks gestation but hasn't breathed or had a heartbeat since their delivery.

Termination: This is a medical process to end a pregnancy, also referred to as an abortion. There are two types of abortions, surgical and medical. A medical abortion is a non-surgical abortion that uses medication to terminate a pregnancy.

Vasectomy: This is a contraceptive procedure that involves cutting and resealing the vasdeferens tubes so that sperm is not longer able to be ejaculated and the person becomes infertile. Approximately one in four men over 40 have a vasectomy.

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