"Basically, my answer is, there needs to be options!" Recommendations for the delivery of free menstrual products to the public: A qualitative exploration among marginalised groups in Victoria, Australia

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Abstract

Objective: Governments have announced free menstrual product provision policies. Our research aimed to inform these initiatives by understanding menstrual product insecurity amongst marginalised groups and their recommendations for product provision.

Methods: We undertook in-depth interviews with participants experiencing menstrual product insecurity, who identified as belonging to one or more marginalised groups, alongside key informants working for organisations serving these populations. Groups included those on low income, people experiencing housing insecurity, people living with disabilities, multicultural groups, gender-diverse people, and young people. Qualitative content analysis was undertaken using a framework approach.

Results: Thirty participants and five key informants participated. Participant recommendations for service delivery emphasised convenience, product choice and prioritisation of those with the greatest need whilst preventing misuse. Participants also considered the balance between the privacy and visibility of delivery mechanisms and the opportunity to address other menstrual needs including education and stigma through product provision policies.

Conclusions: No single delivery approach best suits the needs of all people. Delivery mechanisms must consider how to provide participants' recommended features.

Implications for Public Health: To best reduce menstrual product insecurity, governments should consider delivering products through multiple mechanisms. Co-development of policy implementation methods with intended beneficiaries, and thorough evaluation, will support uptake.

Key words: menstrual health, menstrual hygiene, Australia, qualitative, social determinants of health, health policy

Introduction

Menstrual products (materials purchased to absorb or collect menstrual blood) are a basic need for people who menstruate.[1] Having access to effective and affordable products is essential for achieving menstrual health.[2] Menstrual product insecurity, that is, experiencing difficulties accessing or affording sufficient menstrual products,[1] is increasingly recognised as a significant issue in high-income countries (HICs). Governments have responded with policies to reduce taxes on products,[3] subsidise products[4] and provide free products.[5,6] Beginning in 2019, free provision of disposable pads and tampons through dispensers was rolled out in schools across all states and territories in Australia.[7] In 2023, Victoria and the Australian Capital Territory (ACT) state/territory

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governments announced intentions to expand product provision to the broader public.[8] To ensure such policies best serve those experiencing menstrual product insecurity, targeted research is needed to understand their needs and policy recommendations.

Menstrual health in marginalised groups

A 2021 systematic review synthesised findings from 104 qualitative studies, including over 3,800 participants across 16 HICs.[9] However, only six of the 104 studies targeted populations from low socio-economic or marginalised groups. Findings from this smaller set of studies highlighted participants' challenges in accessing or affording products, and a lack of supportive infrastructure for menstrual management. Since 2021, additional qualitative studies have highlighted menstrual product insecurity challenges amongst low-income, minority, gender-diverse and homeless populations in the U.S, U.K, Spain and Australia.[1,10–14] To cope with product insecurity, participants reported borrowing products, improvising with materials such as toilet paper, towels or socks, using products for longer than recommended or using non-preferred products or brands.[1,10,11] Participants also reported foregoing products, prioritising food, fuel or electricity.[1,11]

In Australia, limited research has explored menstrual product insecurity. Two qualitative studies with Indigenous women and girls identified the availability and cost of menstrual products, limited supportive infrastructure and privacy within the household as challenges, particularly in remote areas.[12,15] Another online survey of Australians in 2021 reported that one in five respondents were unable to afford products at some point in their life.[16]

Menstrual product policies and recommendations

Policies to address menstrual product insecurity have increased. In England, New York City (NYC) and Australia, initiatives have focussed on providing free products through vending machines in schools.[17–19] Similar programs targeting universities exist in the U.S and Canada.[20,21] In 2022, Scotland initiated a policy to make menstrual products free for all and included distribution through schools and community organisations.[22]

Despite the growing number of initiatives providing free products, few evaluations have been undertaken to quantify their effectiveness. The limited pilot studies have been hampered by a lack of baseline data, low response rates, and inadequate measures.[18–23] Qualitative investigations have reported that programs were perceived positively by beneficiaries in several studies,[19,24,25] with feedback emphasising the importance of privacy in retrieving products,[22,23] widely publicising programs[25] and concerns about wastage and misuse of vending machines.[19] In interviews, U.K and U.S students reported embarrassment or shame if they needed to ask for products, particularly from male staff.[19,20,22] Studies have indicated mixed feedback regarding product location and delivery. In Aberdeen, Scotland, whilst vending machines in toilets was a popular option amongst students, it was least favoured by community members who preferred collecting products from a specified location.[22] Similarly in New Zealand, students provided positive feedback after being consulted on product choice and delivery location.[18] These studies focus primarily on student populations; research is needed to understand how policies could best serve populations beyond school students in Australia.

The present study

Our research aims to provide recommendations for implementing free provision of menstrual products to the public in Australia. To achieve this, we sought to understand (a) menstrual product insecurity amongst marginalised groups and (b) their recommendations for product provision.

Methods

Our study is reported according to the Standards for Reporting Qualitative Research guidance[26] (see supplemental materials 1).

Participants

We sought participants from marginalised groups and key informants (KIs) working with these groups in Victoria, Australia. Participants were eligible if they lived in Victoria, Australia, were between 18 and 45 years of age, had at least one menstrual period in the past two years and identified as a member of one of the following priority groups likely to experience barriers to accessing menstrual products:

- Aboriginal and/or Torres Strait Islander
- Multicultural (migrated to Australia within the past 10 years from Africa, Asia, Latin America, or the Middle East)
- Youth (aged 18–26 years)
- Non-binary, trans or other gender-diverse people
- People living with disability or their carers
- People experiencing homelessness (including unstable accommodation or risk of homelessness in the past 2 years)
- People from low socio-economic backgrounds (Health Care Card or Pension Card holder and/or unable to afford necessities such as food or personal hygiene products during the past 2 years)

Recruitment

Participants were recruited through flyers posted on social media, in public areas and in community organisations working with priority groups. Subsequent snowballing of participants occurred. Targeted outreach to community organisations ensured each priority group was included in the recruitment process. Flyers were tailored to each priority group, in English, with voluntary participation and confidentiality clearly outlined. For those without English proficiency or where reading or movement was restricted, community organisation staff communicated our project to the groups they work with. People who were interested completed a screening form hosted on Research Electronic Data Capture [27] requesting basic demographic details, relevant priority group(s) from those listed earlier, timing of the last menstrual period and contact details. Participants were purposively selected using a sampling matrix from those who signed up to achieve diversity in age, location and target groups.

Data collection

Three experienced, female interviewers (A.H., A.O. and J.H.) conducted the interviews in English following semi-structured topic guides between April and June 2023. Participants were provided with the study information and consent form prior to interview and provided verbal consent for interview and audio-recording or written consent for those participating in person. An interpreter was provided for one interview, and verbal consent was conducted. Most interviews were

undertaken using Zoom, with four interviews conducted in person. Audio was recorded through Zoom or by using an audio recorder placed on the table. One participant declined being recorded, and the interviewer instead produced written notes. Interviews lasted appropriately 45–60 minutes, with a shorter 30–45 minutes for KIs who were asked fewer questions about their personal menstrual experiences. The semi-structured interview guides comprised of demographic and open-ended questions focussing on experiences of menstrual product use and access, including preferred modes of access, product preferences, interactions with service providers and any potential access barriers. The interview guide for participants included the use of vignettes (Supplementary Materials 2) to explore their perceptions of potential delivery mechanisms for free menstrual products. Vignettes displayed varied locations, delivery methods, visibility of service, product choice and product quantity. All participants were asked for recommendations for government to improve menstrual experiences to conclude the interview.

Analysis

Interview audio recordings were transcribed by a transcription service. We undertook qualitative content analysis using a framework approach with five steps: familiarisation, development of an initial thematic framework, indexing, summarising and interpretation. This blended deductive and inductive approach was the best fit for our study which included *a priori* research questions to understand product insecurity and recommendations for the delivery characteristics and products included in free menstrual product initiatives. First, authors familiarised themselves with the data by re-reading interview transcripts. Second, we discussed the research questions and the data, drawing out key concepts (themes) to develop an initial coding structure. Third, using NVivo,[28] the primary analyst (AH) undertook line-by-line coding followed by selective coding of transcripts against the initial coding structure. Additional inductive codes were developed from the interview content. Fourth, iterative discussions among the authors and coding by secondary analysts (J.H., A.O. and M.L.) was used to group codes identified during indexing, reorganise and refine broader themes to summarise the data. Finally, development of presentations and written summaries of each theme supported interpretation.

Results

A total of 30 participants from priority groups and 5 KIs working with priority groups participated, with characteristics presented in Table 1. Participants ranged in age from 19–45 years. Approximately half reported they were "often" or "occasionally" unable to afford necessities such as food or personal hygiene items in the past two years.

In the following, we address our core research questions. First, we present a typology of menstrual product insecurity to capture the varying levels of insecurity identified. Second, we present themes identified that capture participants (and informants) recommendations for delivery of a free product provision service. Additional participant quotations are provided in supplementary materials 3.

Menstrual product insecurity typology

Participants described difficulties affording and accessing products. Challenges affording products were influenced by participants' employment status, income, access to government support and social services, and housing insecurity. Challenges to accessing products included living in a regional or remote location, mobility challenges due to disability, speaking English as a second language and dysphoria experienced by gender-diverse participants. Not being in control of household resources contributed to both affordability and accessibility barriers among young people and some multicultural participants. The degree of difficulty affording and accessing menstrual products, and thus product insecurity, varied as participants circumstances changed, with many participants describing varied levels of insecurity over their life course. We inductively developed three typologies of menstrual product insecurity (see Table 2).

Table 1: Participant characteristics.

Characteristics	Participants (priority groups) (n)	KIs (working with priority groups) (n)
Aboriginal and/or Torres Strait Islander	1	2
Multicultural (migrated to Australia within the past 10 years from Africa, Asia, Latin America or the Middle East)	11	2
Youth (aged 18–26 years)	13	1
Non-binary, trans or other gender-diverse people	8	1
People living with a disability or their carers	8	1
People experiencing homelessness (including unstable accommodation or risk of homelessness in the past 2 years)	3	2
People from low socio-economic backgrounds (Heath Care Card or Pension Card holder and/or unable to afford basic necessities such as food or personal hygiene products at any time in the past 2 years)	13	4
People living in regional Victoria	2	2

*Note: People in this sample belonged to multiple groups.
KI = key informant.

We found that participants' experience of being "caught out"without products was not linked to levels of product insecurity. This occasionally happened and was often attributed to the early years of menstruating or irregularities stemming from perimenopause, drug use or the use of testosterone.

One size does not fit all

When asked to consider potential delivery mechanisms for providing free menstrual products to the public, participants and KIs highlighted the variability of menstrual experience and diverse challenges faced by those most needing this support. In generating recommendations, or responding to vignettes depicting potential strategies, participants regularly acknowledged that addressing product insecurity was complex. Some would recommend one strategy, then find caveats, and have second thoughts. Many felt it insufficient to adopt a "one-size-fits-all" approach and concluded *"[It] is tricky, isn't it?"—P3 regional, low socio-economic, experiencing homeless.*

> *"It's basically my answer... there needs to be options".—P22 gender-diverse*

Ensure accessibility and convenience

Participants emphasised that to be useful, free product provision must fit easily into daily life with minimal time burden. What was

Table 2: Typologies of menstrual product insecurity identified across participants.

Typology	Description	Illustrative quotations
Severe product insecurity	Participants consistently unable to access or afford sufficient menstrual products. They often struggled to afford other essential hygiene items. Some experienced restricted access to facilities for menstrual self-care.	*"I know one girl, a friend of mine she uses old towels, she just you know rips them in strips and then before she goes to bed, she just you know puts them in her undies"—P1 low socio-economic, experience of homelessness, living with a disability*
	This typology included people experiencing housing insecurity and poverty such as recent refugees and asylum seekers and those fleeing intimate partner violence.	*"Asylum seekers don't have work rights, study rights, no Visa, no legal status, they are in the middle of nowhere".—KI2 multicultural*
	When experiencing severe product insecurity, participants and key informants described individuals using improvised materials such as old clothes and towels, stealing products and accessing products from social services when available.	*"… I was consulting with people who were living in some very remote communities about sanitary items, and there was a desperate need out there as well, not only were they cost prohibitive, it was the access of the items that people found really hard".—KI4 people experiencing homelessness*
High product insecurity	Participants who had persistent cost and access barriers to securing sufficient menstrual products or had to sacrifice other essential expenses to afford products.	*"…it's expensive and if I can't afford it then I'll have pain without pain meds or I'll have pads instead of my preferred method, which is underwear now, so and if it's no pads, then it's paper; it's toilet paper roll until further notice or until I can ask someone else…. It happens at least three–four times a year when I'm stuck".—P10 low socio-economic, living with a disability*
	Participants on low incomes or those reliant on government support payments (including disability support) were represented in this group. Access challenges also drove high insecurity including for those without control over finances, and rural or remotely located participants facing travel costs, limited supply or stigma, for example, where familiarity with store cashiers meant they felt unable to purchase products.	*"I remember that I was trying to save a lot of money from anywhere, so because we came here on a student visa, so I was trying to you know not having my lunch maybe and save for the pad, yeah these kinds of things"—P4 multicultural*
	Participants described prolonging wear of menstrual products, stealing from friends or family and purchasing products only when on sale.	*"I mean it seems like my period comes at like the worst time of, you know, I've just paid rent and I have, you know, $3 to rub together to feed myself for the week, and I'm thankful I at least have like the period underwear for those days because if I had to buy disposable products, like I would be at a loss".—P8 youth*
Lower product insecurity	Characterised by the inability for participants to afford or access their preferred menstrual product or product brand, at all or for the full duration of their period, and for whom the purchase of products strained discretionary spending. Young people, students who often worked irregular or casual work, were supported by their parents or government financial support and had limited disposable income were most represented in this typology.	*"Yeah, ideally I would like to buy 'Toms', which is like an organic one just because I feel like they're a bit better for the environment. I like to be like as conscious as I can, but also if I am on a budget then it also depends, like I don't really have like a brand that I only buy; I like to see what's on sale, but if I had unlimited money, I'd buy Tom".—P13 youth*
	Participants experiencing low product insecurity described extending use, delaying purchasing until items are on sale, buying in bulk or purchase of non-preferred products or brands.	*"I mean these are the basic necessities. I hardly spend money on just a lot of like leisure activities which is pretty sad".—P9 multicultural, youth*

KI = key informant.

considered convenient and accessible differed across participants based on services they already engaged with or locations they frequented. These often varied systematically by individuals' level of menstrual product insecurity. For those experiencing severe product insecurity, food banks and community centres that provided for other essential needs were already a frequent place of contact and thus convenient. Participants highlighted that initiating engagement with social services may be a challenge for some; however, most participants in our sample experiencing severe insecurity were receiving support from community services.

For those experiencing high insecurity, most had existing connections to income support systems, positioning this mechanism as convenient. Some participants referenced their existing payments and questioned whether a similar system could be implemented for menstrual products. The accessibility of home delivery or collection from a specified location was underscored for participants living with a disability or based in rural and remote location, many of whom had high product insecurity.

> *"You can have a feminine parcel; okay, all it is, just a small additive into your food parcel"—P1 low socio-economic, experience of homelessness, living with a disability*

> *"[A subscription service] grants autonomy and it's not a time loss, which . . . it could be if you're going to a community centre . . . there's plenty of reasons that people can't head out to those spaces".—P19 gender-diverse, living with a disability*

Vending machines in public locations were largely supported as an accessible option if coverage was ubiquitous. For participants frequenting public locations, toilets in libraries, train stations and shopping centres were highlighted as convenient. However, there were differences across participant groups. Participants exhibiting low product insecurity, including students, emphasised the convenience of vending machines yet reported likely use to supplement, rather than replace their existing supply. Those with severe product insecurity, including those experiencing homelessness, were concerned that accessibility would be impacted by refusal of entry or potential payment (e.g. train stations). For some participants, experiencing high insecurity such as those living with a disability or identifying as gender-diverse, safety concerns or distress in using public facilities were reported. Placing vending machines within existing social services that were used by participants experiencing greater disadvantage and within gender-neutral and accessible bathrooms was suggested.

> *"Public bathrooms, every bathroom that you ever see, put them in, you know in the library bathroom, in the street public bathrooms".—P11 youth, living with a disability*

> *"[People experiencing homelessness] can't all keep coming into a train station to get the pads and tampons"—KI4 people experiencing homelessness*

Provide choice of products and quantity

When asked about their preferred product, participants emphasised the need for variety. Needs were determined by flow, body type, ability, gender-identity and cultural norms, whereas preferences were shaped by quality, brands, materials and environmental factors.

"You could put five girls in a line, and each one of them could use something different".—P5 low socio-economic

Due to ease of use, pads were described as the "default" product, followed by tampons. For both, variation in size and absorbency were suggested. Whilst many participants held brand preferences, this was seen as less important than high quality. Reusable menstrual products, including menstrual cups and underwear, were the preferred product of few participants and suggested for inclusion to support choice. Some participants also advocated for the free provision of pain medications.

"I would love it …if you had the option of a cup, if that's what you're into. Or period panties".—P8 youth

The quantity of products preferred varied. Participants experiencing lower product insecurity only envisioned needing enough supplementary products to "get through" until they could access a store or their personal supply. Participants with severe or high insecurity, however, required products for the duration of their period. Across all groups, participants reported preferring to be prepared and access products ahead of their period.

"Two or three just for the day or what not, and then I'd be happy to go back and get more".—P8 youth

"I try not to have none at home because you just never know if it's going to pop up, and I don't want to get caught out".—P3 regional, low socio-economic, experiencing homeless

Participants highlighted that provision through existing social services or direct delivery models would be best placed to cater for product choice and quantity and support preparedness, whereas vending machines were unlikely to provide a full supply. KIs drew attention to the storage capacity of vending machines as a potential limitation to choice and quantity, along with participant hesitancy to carry large volumes of products in public locations.

Balance privacy and visibility

Privacy was a salient recommendation, with only a few participants feeling they would be confident to access products in visible locations due the stigma associated with both menstruation and poverty. Whilst discreet access was considered necessary, participants also highlighted the need for visibility to ensure beneficiaries were aware of the service.

"I don't want people knowing that I am on my period, and I don't have pads. However, I still think good visibility to create awareness".—P6 multicultural

Participants expressed varying privacy and visibility considerations for each potential delivery mechanism. Participants who had existing connections to social services highlighted that delivery in these settings needed to be discrete. KIs and participants suggested minimising face-to-face contact using forms or vending machines within social services and providing staff sensitivity training.

"Having to ask out loud can be really nerve-wracking for a lot of people and I know that that prevented a lot of my friends from wanting to go in at all".—P11 youth, living with a disability

Direct delivery methods (e.g. through the post), with plain packaging, were considered advantageous due to the privacy afforded. This system also offered benefits to gender-diverse participants, minimising gender dysphoria, and to regional and remote participants who reported feeling awkward knowing their local vendors.

"The pros are the privacy of it. I don't really see many cons in it because you can get delivered to your door".—P3 regional, low socio-economic, experiencing homelessness

The potential locations of vending machines prompted privacy and visibility concerns. Most participants reported feeling uncomfortable to access products in visible locations. Most participants felt female public bathrooms were appropriate locations, and some felt dispensers should be positioned in individual cubicles. Wayfinding, signage, and inclusive design were mentioned as ways to promote visibility and ensure utilisation, specifically for multicultural communities and people living with a disability.

"I'm not sure about it [tram stop vending machine] because I feel like it's very public and the whole privacy thing".—P13 youth

"[If] I wasn't literate in that language that was telling me what it was, and I had no idea, I would just think 'yeah I probably have to pay for that'".—P11 youth, living with a disability

Prioritise those in need, prevent misuse of the service

Participants expressed concerns about fair distribution, ensuring consistent access for those in greater need and the potential for service abuse, especially by men and boys.

"I can just see like teen boys pulling out all the products and sticking them everywhere and like just clogging bathrooms with them".—P26 gender-diverse, experiencing homelessness

KIs working with groups experiencing severe poverty reflected that it was unlikely that provision through existing social services would be exploited due to management oversight and unfeasibility of taking excessive quantities of products. Participants with previous use of existing social services reported appreciation of free products and only taking what they felt was "fair".

"Well, because the other people might want them, and you've got to think of other people too".—P7 low socio-economic, experience of homelessness.

"The clients don't … hoard them or anything like that; they just take them as needed; yeah in fact I would say they don't take them enough"—KI5 people experiencing homeless

Direct provision through a subscription service was assumed to have built-in prioritisation through eligibility for products, including the frequency and amount available. Connection through existing services such as Centrelink (Australia's income support system) was seen as a valid eligibility criterion.

"Maybe you have to do this online form to prove that you've got a low income or need help".—P13 youth

Participants were forthcoming with suggested strategies to avoid vandalism to vending machines. Recommendations included requiring an access card (e.g. cards for public transport or healthcare), a QR code (e.g. use of smartphone to scan) and a delay timer. These strategies highlight that vending machines would then not be accessible to the wider public (in case of emergencies) but exclusively to target populations. Participants struggled with an appropriate solution. They believe products should be available to all who need them but also have systems in place to avoid abuse and prioritise greater supply to those with greatest need.

"If there was no timer or any restrictions, I feel like people would just like empty it out straight away and be greedy".—P13 youth

Leverage product provision to address other menstrual health needs

Limitations in menstrual health education and the stigma associated with menstruation were discussed by participants across all groups. Several participants and KIs believed effectiveness of a product distribution service was dependent on concurrent education and advocacy initiatives, whereas others perceived these as an opportunity to address broader menstrual health needs.

Participants spoke to the limited or inadequate education they had received with suggestions to leverage product provision initiatives to provide menstrual health education, including to men and boys. Suggestions included incorporating QR codes or additional information on vending machines and packaging to guide people to further support. Participants also emphasised the need for destigmatising menstruation. Many participants were frustrated by social conceptualisations of menstruation as shameful and dirty and felt a product provision scheme may also present an opportunity for combatting stigma. The use of advertising, marketing and advocacy were suggested.

> *"Also advocating for destigmatising periods and menstruation. I think that would … you know kill two birds with one stone".—P11 youth, living with a disability*

Participants spoke to the potential for a free product service to support more holistic health and social care. One KI highlighted that a person accessing a free product service is likely to be experiencing additional health concerns and could raise concerns with staff.

> *"Something as simple as on those vending machines actually having a list of the places, like the crisis places that stocks those products to get more information".—P26 gender-diverse, experiencing homelessness.*

Discussion

We aimed to inform emerging menstrual product provision initiatives by understanding menstrual product insecurity and recommendations for product provision among priority groups in Victoria, Australia. Our findings align with past research in HICs emphasising that menstrual product insecurity is an important concern for marginalised groups[1,10,29] and that menstruation is an often-difficult experience,[9] with challenges related to resources and sociocultural pressures to conceal menstruation. Consistent with these findings, participants in our study recommended that programs to provide free or subsidised menstrual products should also be leveraged as opportunities to provide additional menstrual education or dismantle pervasive stigma surrounding menstruation.

No single menstrual product delivery strategy is likely to be best suited to all groups experiencing product insecurity. Exploring experiences and preferences among a diverse range of groups, we found unifying and unique challenges, with significant implications for the kinds of services needed. We found that consistent considerations for delivery were relevant across groups, including convenience, choice in product type and quantity, privacy and fear of misuse but that the services offering these features differ depending on individuals' circumstances.

To provide convenience, free products must be available in locations already being frequented. Vending machines were supported to provide product access if ubiquitous. This delivery mechanism was most convenient for participants experiencing lower product insecurity, such as students. Vending machines were viewed as a mechanism to supplement personal supply and provide access when outside the home. Provision through social services offered accessibility and convenience for those experiencing more severe menstrual product insecurity as they already engaged with these services. Direct delivery, such as through the post, appealed to those with high product insecurity. In New Zealand, school-based product delivery has offered an option for students to order supply through a website, but there are limited data on the effectiveness of this strategy.[18]

Consistent with growing calls for menstrual health initiatives to support product choice,[30] participants in our study emphasised that varied products are needed to cater to varying body types and preferences. Some participants suggested including reusable products in free provision programs, consistent with past research that the upfront cost of these products is a barrier to use.[31] Both direct delivery, such as through the post, and provision through social services were seen as mechanisms offering more scope for product choice and supplying a greater quantity of products. Ensuring continual access for those who need it most and preventing service misuse were common concerns of the participants in our study, consistent with a study of product provision in NYC schools.[19] Key stakeholders from our study were trusting of priority groups and doubted exploitation. Indeed, users of the NYC school study demonstrated that product provision was respected with consideration of others and the quantity taken,[19] though this does not reflect potential misuse in public spaces by the wider population.

Our findings emphasise that free product delivery must offer privacy. This is consistent feedback from participants in Scotland and school-based provision programs in England.[22,25] It is also consistent with recent the 2021–2022 "Green Period Pantry" project evaluation, which reported 90% of products were taken at discreet sites. However, our participants highlighted that privacy must be balanced with visibility of free product schemes through accessible signs and advertising. Whilst this has not been reported in past qualitative research, feedback from students following school-based product delivery in England found many students were unaware of the scheme.[25] Additionally, participants raised visibility of the service from a rights perspective, noting that discretion only reinforces the stigma surrounding menstruation. To reduce stigma whilst maintaining privacy, advertising and destigmatisation promotional efforts should be highly visible, whereas actual product provision remains discrete.

Strengths and limitations

Our study focussed on participant experiences of, and recommendations for, addressing menstrual product insecurity. This specific focus responds, in depth, to recent policy announcements in Australia to provide free menstrual products to the public. We used vignettes to prompt consideration of delivery mechanisms that may be considered by policy makers. Whilst this helped to investigate a broad set of delivery mechanisms, findings are likely to be influenced by those suggested. Furthermore, our study was not positioned to provide insights into all the menstrual-health-related challenges faced by participants. We included participants representing a breadth of priority groups; however, in seeking breadth, it is likely some perspectives are under-represented, and more detailed focus on specific groups is likely to identify further insights. Our recruitment flyers were in English, and whilst community organisation workers

communicated our study with the groups they work with in local languages, our study may have been less accessible to those without English proficiency. Additionally, our recruitment methods stated that interviews focussed on menstruation; it is likely that those who feel uncomfortable discussing menstruation did not volunteer.

Implications for research and practice

Our findings highlight that there is no single delivery strategy best suited to the needs of all those in experiencing menstrual product insecurity. Multiple strategies are needed. Whilst initial efforts to address the issue through vending machines is a positive first step, this delivery mechanism is unlikely to meet the needs of all Australians and may not be the best fit for those most in need. Complementary strategies leveraging social services that priority groups are already engaged with offer opportunities to enhance the accessibility of these initiatives.

Further research is needed to understand the differing menstrual health challenges among diverse groups and to co-develop responsive interventions. Our findings highlight a desire for government to harness the product provision policy to spearhead further initiatives to destigmatise menstruation and improve education. Past research in Victoria, Australia, has highlighted that young people want more information about reusable menstrual products[31] and that the potential for incorporating these products into efforts to combat menstrual product insecurity requires further investigation. Complementary quantitative research and robust evaluation of menstrual product interventions is needed to test the effectiveness of policies proposed, capture user's experiences, and inform continued improvements.

Author contributions

Conceptualisation: J.H. and M.L. Methodology: J.H., M.L., A.H., and A.K. Investigation: A.H., A.O., J.H., M.L., and L.D. Data curation: A.H. Formal analysis: A.H., J.H., M.L., and A.O. Writing—original draft: A.H. and A.O. Writing—review and editing: J.H., M.L., L.D., and A.K. Supervision: J.H. and M.L. Project Administration: M.L. and J.H. Funding acquisition: M.L. and J.H.

Ethics

The ethical aspects of this research project were approved by the Alfred Hospital Ethics Committee (project number 126/23). This project was carried out according to the National Statement on Ethical Conduct in Human Research (2007) produced by the National Health and Medical Research Council of Australia.

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Conflicts of interest

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Data availability statement

Full transcripts are not available to protect participant confidentiality. Summary findings and excerpts of the transcripts may be requested from the corresponding author.

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Appendix A Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.anzjph.2024.100219.