

Managing menstruation while deployed operationally: experiences from the Australian emergency management sector

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The following is an extended abstract compiled from that dataset and research paper.

Background

Approaching the horizon are requirements for workplaces to support the menstrual health of their staff. The 2024 Senate Standing Committee Inquiry into Menopause and Perimenopause recommended reporting on menstrual health and workforce participation. A 2023 British Standard enacts menstrual health actions that can be taken to protect the welfare of employees. Are Australian emergency service workplaces prepared for menstrual health, particularly in the demanding settings faced during deployment?

This study examined the attitudes, experiences and practices of managing menstruation by emergency service personnel in Australia while deployed operationally in extreme settings.

The participants

287 female and non-binary personnel completed a survey asking about their attitudes, experiences and practices of managing menstruation while deployed operationally. 97.9% of participants identified as female, 2.1% as non-binary. No participants identified as male, intersex, trans or other gender identities. Participants were aged 17-70 with a mean of 40 years. 68% of participants identified as menstruating, with the remainder not menstruating because of pregnancy, breastfeeding, menstrual suppression or being post-hysterectomy.

77% of the sample were from rural fire services. 67% were volunteers and 24% staff. Experience ranged from <1 to 50 years (mean=13 years), and 65% of the sample had >10 deployments. Over 40 operational roles or duties were reported by the participants including firefighting, flood rescue, land-based or aviation search and rescue, HAZMAT response, road accident rescue, logistics and catering, brigade or crew leader, animal welfare, and communications. Most participants reported responsibilities in more than one role or duty.

Managing periods during deployment

There is not a 'typical' menstruator within the emergency services sector. Descriptions highlight great individual variability in the character of periods (regularity, number of days bleeding, associated menstrual or gynaecological conditions), the preferences for menstrual products (pads, tampons, cups, period undies) and the experience of menstrual conditions and symptoms. At least one menstrual symptom was experienced by 99.7% of participants, with the most commonly experienced being cramps, back pain, fatigue, bowel issues and sore breasts.

There was also a wide range of strategies used to manage periods during deployment. 77% of participants found it somewhat or extremely difficult to manage their period while deployed operationally, but 23% found it easy. 40% of participants had said no to a deployment or shift because of their menstrual cycle. 7% reported health issues like Toxic Shock Syndrome or Urinary Tract Infections associated with menstruation management or toileting during deployment. 60% of participants adjusted their use of menstrual products to accommodate deployment – so commonly doubling up a tampon and a pad or a cup and period undies to try to counteract critical longevity, to avoid leakage and soiling of uniforms, to manage the uncertainty of toilet availability and to increase the time between needing to change a product. And 21% of participants used menstrual suppression to support their operational readiness –so stopping their periods through the use of hormonal contraceptives.

The availability of toilet facilities, disposal facilities and a lack of privacy were key situational factors influencing the management of periods while deployed. The factors associated with managing a period like personal hygiene and changing and disposing of menstrual products are linked to the situational environment through toileting and all the things that go with toilets, like water and bins and privacy. There was general acknowledgement that field toilets were a standard part of deployment, although the characteristics of hygiene, privacy and disposal still apply outdoors. Other factors that influenced managing a period were related to the requirements of the job itself - the lack of time in a critical incident, the use of protective clothing or being in unsafe or unhygienic conditions.

I asked participants to describe how they manage their periods while deployed operationally, and 229 people generously returned over 20 thousand words of wisdom about this. Thematic analysis extracted five themes revealing active and deliberative strategies that are used manage menstruation in extreme environments, but also unease with some practices and circumstances (Table 1).

When I asked about the relationship of symptoms – so cramps, or sore breasts or back pain – to operational duties, 64% reported some impact on operational duties, 24% no impact and 12% a great deal of impact. However, participants reported persisting in the circumstances of deployment despite the discomforts of menstrual symptoms – so participants often talked about sucking it up, or getting on with things, or powering through to maintain service to duties, despite back pain or cramps or fatigue. Strategies to mask or minimise symptoms include the use of over the counter pain medication, attention to mood and fatigue and self-care through hydration, nutrition and sleep. And similar to previous questions, menstrual symptoms are managed through adjusting menstrual products like using cups and period underwear together, but also adjusting routines and tasks, including avoiding deployment, avoiding specific tasks or locations and using safety protocols to determine capacity to participate.

Most participants learned about managing periods during deployments through trial and error – by figuring it out themselves. A few talked with female colleagues or family and friends. But it's rarely covered in training, and it is rarely discussed with male or female supervisors.

Incidences of period stigmatisation by colleagues were present, but relatively infrequent in this sample. However, period stigmatisation was experienced or observed by about 25% of survey participants. Targeted, unwanted or assumptive comments about one's own menstrual status and conduct of duties most commonly (but not always) came from men, sometimes (but not always) from supervisors, and were mostly considered somewhat or very offensive. Overhearing comments about other peoples' menstrual status and conduct of duties also commonly (but not always) came from men, sometimes (but not always) from supervisors, and were mostly considered somewhat or very offensive.

Table 1. Thematic analysis of qualitative responses describing how periods are managed during deployment. Compiled from Parsons (2024).

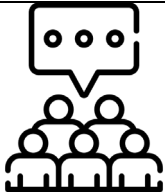
	Toileting and toilet facilities	Toileting facilities are crucial to period management (privacy within the limitations of field locations, changing products, disposing products, personal menstrual hygiene, scheduled breaks). <i>“It is always difficult to find somewhere to toilet that is private particularly when working in burnt country without cover. I would sometimes have to walk kilometres to find cover.”</i>
	Choice and use of menstrual products	Choice and use of menstrual products to accommodate deployment (comfort, absorbency, avoiding leakage, adjustment of product use for deployment, menstrual suppression). <i>“I use disposables when firefighting, whereas normally at home and in the ICC I use period undies, which I prefer. It is not really feasible to take your entire pants off to change on the fireground!”</i>
	Planning and preparation	Preparation for menstruation during deployment (planning, purchasing and carrying preferred or additional product supplies, supplies for used product disposal, supplies for symptom management). <i>“I have been doing this for a long time now so my system is I ensure I have plenty of sanitary products. I have nappy bags so I can seal and dispose of used products when a bin or appropriate disposal place is available. I also ensure I have wet wipes or small pack of baby wipes along with hand sanitizer as a lot of the times you are ducking behind a truck or tree and not able to use a toilet.”</i>
	Avoidance of deployment	Avoidance of deployment (because of situational longevity, period characteristics, menstrual symptoms, lack of facilities, fear of leakage, fear of menstrual status discovery). <i>“As a volunteer firefighter I often have to plan my volunteering around my period. This leaves me at a disadvantage when trying to gain field experience and maintain parity with male field officers.”</i>
	Adaptive unease	Adaptive unease may accompany menstruation management (finding privacy privately, carrying used products in pockets or backpacks, taking health risks, littering, complying with situational safety awareness). <i>“When I have leaks, I have to wear my pants for the rest of the day, and sometimes for the rest of the deployment- if I am only able to bring one set due to luggage restrictions when we are flown to a fire. I just hope that no one notices the stains as the pants are pretty dirty anyway.”</i>

Supplementary views on menstruation and deployment

Because this was an exploratory study, at the end I asked participants whether there was anything that they would like to add that was not covered in their previous answers. 113 people contributed over 7000 words of additional commentary.

Thematic analysis revealed four themes. Toileting came up again, similar to main survey answers but expanded to consider logistics, rights and inclusion. But participants also noted the need for menstrual hygiene as standard kit, the primacy of their first responder identities and competency, and a desire to understand and normalise menstruation in deployment practice (Table 2).

Table 2. Thematic analysis of additional qualitative responses about menstruation and deployment. Compiled from Parsons (2024).

	Toileting needs	Toileting needs (privacy, bodily functions, menstrual product disposal, menstrual hygiene, rights and equity). <i>“We just need to be able to discretely manage menstruation and a lot of time in logistics that isn’t even a thought.”</i>
	Menstrual hygiene as standard kit	Menstrual hygiene supplies as standard kit (counteracting menstrual characteristics, normalising menstruation in deployment practice, supporting operational readiness). <i>“At my brigade there had been no consideration for the female or menstruating members. Since I joined, I have fought for certain things on all appliances to ensure our ability to turn out at any time of the month.”</i>
	First responder identity and competency	First-responder identities (getting on with the job while also attending to menstruation, competencies, fears of embedding stereotypes). <i>“I take the approach that it's not going to hold me back, but I do have to prepare for it...I know that if I am in a prolonged situation with respite not certain, that I may, at worst case scenario bleed through my uniform. If that were to happen, well too bad for those who may be offended. My focus is on preservation of life not someone’s sensibilities..... “</i>
	Understanding and normalising menstruation in deployment	Understanding and normalising menstruation in deployment practice (talking, training, mentoring, advice, reducing stigma and taboos, supportive colleagues and cultures). <i>“I think managing your period while being deployed should be covered as part of basic training. This should be attended by both men and women.... I would be happy to talk about it. Share my experiences, if it helps.”</i>

Conclusion

The interplay between periods and the demanding circumstances of deployment is given substantial consideration by people who menstruate. Participants actively found solutions to the various routines, etiquettes and discomforts of menstruation to maintain service to their operational roles, responsibilities and duties. Support for menstrual health as a normalised part of responder identity is a worthy aspiration, advantaging greater workforce participation, equality and diversity.

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