Proposed Sanitary Products (Free Provision) (Scotland) Bill

Page 2: About you

Are you responding as an individual or on behalf of an organisation?
an individual

Which of the following best describes you? (If you are a professional or academic, but not in a subject relevant to the consultation, please choose "Member of the public".)
Member of the public

Please select the category which best describes your organisation
No Response

Please choose one of the following; if you choose the first option, please provide your name or the name of your organisation as you wish it to be published.
I am content for this response to be attributed to me or my organisation

Please insert your name or the name of your organisation. If you choose the first option above, this should be the name as you wish it to be published. If you choose the second or third option, a name is still required, but it will not be published.
Rebecca Brocklebank

Please provide details of a way in which we can contact you if there are queries regarding your response. Email is preferred but you can also provide a postal address or phone number. We will not publish these details.

Page 7: Your views on the proposal

Q1. Which of the following best expresses your view of the proposed Bill?
Fully Supportive

Q1. Which of the following best expresses your view of the proposed Bill?

Please explain the reasons for your response
I find it absolutely shocking that in one of the most prosperous countries in the world and with a highly developed legislature that: firstly, we have period poverty; and, secondly, that there is no statutory provision which ensures the provision of basic sanitary products to anyone who needs them. This, I believe, is due to the dominance and hierarchy of men in representational, medical, workplace and societal roles, a long-standing lack of attention to women's health (and men's health) issues from all the aforementioned, as well as a problem of cultural prudishness accompanied by a long standing Victorian cultural belief that women should suffer in silence and not discuss things such as periods, hormones, childbirth, "women's issues", etc. It is the "you're a woman or you've had a baby, what do you expect" comment. The problem is also exacerbated by the current economic climate with growing inequalities and increasing poverty. I am also aware that there is a link between poverty and the onset of menstruation with a study from the Economic and Social Research Council finding that girls from poorer families were two-and-a-half times more likely to start their period by the age of 11 than children from wealthier backgrounds. The study also showed differences according to ethnicity. As someone who suffers from a myriad of women's health issues, I know first-hand how women's health issues are forgotten about, brushed under the carpet and underfunded. In particular, I think it is important that sanitary products are made available free of charge to young girls and others who do not have an income of their own – menstruation is not a choice, it is a fact of life for women. Free provision would greatly improve the physical and mental well-being of some women and young girls who are going without, as well as having beneficial wider societal effects.

In relation to education, then I think more should be done to improve young girls' and boys' understanding of periods as well as the effect they can have on a woman's body. Many conditions, such as Ehlers-Danlos, hypermobility, sacroiliac joint and pubic symphysis dysfunction which I have been diagnosed with, have links to hormones, and there is a lot of research indicating that hormones have an effect on the musculoskeletal system, particularly ligament laxity. Increased ligament laxity predisposes women to a higher risk of musculoskeletal injury and in particular ligament damage. Also, at particular points in the menstrual cycle women are at a higher risk of musculoskeletal injury. If you google this, you will be able to find a lot of literature from the sports medicine field on hormones and injury risk, and Professor Rodney Grahame at the St John & St Elizabeth Hypermobility Unit has documented this in his works. Some books to refer to are: Hypermobility, Fibromyalgia and Chronic Pain by Alan Hakim, Rosemary Keer and Rodney Grahame and Managing Ehlers-Danlos (Type III) - Hypermobility Syndrome by Isobel Knight. If you google Ehlers-Danlos, Hypermobility, sacroiliac and pubic symphysis dysfunction as well as prolotherapy, you will find many of us online. There are some treatments that help me out of agony that I pay for privately, such as prolotherapy, and which are not available on the NHS and are very limited privately too. My second doctor who has treated me is about to retire and once he does I worry that my life will just be perpetual agony as prolotherapy to the pelvis and other areas of my body is the only thing that has enabled me to get up out of bed and be able to live a little pain free, and I am having difficulty finding any other doctor who is willing and has the skills to treat a complex patient like me. Going abroad to America where the treatment is more widespread is not a financial or physical option for me and many others. I know medical practitioners who could completely revolutionize musculoskeletal and women's health treatment in this country, but they are disillusioned by the system, their expertise is not being tapped into and their skills are going into extinction as they retire.

There may be reasons other than a girl's period which means she does not want to participate in sport, particularly around the time of her period and this may be a red flag. In fact, I think children should be assessed for hypermobility as well as other musculoskeletal/developmental conditions and problems at school so that this is an awareness and is managed before damage is done to their joints and body, particularly as musculoskeletal problems are the biggest cause of time off work in the UK after the common cold. Women also disproportionately suffer from musculoskeletal pain conditions and there often can be a link to menstruation and hormones with their pain conditions. Also, in terms of education, I am aware that bullying goes on in relation to periods. I remember that when I was at school that this happened, and I have heard reports that it still happens today. As such, education about menstruation should also have an anti-bullying angle to it.

Page 8: Universal provision of sanitary products

Q2. Do you think a universal, card-based system (modelled on the c-card system for free condoms) would be an effective means of providing sanitary products for free to those who need them?

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Yes

Please explain the reasons for your response
This seems the most sensible method of provision. One other alternative is that sanitary products be made available on prescription free of charge like the contraceptive pill is, however, I would be concerned that this would impose an additional unnecessary burden on stretched GPs.

Q3. Which of the following best expresses your view in relation to a card-based system?

The card should be available to anyone; its use should be restricted (e.g. by limiting the number of products that may be claimed each month)

Please explain the reasons for your response.
It may be sensible to restrict use to limit abuse (i.e. people getting them free to then sell on or waste), although consideration should be given as to how sufficient provision could be provided to those who have particularly large demands due to a medical condition (for example, extra provision could be provided upon receipt of a GP note or by prescription). The administrative and logistical cost of limiting availability dependent on meeting certain criteria such as a low income or in receipt of benefits should be weighed up against the extra cost of provision for all who request free sanitary products. I would question whether there would be a significant take up from anyone in a high-income group. Also, consideration should be given to the "stigma" element, such as the "stigma" attached to being a "free school meal" child and ensure that discreet methods can be used to dispense the products to those in need. I note, however, that there does not seem to be a stigma with accessing free contraceptives.

Q4. Do you have a view on which locations would be most suitable for dispensing free sanitary products (e.g. GP surgeries, pharmacies, community centres, health clinics)?

GP surgeries, pharmacies and health clinics were my first thought as to where they would be available. Possibly, pharmacies who stock sanitary products anyway would be the most cost-effective and easiest option?

Page 11: Schools, colleges and universities

Q5. Do you agree that there should be specific obligations on schools, colleges and universities to make sanitary products available for free (via dispensers in toilets)?

Yes

Please explain the reasons for your response
Yes - as per my response is question 1 this is particularly important as young girls do not have an income of their own.

Page 12: Personal experience (questions 6 and 7 are for individual respondents only)

Q6. Have you ever struggled to access or afford sanitary products during menstruation? (e.g.financial barriers, unexpected circumstances, health issues)

Yes, occasionally

Please explain or give an example of your experience if you feel able to do so.
Due to medical costs and when on Statutory Sick Pay, I myself have sometimes opted for the toilet roll option.

Q7. If sanitary products were available for free, which of the following would apply to you?

I would expect to claim free products occasionally

Please explain the reasons for your response
It would depend on my finances as my health is variable and my income uncertain, e.g. when I was on statutory sick pay I may have accessed free sanitary products.

Page 14: Financial implications

Q8. Taking account of both costs and potential savings, what financial impact would you expect the proposed Bill to have on:

	Significant increase in cost	Some increase in cost	Broadly cost-neutral	Some reduction in cost	Significant reduction in cost	Unsure
(a) Government and the public sector (e.g. local authorities, the NHS)		X				
(b) Colleges and universities		X				
(c) Businesses (including suppliers/retailers of sanitary products)						X
(d) Individuals (including consumers of sanitary products)				X		

Please explain the reasons for your response
I think it would be very difficult to assess the direct financial benefits of providing sanitary products to women in terms of both the short-term and long-term health, learning and work benefits/savings that come from better hygiene and comfort. For example, better menstrual hygiene may help avoid conditions like toxic shock or urinary tract infections. It may lead to increased attendance at school and work, and less sick leave. Also, the costs should be weighed against the health and emotional benefits to women as well as equality aims.

Q9. Are there ways in which the Bill could achieve its aim more cost-effectively (e.g. by reducing costs or increasing savings)?

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Is it possible that a large brand or brands could sponsor/finance some of the provision, particularly in schools, colleges and universities? They may be interested in doing so as women tend to buy the same brand that they have used since they were young, so potentially it may be a marketing opportunity for them.

Page 16: Equalities

Q10. What overall impact is the proposed Bill likely to have on equality, taking account of the following protected characteristics (under the Equality Act 2010): age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation?

Positive

Please explain the reasons for your response
Women have disproportionate costs in their lives due to their sex necessitating additional health needs. Provision of sanitary products free of charge by the state would help to address these cost differences and inequalities. Also, some women may be dependent on the finances of their husband/partner and therefore their health needs are also dependent on their husband/partner affording or choosing to afford such products. Indeed, there are still women dependent on their husband/partner for financial support such as those with health conditions or those carrying out substantial care-giving roles within the family.

Q11. In what ways could any negative impact of the proposed Bill on equality be minimised or avoided?

I don’t see any negative impact on equality from the provision of free sanitary products, only a positive impact.

Page 18: Sustainability

Q12. Do you consider that the proposed Bill can be delivered sustainably i.e. without having likely future disproportionate economic, social and/or environmental impacts?

Yes

Please explain the reasons for your response:
As previously mentioned, some of the benefits of free sanitary provision such as improved attendance and attainment at school and work and other short-term and long-term health benefits are difficult to quantify. Also, I think it is important that society sends a supportive signal to women and recognizes the inequalities of cost that being of a different sex has. If the material circumstances of the population has a whole were improved in time, I can see there being less of a demand for free sanitary products.

Page 19: General

Q13. Do you have any other comments or suggestions on the proposal?

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If free sanitary products were to be made available, the products on offer need to suit a variety of different preferences. Many women, young women in particular, now wear Tanga or thong type briefs and if their periods are light may prefer to wear slim-line string liner versions.

If women are absent from work due to menstrual problems/illnesses, then this sickness can currently be taken into account in terms of their sickness record for attendance and employee management purposes. Consideration should be given as to whether menstrual-related illness should be excluded, like pregnancy-related illness currently is under the section 18(2) provisions of the Equality Act 2010, in consideration of an employee's sickness record for employment purposes, such as in attendance management, capability and disciplinary procedures, redundancy selection, promotion, and performance-related measures and rewards such as bonus or incentive pay. Detrimental treatment for menstrual related illnesses could arguably fall within sex or disability discrimination depending on the particular circumstances of the case, but perhaps particular positive legislative provisions should be made such as those in respect of pregnancy-related illness so that this type of illness has to automatically be discounted.

My points mentioned in my response to the first question are copied below:

In relation to education, then I think more should be done to improve young girls' and boys' understanding of periods as well as the effect they can have on a woman's body. Many conditions, such as Ehlers-Danlos, hypermobility, sacroiliac joint and pubic symphysis dysfunction which I have been diagnosed with, have links to hormones, and there is a lot of research indicating that hormones have an effect on the musculoskeletal system, particularly ligament laxity. Increased ligament laxity predisposes women to a higher risk of musculoskeletal injury and in particular ligament damage. Also, at particular points in the menstrual cycle women are at a higher risk of musculoskeletal injury. If you google this, you will be able to find a lot of literature from the sports medicine field on hormones and injury risk, and Professor Rodney Grahame at the St John & St Elizabeth Hypermobility Unit has documented this in his works. Some books to refer to are: Hypermobility, Fibromyalgia and Chronic Pain by Alan Hakim, Rosemary Keer and Rodney Grahame and Managing Ehlers-Danlos (Type III) - Hypermobility Syndrome by Isobel Knight. If you google Ehlers-Danlos, Hypermobility, sacroiliac and pubic symphysis dysfunction as well as prolotherapy, you will find many of us online. There are some treatments that help me out of agony that I pay for privately, such as prolotherapy, and which are not available on the NHS and are very limited privately too. My second doctor who has treated me is about to retire and once he does I worry that my life will just be perpetual agony as prolotherapy to the pelvis and other areas of my body is the only thing that has enabled me to get up out of bed and be able to live a little pain free, and I am having difficulty finding any other doctor who is willing and has the skills to treat a complex patient like me. Going abroad to America where the treatment is more widespread is not a financial or physical option for me and many others. I know medical practitioners who could completely revolutionize musculoskeletal and women's health treatment in this country, but they are disillusioned by the system, their expertise is not being tapped into and their skills are going into extinction as they retire.

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