

Dignity Everyday

Exploring a women's health issue
with students of Western Cape, Queensland



Nanum Beach, Weipa (Photo: Nina Hall 2018)

research by
Minnie King, **Women on Country**
with Nina Hall, Britta Wigginton and Emily Krusz,
The University of Queensland



Important Note: *This report discusses a health topic that is considered women’s business among Aboriginal and/or Torres Strait Islander cultures. Although cultural aspects are not included in this discussion, men identifying as Aboriginal and/or Torres Strait Islander Peoples are advised to consider whether they would like to proceed with reading this document.*

Acknowledgement of country

We respectfully acknowledge the Alngath and other Traditional Owners and Language Groups of the Western Cape, on whose land this project was conducted. We pay our respects to their and all Aboriginal and Torres Strait Islander Elders past, present, and emerging.

Acknowledgement of key participants

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Contact:

Dr Nina Hall, School of Public Health, The University of Queensland, E: n.hall2@uq.edu.au

Dignity Everyday for girls in the Western Cape: Summary of findings

Around the world, women and girls experience inequities that have cascading socioeconomic and health repercussions (1). Menstruation is a healthy biological process that impacts approximately half of the global population throughout her lifetime (2). Despite its regularity and prevalence, many girls and women manage their monthly period with significant disruptions to their lives due to factors including access to resources, environmental challenges, and cultural taboos (2, 3). Initial research into the area of Menstrual Health and Hygiene (MHH) has primarily been conducted in developing countries and has not yet considered challenges experienced by underrepresented groups living in developed countries such as Australia (3, 4).

Anecdotal findings from research conducted in Central Australia indicates that school-aged girls living in remote Australian communities may be experiencing similar menstrual challenges to those living in low- and middle-income countries, which may be influencing school attendance (5, 6). These findings initiated a local women's group in the Western Cape, Queensland, to investigate the state of MHH for female students living in their own community. Following a yarning circle discussion gathering Indigenous Australian women leaders from across the country to discuss MHH (7), Minnie King (Indigenous Australian researcher) invited Nina Hall (non-Indigenous academic), to work together with Indigenous Australian and non-Indigenous students at Western Cape College in Western Cape, Queensland. The research project was developed to begin a discussion around female student-defined challenges and options for addressing menstrual health and hygiene (MHH), including how these challenges and options may relate to school attendance (Stage 1). In order to gather multiple perspectives, Stage 1 also included 15 interviews with school staff, health workers, and representatives from the community and other organisations. The results from Stage 1 informed a second visit (Stage 2), which involved engagement with both female and male students, and six (6) interviews with Western Cape College's staff and key stakeholders.

In Stage 1, female students and interviewees:

- shared their experiences with and observations of menstrual challenges within the school, households, and broader community.

In Stage 2, female students:

- voted to prioritise the challenges they defined in Stage 1;
- developed options for addressing these challenges;
- shared their understanding of menstruation by sharing pre- and post-session anonymous definitions;
- reviewed their experiences with using menstrual hygiene products; and
- asked puberty-related questions during a group yarning circle.

In Stage 2, male students:

- explored their knowledge about menstruation as a biological process;
- determined options for assisting in alleviating menstrual challenges experienced by their female peers; and
- asked anonymous puberty-related questions in a Q&A session.

This report documents processes, methods, and findings from Stages 1 and 2 to provide insights into how girls and women manage their daily lives during menstruation in a remote community in the Western Cape, Queensland. Due to the community-specific nature of this project as well as the diversity of Indigenous Australian peoples and cultures, the results are not generalisable. Additionally, Indigenous Australian cultural aspects of menstruation, that are considered private women's business, were not discussed in the delivery of this project nor will they be explored in this report.

i. Overview of findings

Table 1 summarises key findings from this study including: female students top-ranked menstrual challenges as well as female and male students' self-identified options for addressing the priority challenges. Notably, results from the male students' sessions indicated a lack in knowledge regarding menstruation as a biological process (with 50% responding to defining the term menstruation with 'I don't know' (Figure 10) as well as an interest in learning how to assist those experiencing menstruation (see Table 1).

Table 1: Girls' top-ranked menstrual challenges and both girls' and boys' options for addressing them, tallied and compiled across all age groups

Top three (3) priority challenges	Girls' options for addressing the priority challenges	Boys' options for addressing the priority challenges
1. Pain management: getting through the day and night;	Paracetamol, Herbal tea, Sleeping, Eating, Heat packs, Avoid confrontation with family, Exercise, Water, Meditation, Ice cream, Chocolates, lollies + sweets;	Pain killers; Pillow/blanket/care packages; Food/chocolate;
2. School attendance: feel moody and cramping; and	Chocolate, Drink water, Go to office and tell female staff, Comfy clothes, Grin + bear it, Tell the teacher, Take your mind off it, See student services, See school nurse, Tell someone you trust/teacher, Ask a friend/teacher for products;	Be sensitive; Support; Not harass them; Give space; 'help out round the house'; Heat pack; 'be there for them' / 'support them'; Walk off/ give them space; Do some jobs; Be accepting; Be supportive; Don't be judgemental; 'help them when they need it most'; 'don't harass them'; 'leave them alone'; 'give them respect'; 'understanding'; 'sympathy for them'; 'respect them'; 'don't make fun'; 'don't go round telling everyone (that they've got it)'; 'hang around them';
3. Household and housing: no storage, no privacy, teasing.	Make space, Find a lock, Tell mum/dad, Put sanitary waste bin in toilet, Tell your mum and sisters, Call out "I'm getting changed", Use another room.	Keep some stock in your ute; You [boys] buy it for them; Keep spares; 'ask if they need to go to the servo to by the stuff'; Pay for it; Buy it yourself for her.

These findings suggest opportunities for actionable, community-defined initiatives for improving experiences of menstruation for students who attend this school, including but not limited to: ***pain management and hygiene product provision and education, fostering social support at school in within households, and availability of waste bins and locking doors in restrooms.***

ii. Discussion questions for next steps

Making it easier for girls to manage menstruation:

- Q **For Education Queensland and school representatives:** *How and to what extent might educational attainment be impeded by social, financial, and/or environmental factors relating to menstrual health and hygiene? What other factors does menstruation affect- in addition to school attendance?*
- Q **For national and local government, Education Queensland, and community organisations:** *Can both male and female students receive appropriate, early and ongoing education about puberty and personal development? Are locations and communities with high populations of Indigenous Australian residents more significantly impacted by inequitable access to menstrual health and hygiene resources and education?*
- Q **For schools:** *Can sanitary bins be provided in all female toilets, including in upper primary school toilets? Is there suitable soap and drying facilities in all toilets for adequate hygiene? Can a designated location and staff member be identified in each school who can distribute sanitary products to those students who need them?*
- Q **For sanitary companies and retailers:** *Can costs be reduced for freight of products? Can environmentally-friendly, reusable products be promoted and sold?*

Taking responsibility to make change:

- Q **For everyone:** *Who is responsible for minimising the inequity in access to menstrual health resources in Australia?*
- Q **For local, state, and national government and NGOs:** *How might policy makers integrate gender equitable and women's health-related features into processes and outputs?*
- Q **For school representatives, community organisations, researchers and local government:** *To what extent do school leaders and staff have a responsibility and/or the ability to mitigate inequities they see among their students' and across populations?*
- Q **For national and local government, Education Queensland, researchers and community organisations:** *How can gendered aspects of health be embedded within a Health in All Policies (8) model to pursue assurance of health as a human right in Australia?*

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Glossary

Indigenous Australian Peoples and non-Indigenous people

The terms 'Aboriginal and Torres Strait Islander' and 'Indigenous Australian' are used interchangeably in this report in reference to the First Peoples of Australia. We acknowledge the heterogeneity and sovereignty of the hundreds of First Nations language groups comprised by these terms (9). The Western Cape Peninsula is home to Indigenous peoples who identify as both or either Aboriginal and Torres Strait Islander.

The term 'non-Indigenous' refers to people who have immigrated to and/or settled in Australia during and since British colonisation in 1788.

Menstrual Health and Hygiene (MHH)

Menstrual Health and Hygiene (MHH)¹ refers to the area of women's health concerning menstruation including (but not limited to) the social, political, economic, and cultural² aspects related to navigating monthly periods with dignity (10-12). International research indicates that although menstruation affects half of the global population throughout her lifetime, many girls and women manage their periods with limited access to resources and often experience implicit, socially-imposed shame resulting in secrecy (4, 13).

Remote and very remote community in Australia

The term 'very remote' is defined using the Accessibility/Remoteness Index of Australia and is characterised by 'very little accessibility to goods, services and opportunities for social interaction' (14). The Western Cape Peninsula is located in the Far North easterly region of Australia (see Figure 1)(15, 16), featuring an extensive coastline and tropical climate. The climate and remoteness of the Western Cape Peninsula causes some susceptibility to intermittent disruptions in accessibility due to annual wet seasons and extreme weather events, such as cyclones, blocking or flooding roads (17). Australian Bureau of Statistics data from 2018 indicates that the total the Western Cape population is 8174, comprised of 51.4% and 48.6% Indigenous and non-Indigenous residents, respectively (16). With 3% of Australia's national population identifying as Aboriginal and/or Torres Strait Islander, Cape York is home to a proportionately high number of Indigenous Australian residents (18). More specifically, the main communities and town of this region had a total population in the 2016 Census of 7415 residents, comprised of Weipa (4240), Napranum (1048), Aurukun (1382) and Mapoon (325) (19).

¹ MHH is sometimes referred to as Menstrual Hygiene Management (MHM). We have chosen to use the term MHH rather than MHM due to MHM's implication that menstruation is merely a hygiene issue to be 'managed'. The term MHH moves away from paternalistic deficit language and makes acknowledgement of the broader health implications connected to menstruation.

² As previously noted, due to the cultural sensitivity of this topic, cultural aspects of menstruation were not explored through this research, nor will they be discussed in this report.



Figure 1: Remoteness map of Queensland, Australia (15). A pop-out map delineates the region regarded as the Western Cape (16). Areas on the Western Cape Peninsula are considered 'remote' and 'very remote' as represented by light green and yellow shading (15).

Student-defined and -prioritised

Participants of this project included Indigenous and non-Indigenous students from Western Cape College school in the Western Cape, Queensland. Female³ students ('girls') were involved in both Stage 1 and Stage 2 of this research by first identifying the challenges they faced when menstruating and then by prioritising the challenges and offering possible options for addressing them. Male students ('boys') were involved in Stage 2 of this research by participating in a discussion around their knowledge of menstruation as a biological process as well as how they may contribute to alleviating some of the menstrual challenges experienced by their female peers.

Water, Sanitation and Hygiene (WASH)

Water, Sanitation, and Hygiene is an area of public and environmental health that addresses and protects the human right for access to safe and sufficient supply of water for drinking, bathing, and disposing of human waste (20). The United Nations' Sustainable Development Goals include Clean Water and Sanitation (SDG6) with target 6.2 highlighting "...paying special attention to the needs of women and girls..." (21).

³ We respectfully acknowledge that not all people who menstruate identify as female and not all who identify as female menstruate. We also acknowledge that sex and gender describe two separate features of identity (i.e. biological vs socially-determined). For the purposes of engaging with this research community, we have used binary sex and gender categories. In this report, we have used the terms female/girls and male/boys interchangeably to describe the groups into which the students were divided for the purposes of delivering educational sessions that would be socially, culturally, and developmentally safe. Sessions were tailored to cater to different age groups for similar reasons.

Outline and purpose of this report

Women on Country's founder, Minnie King, invited The University of Queensland's Nina Hall to the Western Cape, Queensland to co-facilitate pilot research around challenges and options for addressing MHH with students attending Western Cape College, Weipa, from both the town (Weipa), nearby community (Napranum) and the region's remote communities (through staying in the residential college) (Stage 1). This followed a yarning circle of Indigenous women that was initiated by Minnie King, Nina Hall, and representatives from the National Aboriginal and Torres Strait Islander Women's Alliance and held in March 2018 (7). The pilot project was funded by the University of Queensland through an Early Career Researcher grant. The resulting research program, "Dignity Everyday", gathered initial research during a visit by Nina Hall in September 2018. During a second visit (Stage 2), Minnie King, Nina Hall and Britta Wigginton co-facilitated discussion sessions with school students. In Stage 2, both female and male students were engaged to prioritise challenges and discuss options for alleviating these difficulties. An overview of each Stage is outlined below. This report details the outcomes of Stage 2.

i. Dignity Everyday

a. Stage 1: September 2018

Pilot sessions in the Western Cape, Queensland

Three (3) cohorts of female students (Years 5-6, 7-9 and 10-12)

Fifteen (15) interviews conducted with education, community, health and workforce support representatives

Female student-defined challenges identified

b. Stage 2: March 2019

Follow-up sessions in the Western Cape, Queensland

Four (4) cohorts of female students (Years 5, 6, 7-9, 10-12)

Two (2) cohorts of male students (Years 7-9 and 10-12)

Six (6) interviews conducted with education, community, health and workforce support representatives

Female student-defined challenges prioritised by girls and options identified by both girls and boys

Background to the project

Although menstruation is a healthy biological process that affects most women and girls monthly throughout much of her lifetime, it is often experienced in secrecy and without sufficient resources (13). Recent research in relation to this gendered health inequity has been primarily conducted in low- and middle-income countries, but menstrual health and hygiene has received little attention in underrepresented populations in high-income countries, such as Australia (1, 3, 4). Anecdotal evidence from a WASH survey in Central Australia indicates that girls in Australia may in fact be experiencing menstrual challenges that impact school attendance (5, 6).

This research project explores the menstrual-related challenges experienced by female students from Western Cape College in Weipa, in the Western Cape of Queensland, a remote town and nearby community with a proportionately high number of Indigenous Australian residents, as well as eliciting student-defined options for addressing these challenges.

Due to Australia's history of colonisation and the ongoing use of harmful deficit discourse in relation to Aboriginal and Torres Strait Islander Peoples, we have employed a strengths-based approach in this project, which privileges Aboriginal and Torres Strait Islander ways of knowing, being, and doing and aims to elevate the voices of the students involved (22-24). Notably, both Indigenous and non-Indigenous students, researchers, and school staff were involved in this project. In order to cultivate safe environments to conduct these culturally- and socially-sensitive sessions, culturally competent Indigenous females and males were involved in all interactions with students. The sessions were facilitated by a local Indigenous woman with high prominence in the community. Where it was inappropriate for her to facilitate, due to male family members in the sessions, a local Indigenous male teacher was involved in co-facilitation. In all sessions, cultural aspects of menstruation were not explored, focusing exclusively on the biological, social, and environmental factors impacting the students. Additionally, group discussions were held in the form of yarning circles, which is a culturally-defined method for engaging in respectful group communication that balances power dynamics and facilitates open sharing and deep listening among participants (25, 26).

In order to understand the context of the project summarised in this report, key preceding partnerships and initiatives were:

- **WASH scan of priorities in remote Indigenous Australian communities:** In 2016, The University of Queensland (UQ) and WaterAid conducted an assessment of WASH in remote communities in Central Australia (5). Without prompting, several interviewees shared their anecdotal observations about insufficient resources for managing menstruation in their schools and communities. Stakeholders particularly showed concern that factors related to menstruation may be impacting school attendance among female students (6).
- **NATSIWA & Women on Country Yarning Circle:** In response to an article reporting on the anecdotal findings from Central Australia (6), Indigenous Australian women leaders from the National Aboriginal and Torres Strait Islander Women's Alliance and Women on Country worked with UQ researchers to conduct a yarning circle to discuss challenges and options for addressing MHH in Indigenous Australian communities (7).

Research methods

This section outlines how the research project was conducted, how data was collected, and how the findings were identified. Ethical clearance for this project was approved by The University of Queensland Human Research Ethics Committee (Ethics Approval #2018000847).

Indigenous and non-Indigenous students

Western Cape College, the school that hosted this research, is attended by students of both Indigenous Australian (approximately 60 percent of students) and non-Indigenous (approximately 40 percent) heritage. Cultural aspects were not the focus of this research; rather, sessions were designed to offer culturally-safe environments for all students. This included group yarning circles as well as anonymously-submitted responses to the Question & Answer (Q&A) session, which were reviewed by researchers prior to sharing with the groups.

Grouped by age/year and sex/gender

To account for differences in experiences among age groups and sexes/genders, several different sessions were held. Girls were engaged with in four groups: Year 5; Year 6; Years 7-9; and Years 10-12. Boys were engaged with in two groups: Years 7-9 and Years 10-12. Female school staff assisted with facilitation of the girls' sessions and male school staff assisted with facilitating the boys' sessions. The primary facilitators of all sessions were female.

Appropriate facilitators

University of Queensland researchers were present at all sessions, and captured the data. There was an Indigenous female at all the girls' session, and an Indigenous male at all boys' sessions. These Indigenous project members led the discussions to ensure that the sensitive topic was handled in a way that was culturally appropriate.

Stage 1: September 2018

i. Yarning circles

Three (3) two (2) hour long yarning circles were held with female students in Years 5 and 6 (n= 36), 7-9 (n= 26), and 10-12 (n= 14). An example is displayed in Figure 2. Student-defined challenges were handwritten and later recorded electronically. These sessions included the discussion of available sanitary products, as shown in Figure 3. Both stages involved the distribution of new, donated sanitary products, as shown in Figure 5.

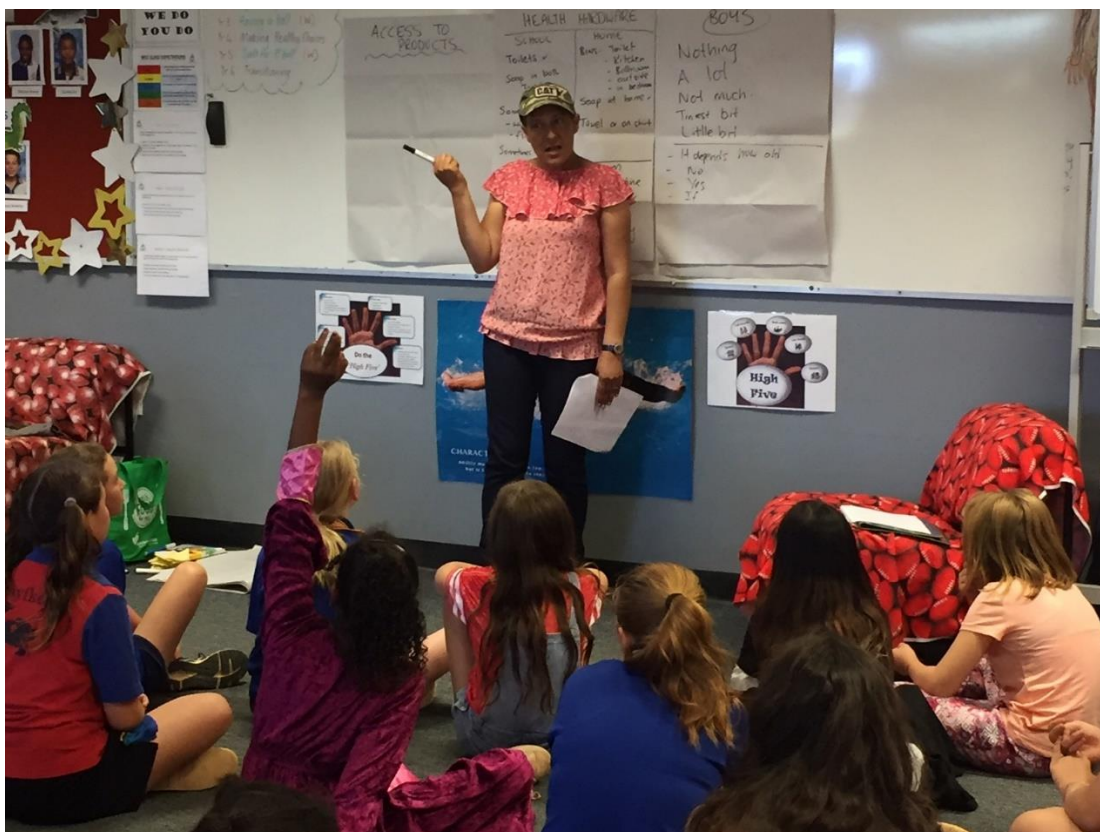


Figure 2: Minnie King (centre) facilitating discussion of a range of sanitary products for a group of female school students, September 2018 (Photo: Nina Hall)



Figure 3: Display table of various sanitary products discussed during the girls' yarning circles (Stage 1 and 2)

ii. Stage 1 Interviews

During the pilot visit, 15 face-to-face interviews were conducted. Each interview lasted approximately 30 minutes. Interviews were audio-recorded and later transcribed.

Stage 2: March 2019

iii. Pre and post definitions

At the start and conclusion of each session, students were asked to define periods/menstruation/puberty to account for any changes in responses and allow for thematic analysis of student responses. Definitions were handwritten on post-it notes and submitted anonymously to yarning circle facilitators. Data was compiled electronically, tallying similar responses and developing thematic subsections.

iv. Girls' yarning circles/ 3 votes + options for addressing top 3

During each of the four (4) sessions, a yarning circle was held to elicit feedback and prioritisation of challenges that were defined by female students in Stage 1. Girls in each age bracket [Year 5 (n= 25), Year 6 (n= 28), Years 7-9 (n= 100), Years 10-12 (n= 61)] were asked to share three (3) votes to rank the challenges that were personally the most impactful, as shown in Figure 4. Based on a tally of these responses, the top three challenges were discussed among the group in strengths-based terms, i.e. available, student-defined options for addressing challenges. A Q&A session followed, during which time facilitators fielded questions relating to menstruation and puberty, which the girls posed verbally to the group. Q&A questions were recorded by hand and later compiled electronically. Challenges and options data was also compiled electronically and votes were tallied within and across age groups to determine the top-ranking challenges identified by the female students.

Figure 4: Image of challenges voted on by Year 7-9 Girls. Votes are indicated by tick marks on the right. Tallied number of votes are indicated in circles on the left.

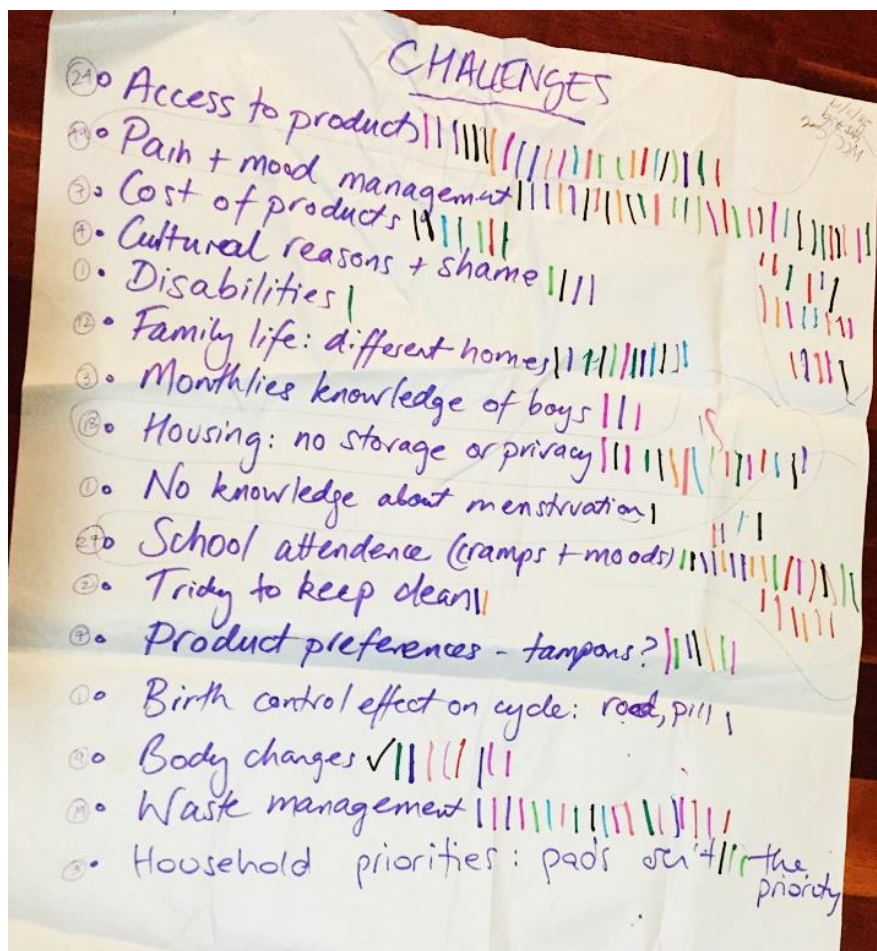




Figure 5: Warehouse collection of donated sanitary products, as held by project leaders, Minnie King (right) and Nina Hall (left)

v. Boys' yarning circles

An Indigenous male staff member assisted to facilitate the UQ researchers with the boys' yarning circles, as shown in Figure 6. During each of the two (2) sessions, boys were asked to consider and share options they may contribute to addressing challenges of girls' menstrual experiences. A Q&A session followed, during which time facilitators fielded anonymously submitted questions relating to menstruation and puberty, which the boys submitted on hand-written post-it notes. All data was later compiled electronically.



Figure 6: Facilitation of boys' yarning circles, March 2019

vi. Stage 2 Interviews

Six (6) interviews were conducted with various school staff and community members to understand the context beyond the students' perspectives. Five of the interviews were conducted in-person, and one over the phone. Hand-written notes were compiled to record each interview, as voice-recording was not deemed appropriate for the setting.

Project results

Stage 1: Analysis of Stage 1 findings (to inform Stage 2 visit)

The yarning circles with female students and interviews with Western Cape College staff, health workers, and community members provided researchers with data to deduce 16 thematic categories for describing priority challenges. Key thematic headings and associated interview quotes are outlined in Table 2 below.

Table 2: Themes describing MHH challenges were deduced from interview quotes and yarning circle field notes collected during pilot research in Stage 1

	Themes Deduced	Associated Interview Quotes
1	Access to sanitary products. Where, who + how to buy	<p>RESPONDENT: <i>I don't know how they get in to town. There's no public transport so how are they going into town to buy those things? I don't see that. I definitely don't see them going in there and buying their own pads and tampons at our shop here. I'm sure their mum or their sister or someone's buying it, or they just don't worry about that kind of stuff and they're just using toilet paper.</i></p> <p>RESPONDENT: <i>Generally speaking, I think pads and tampons, again we're coming to finances and accessibility up here, for them to access things like menstrual cups and re-usable pads, those kinds of things, the period panties, probably need to have access to online shopping and yeah, which obviously a lot of people in community don't have.</i></p>
2	Pain and mood management: getting through day and night	<p>RESPONDENT: <i>... I know some women go through hell, but I've never heard any of my sisters, cousins and friends, anyone in community here, not play on that, but really hold that up and say, no, can't do it, I've got the migraine, I've got the cramps, I've got - no.</i></p> <p>INTERVIEWER: <i>So, they soldier on - - -</i></p> <p>RESPONDENT: <i>Because they, you know, if I did that in front of my mum, I'd say, this is normal.</i></p>
3	Cost of sanitary products: price and quality (see Table 3 and Figure 7)	<p>RESPONDENT: <i>with remote communities, is we don't have the luxury of having shops open seven days a week, so that impacts us as well, as well as it being cost prohibitive with the cost of freight. Freight affects every single item, including menstrual products that we buy.</i></p>
4	Cultural reasons around menstruation: shame	<p>RESPONDENT: <i>we take into consideration shame factor, so they can do that discreetly without the girls knowing and the staff are very aware about it. If they do notice any changes they can go and approach that student and say, "Come with me" and they can go and organise that.</i></p> <p>RESPONDENT: <i>- - - and people don't really want to speak about. She was very ashamed to come and ask for some money to go and buy those items that she needed and stuff.</i></p> <p>RESPONDENT: <i>These girls here, they would be so embarrassed to admit that they are on their period. They wouldn't tell a soul I think, and I know that side of it, but I grew up very differently and like I have just never had to be embarrassed about it so I am not.</i></p>

5	Disabilities and monthlies: extra difficult	RESPONDENT: <i>The other thing with these schools and with the boarding schools that I want you to note which is really, really important is my daughters have gone to school with girls with disabilities and I'm talking about learning disabilities, that are probably by the time those girls would have finished school with my daughters, they would have been about a Year 5 level, Year 4 or 5, even though they might be 17 or 18. So personal hygiene for those girls with disabilities is, they are frequently non-existent, and my daughters have seen them do exactly the same thing over and over. They have seen some slight improvements and adjustments, not just because of my daughters' interactions but over time and, they sort of remember and retain a little bit, but those students too.</i>
6	Family life: different homes for sleeping	RESPONDENT: <i>But here, some of the young girls, they don't even have their own room.</i> INTERVIEWER: <i>Yes, so it's a structural thing.</i> RESPONDENT: <i>So, yeah, they don't have their own rooms. They don't have - they might bleed from house to house. Not in a bad way but it's just the way it is ... Sometime I'm staying with Aunty, the next minute with Sissy down the road, you know or - - -</i>
7	Monthlies knowledge for boys: they don't know much and they tease us	RESPONDENT: <i>I think the boys need to be a little bit more educated about it here. They, sort of, don't know about it until they're, sort of, mature enough, I think. And you can hear them teasing other boys, "Oh, what, you're on your period." And stuff like that so it's like yeah, they don't understand the importance of it, they don't understand what it - yeah. Yeah, you're just like, "Hey, don't talk like that."</i>
8	Household and housing: no storage, no privacy, teasing	RESPONDENT: <i>being into other women's house and seeing in there I thought I'd teach myself to teach my girl, like, always have them thing in the toilet cupboard with easy reach. You know. "You don't have to walk up into the room and get it," I said, "because that's just another thing, like, in case you bump into a [man] in the hallway."</i>
9	Knowledge and education about menstruation: not sure what's happening and when	RESPONDENT: <i>I don't know if ladies, you know, is it that time of month. Like, I asked someone the other day, "So, when do you normally get them?" "I don't know." "How long have you had it for?" "I don't know."</i> RESPONDENT: <i>there might be stuff that secondary girls need around this or how can we incorporate that into either their curriculum. Either extend on to the curriculum through HPE or do we do student services programs to address some of the issues that might arise. That's probably the only thing that I can think of in this context, unless you can fight to reduce the price of the products.</i>
10	School attendance: feel moody and cramping	RESPONDENT: <i>There are girls that do come in when they do have their period and they've just had enough, they can't deal and they get agitated, so any little thing peeves them off and it's really hard for them. So if you've got them on their period with the cramping and stuff, they either truant because they can't sit in, or they're really snappy and they're just really back chatty. Especially when it comes to doing work, I've noticed they get really disengaged because they're just not in the mind frame.</i> RESPONDENT: <i>And I think most of the girls that I know, when they go through their monthly, they just want to stay home. Whether it's because of the cramps, whether because they don't have the proper thing and they're frightened. It's been a stain on their clothes and they're going to be there and everyone's going to laugh at them and all that stuff. They just want to stay home because they don't have the necessary things to protect themselves.</i>
11	Hygiene and health: tricky to keep clean	RESPONDENT: <i>you just can see kids that don't have any idea about their own personal hygiene. Whether it be deodorant, things like that, yeah.</i> RESPONDENT: <i>because of the low socio, you know, making that pack stretch, if they're not changing regularly... And my concern is just around tampons and stuff as well... with them not educated to make sure that they're [not] - - -</i>

		<p>INTERVIEWER: <i>Staying in too long, the tampons?</i></p> <p>RESPONDENT: <i>Yeah.</i></p>
12	Sanitary product preferences: I want to wear tampons but mum won't let me	<p>RESPONDENT: <i>[I asked] do you get her tampons?" "No way," I think that kind of thing hinders them too. Like, because I think - I don't know why but [she] goes, "No, it's kind of like, sexual." Or you know - -</i></p> <hr/> <p>RESPONDENT: <i>they think [if you're using tampons, then] you're having sex and they start going off and - - -</i></p> <p>INTERVIEWER: <i>So, what's the link between - is it just because it's internal?</i></p> <p>RESPONDENT: <i>I think it's internal and I think, like, my mum automatically reacted that we were active.</i></p>
13	The effect of birth control on menstrual cycles: changes from the rod or the pill	<p>RESPONDENT: <i>I think it's just a natural thing. Like it just happens and it is going to happen regardless. We can't stop it. I mean there is contraception and stuff like that, that can stop it. But I think it is a natural thing, but I haven't been on contraception just for that exact reason.</i></p> <hr/> <p>RESPONDENT: <i>I know some girls have the bars in their arm and that affects a lot of their menstrual cycle, I did read up a bit about it because I know a few girls have it. And just the havoc that it plays on the hormones and they get really frustrated on the bar, some have random periods that it's not - - -</i></p> <p>INTERVIEWER: <i>Everyone's different.</i></p> <p>RESPONDENT: <i>- - - regular. Yeah. It just pops up anytime, so they could be at school and it pops up and it just ruins their day almost, and they come in and get stuff, we've got stuff here for them if they need it. We don't give away much product; it's just with the cramping and the temperament of the girls during their periods that is the issue for us, that I see.</i></p>
14	Bodily changes: growing up	<p>RESPONDENT: <i>... this is about at the end of the day, educating and communicating and knowledge and people learning and knowledge is a great thing, and knowledge about the human body and its functions, there's absolutely nothing wrong, nothing wrong with that.</i></p> <hr/> <p>RESPONDENT: <i>we need our young girls to know that when you go through stresses or that mental health or whatever, it not only stuffs up with your brain, it's stuffs up with your body. You know, you stop, you jump, you've got no period or you jump, your bleeding like a stuck pig or something like - you've got to -all of a sudden it stops, that means you're pregnant. Might be something else wrong there underneath.</i></p> <hr/> <p>RESPONDENT: <i>... now I'm teaching my girl the same thing is try not to be shamed because that is nature, you know? That's a part of life...</i></p>
15	Waste management for sanitary products: where's the bin?	<p>RESPONDENT: <i>- - - and I say to them, "In schools now, there is sanitary bins there they can use." And some girls say, "But I don't want mine to be there," and I say, "Well, what do you do with it?" They say they put in their bag. And I said, "Okay," and they dispose of it at home.</i></p> <hr/> <p>RESPONDENT: <i>So to make sure they know how to dispose of it properly. Don't just leave it and forget about it... They forget that they - they go to the toilet, they leave it on and they change and then they walk out.</i></p> <hr/> <p>RESPONDENT: <i>the other issue lately has been the bin service, has been reduced to once a week - - -</i></p> <hr/> <p>RESPONDENT: <i>Would there a bin in many people's toilet cubicle or would it be more a - would you take it out?</i></p> <p>RESPONDENT: <i>Probably take it out.</i></p> <p>INTERVIEWER: <i>Out to the bin out the front?</i></p>

		RESPONDENT: <i>Like in the kitchen.</i>
16	Household priorities: pads aren't the main priority	<p>RESPONDENT: <i>I get phone calls all the time, if I've got any spare and stuff like that. Because, then, they can't afford it, you know. It's on the week where Mum and Dad don't have money and they ring around and - - -</i></p> <hr/> <p>RESPONDENT: <i>there is a big difference in terms of money and finances and access to things, and then in turn, I think it comes down to priorities in different families in remote communities, what's a priority, is a priority, putting food on the table, and what I found is that generally families live from pay week to pay week, and when the pay comes in, the family will go shopping. And the shopping trolley is full.</i></p> <hr/> <p>RESPONDENT: <i>[the issue with] that weekly shopping or fortnightly, is that it can run out very quickly, and menstrual hygiene products, are certainly not high on the agenda. You might get one packet for an entire house, if it's thought of.</i></p>

Table 3: Range of sanitary prices and products

September 2018	Brisbane Woolworths	Weipa supermarket	Community store
Tampons			
Libra tampons 32 pack	\$7.50	\$9.37	\$13.19
Generic brand tampons 20 pack (cheapest)	\$2.50	\$3.40	\$4.95
Number of tampon brands	7+	6	3
Sanitary Pads			
Libra Invisible Super 12 pack	\$5.90	\$8.00	\$8.99
Generic brand pads 18 pack (cheapest)	\$2.00	\$2.11	\$2.39
Number of pad brands	4+	4	4
Other sanitary products for sale	Period panties	Period panties	None



Figure 7: Comparison of prices of sanitary products at a community store (above) and the Weipa supermarket (below), September 2018

Stage 2: Analysis of Stage 2 findings

In the second visit, girls built upon the information determined in Stage 1 by voting upon priority issues and sharing some of the key options they currently use to manage those challenges. Boys were also involved in discussing ways to contribute to alleviating the challenges their peers face while menstruating. Throughout the sessions, a positive, strengths-based approach was employed (24), as illustrated by the excerpt presented in Figure 8 below.

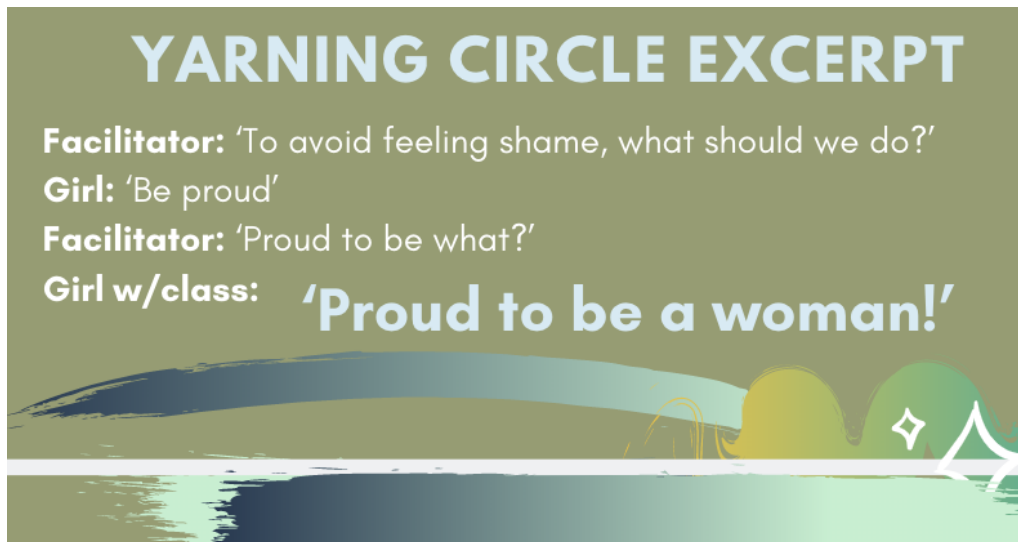


Figure 8: An excerpt from the Year 6 Girls' yarning circle

In the following sections, findings from each of the data sources are presented:

- challenges and options for addressing menstrual health and hygiene;
- pre- and post-session definitions of menstruation;
- what students are wondering based on questions posed during Q&A; as well as
- product reviews and phone app and brochure features sought by girls.

i. Girls (Years 5-12) | Challenges and options listed by student-assigned priority

Each girl was invited to cast up to three (3) votes to indicate which challenges are most prominent for her. The top three (3) from each group were explored for student-defined options for addressing the challenge (highlighted in green in Table 4).

Table 4: Female student-defined and -prioritised challenges for addressing menstrual health and hygiene, totalled by and across each age group

voted	option	Challenge	Year 5	Year 6	Years 7-9	Years 10-12	Totals
#1	2	Pain and mood management: getting through day and night	4	14	49	39	106
#2	10	School attendance: feel moody and cramping	12	16	27	36	91
#3	8	Household and housing: no storage, no privacy, teasing	2	11	18	9	40
#4	3	Cost of sanitary products: price and quality	20	0	7	8	35
#5	1	Access to sanitary products. Where, who + how to buy	2	4	24	1	31
#5	15	Waste management for sanitary products: where's the bin?	3	5	19	4	31
#6	6	Family life: different homes for sleeping	0	0	12	17	29
#7	7	Monthlies knowledge for boys: they don't know <u>much</u> and they tease us	13	0	3	12	28
#8	4	Cultural reasons around menstruation: shame	0	11	4	9	24
#9	11	Hygiene and health: tricky to keep clean	8	3	2	9	22
#10	14	Bodily changes: growing up	1	3	9	2	15
#11	16	Household priorities: pads aren't the main priority to buy	4	1	3	6	14
#12	12	Sanitary product preferences: I want to wear <u>tampons</u> but Mum won't let me	4	0	7	1	12
#13	5	Disabilities and monthlies: extra difficult	8	0	1	0	9
#14	9	Knowledge and education about menstruation: not sure what's happening and when	1	0	1	5	7
#14	13	The effect of birth control on menstrual cycles: changes from the rod or the pill	0	0	1	6	7
			Total = 82	Total = 68	Total = 187	Total = 164	501

During each session, female students also shared ideas around options for addressing the top-ranked challenges in their group. Figure 9 lists the challenges as prioritised by female students and includes the options they presented for addressing the top-ranked challenges.



Figure 9: Female student-defined and -prioritised challenges and options for addressing menstrual health and hygiene, totalled across all age groups

ii. Boys (Years 7-12)| Challenges and Options for assisting

During each session, male students discussed their ideas around how they may assist and help to alleviate some of the challenges that are experienced by their female peers. Table 5 presents a summary of the key challenges and options for assisting as determined by male students in Years 7-12.

Table 5: Male student-defined options for assisting in alleviating girls' menstrual health and hygiene challenges, Years 7-12

Girls' Challenges	Boys' options for assisting
Mood swings; Annoyed; Tiredness; hormonal changes; Stress	<i>Be sensitive; Support; Not harass them; Give space; 'help out round the house'; Heat pack; 'be there for them' / 'support them'; Walk off/ give them space; Do some jobs</i>
Cost of products	<i>Get a job (part-time); Ask mum and dad for \$; You [boys] buy it for them; Keep spares; 'ask if they need to go to the servo to by the stuff'; Pay for it; Buy it yourself for her</i>
Feeling shame/embarrassed	<i>Be accepting; Be supportive; Don't be judgemental; 'help them when they need it most'; 'don't harass them'; 'leave them alone'; 'give them respect'; 'understanding'; 'sympathy for them'; 'respect them'; 'don't make fun'; 'don't go round telling everyone (that they've got it)'; 'hang around them'</i>
Feel nervous	<i>Scared to show their products; New to school; Encourage them</i>
Pain/discomfort	<i>Pain killers; Pillow/blanket/care packages; Food/chocolate</i>
Sanitary products stock for emergencies (school, home)	<i>Keep some stock in your ute</i>
Managing blood (can't wear white; can't go out as much/swimming; navigate daily live; not in mood for sex)	<i>'Don't force them'</i>

iii. Girls (Years 5-12) & Boys (Years 7-12) | Pre- and post-session definitions

Prior to each session, all students were asked to anonymously write and submit definitions of periods/monthlies/menstruation/puberty on post-it notes. The same process was conducted following the session. Thematic analysis produced the following findings from pre- and post-session responses, as shown in Figure 10.

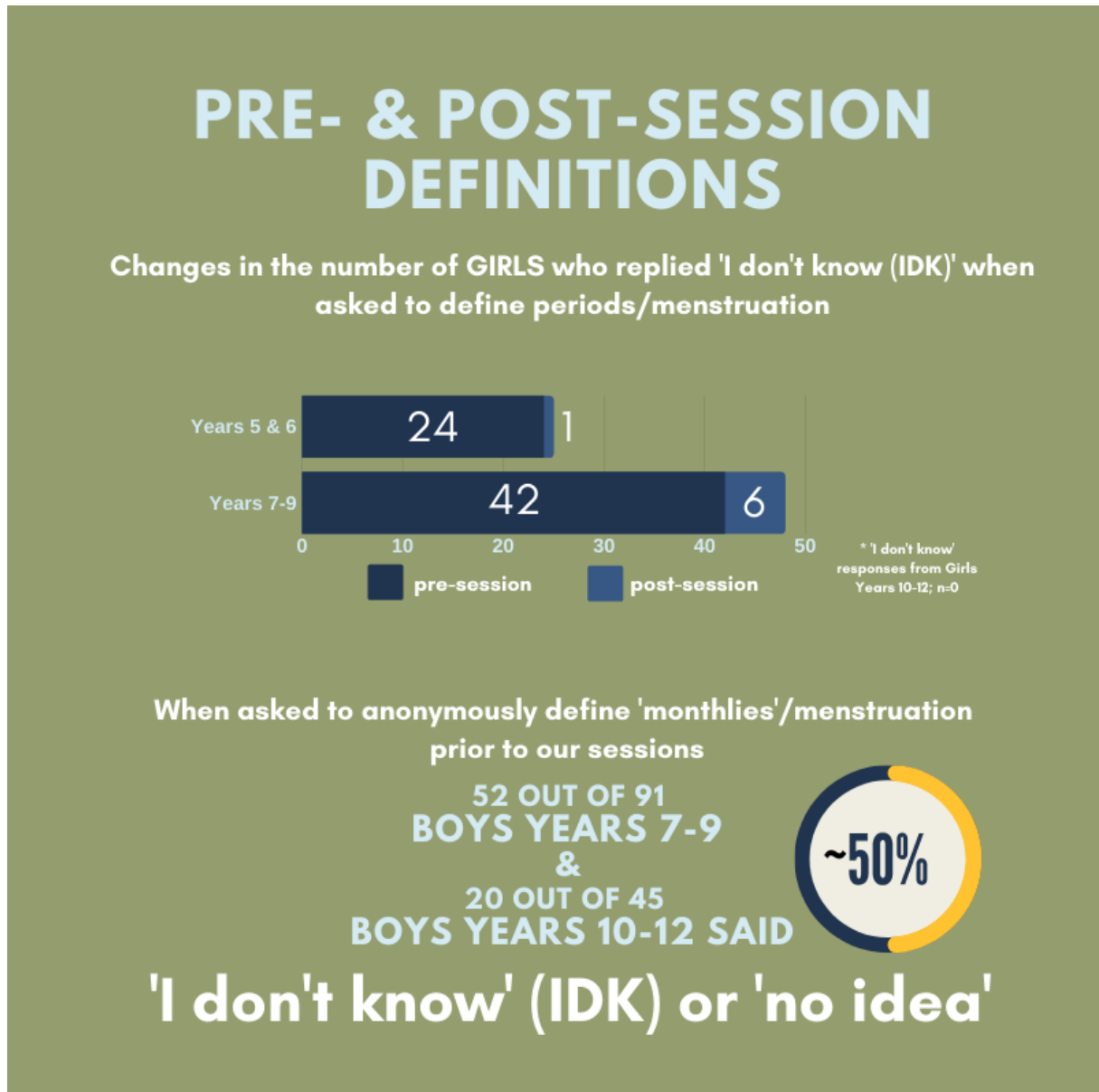


Figure 10: Analysis of girls' and boys' 'I don't know' responses to pre- and post-session definitions of periods/menstruation/'monthlies'

iv. Girls (Years 5-9) & Boys (Years 7-12) | Q&A

During each yarning circle, students were asked to share questions that they may have regarding menstruation. With the girls, questions were asked openly, handwritten on butcher's paper by researchers, and discussed in a group setting. With the boys, questions were submitted anonymously on Post-it notes, reviewed by researchers, and verbally responded to in a group setting. Figure 11 displays some of the questions that were posed.



Figure 11: Girls' and boys' anonymously-posed questions during Q&A, by age group

v. Girls (Years 6-12) | Product Feedback

In relation to product distribution facilitated in Stage 1, girls were asked to share about their experiences around using different kinds of menstrual hygiene products (either that they had received from Stage 1 or elsewhere). Products include tampons, pads, reusable pads (Days for Girls (27)), and menstrual cups. Categories seeking yes or no responses included: whether the student had used the product, found any difficulties with using it, had their Mum or Aunties' support in using it, and whether they would recommend it. Their feedback is displayed in Figure 12.



Figure 12: Girls' feedback on products, all age groups, n=32

vi. Girls (Years 5-12) | Period Tracker Phone App & Informational Brochure Feedback

During yarning circle discussions, girls were asked to share their thoughts around familiarity with period-tracker phone applications as well as interest in developing an app designed by and for Indigenous Australian girls and women. Based on positive interest, funding will be sought to develop such an app as a Women on Country and University of Queensland initiative. Girls shared ideas for features they would like to see in future apps as well as feedback on a community-specific informational brochure that was developed in response to requests during Stage 1. These ideas are displayed in Figure 13.



Figure 13: Girls' familiarity with period tracking phone applications and feedback on a community-specific informational brochure and proposed interest in/features for a period tracker app designed by and for Indigenous Australian girls and women, all age groups.

vii. Interviews

School staff and community member interviewees corroborated findings from Stage 1 and 2 sessions with students, which suggest that there are feasible options for addressing the challenges that female students are encountering during menstruation including providing consistent access to products and disposal facilities during school hours and fostering social support from teachers, nurse, peers, and family members.

Discussion, conclusions and next steps

Through this research, both female and male students from Western Cape College shared their experiences with and understanding for menstruation and the health and hygiene challenges and options involved in managing menstruation with dignity. The three (3) top-voted challenges and options for addressing them are presented below (Table 6).

Table 6: Summary of highest priority findings from girls' and boys' options for addressing MHH challenges

Top three (3) priority challenges	Girl's options for addressing the priority challenges	Boy's options for addressing the priority challenges
1. Pain management: getting through the day and night;	Paracetamol, Herbal tea, Sleeping, Eating, Heat packs, Avoid confrontation with family, Exercise, Water, Meditation, Ice cream, Chocolates, lollies + sweets;	Pain killers; Pillow/blanket/care packages; Food/chocolate;
2. School attendance: feel moody and cramping; and	Chocolate, Drink water, Go to office and tell female staff, Comfy clothes, Grin + bear it, Tell the teacher, Take your mind off it, See student services, See school nurse, Tell someone you trust/teacher, Ask a friend/teacher for products;	Be sensitive; Support; Not harass them; Give space; 'help out round the house'; Heat pack; 'be there for them' / 'support them'; Walk off/ give them space; Do some jobs; Be accepting; Be supportive; Don't be judgemental; 'help them when they need it most'; 'don't harass them'; 'leave them alone'; 'give them respect'; 'understanding'; 'sympathy for them'; 'respect them'; 'don't make fun'; 'don't go round telling everyone (that they've got it)'; 'hang around them';
3. Household and housing: no storage, no privacy, teasing.	Make space, Find a lock, Tell mum/dad, Put sanitary waste bin in toilet, Tell your mum and sisters, Call out "I'm getting changed", Use another room.	Keep some stock in your ute; You [boys] buy it for them; Keep spares; 'ask if they need to go to the servo to by the stuff'; Pay for it; Buy it yourself for her.

The findings indicate that there are several areas where challenges may be mitigated, including, but not limited to: ***pain management and hygiene product provision and education, puberty-related social support at school in within households, and availability of waste bins and locking doors in restrooms.***

Some tangible next steps based for this community, based on the findings could be:

- Support the school and community in:
 - organising education around and provision of pain management and hygiene strategies;
 - cultivating culturally-appropriate menstrual/puberty-related social support for girls in school and at home; and
 - increasing the privacy available for girls and women to engage in hygiene practices by ensuring restrooms have waste bins and locks.
- Obtain funding to develop a community-designed period tracker phone application

- Consider how findings from this research may have cascading implications. Below are discussion questions that are intended to prompt critical reflection around the scope, responsibility, and action required to bring about change in this area of women’s health in Australia.

More broadly, the Dignity Everyday project findings indicate that the UN Sustainable Development Goals for gender equity (SDG 5) and water, sanitation and hygiene (SDG 6) are not being met in this remote community in the Western Cape, Queensland(20, 21, 28). Although this research is localised to Western Cape College, it is possible that the social and environmental factors underlying the challenges met by girls in this remote community may also be experienced by girls and women in similar communities (3). Therefore, to improve support for Australia’s future female leaders in navigating their menstruation with increased dignity and ease, some discussion questions for key stakeholders and organisations to consider are:

Making it easier for girls to manage menstruation:

- Q ***For school representatives, community organisations, researchers and local government:*** How might the challenges identified through this research be addressed by foregrounding student-defined options, as well as evidence-based research, policies, and resourcing?
- Q ***For school representatives, community organisations, researchers and local government:*** Why is pain management the most predominant challenge for female students attending this school? How might this be mitigated on a local level?
- Q ***For local, state, and national government:*** What are the political implications of this research? How might public attention toward this issue be built upon in light of the recent removal of goods and services tax on menstrual hygiene products (29, 30)?
- Q ***For state and national government and non-government organisations (NGOs):*** How might MHH research improve Australia’s success in meeting the United Nation’s SDGs, particularly SDG 6 which focuses on Clean Water and Sanitation with target 6.2 calling to “paying special attention to the needs of women and girls” (21) as well as SDG 5 which focuses on Gender Equality (28)?
- Q ***For Education Queensland and school representatives:*** How and to what extent might educational attainment be impeded by social, financial, and/or environmental factors relating to menstrual health and hygiene? What other factors does menstruation affect- in addition to school attendance?
- Q ***For national and local government, Education Queensland, and community organisations:*** Can both male and female students receive appropriate, early and ongoing education about puberty and personal development? Are locations and communities with high proportions of Indigenous Australian residents more significantly impacted by inequitable access to menstrual health and hygiene resources and education?
- Q ***For schools:*** Can sanitary bins be provided in all female toilets, including in upper primary school toilets? Is there suitable soap and drying facilities in all toilets for adequate hygiene? Can a designated location and staff member be identified in each school who can distribute sanitary products to those students who need them?
- Q ***For sanitary companies and retailers:*** Can costs be reduced for freight of products? Can environmentally-friendly, reusable products be promoted and sold?

Taking responsibility to make change:

- Q **For everyone:** *Who is responsible for minimising the inequity in access to menstrual health resources in Australia?*
- Q **For local, state, and national government and NGOs:** *How might policy makers integrate gender equitable and women's health-related features into processes and outputs?*
- Q **For school representatives, community organisations, researchers and local government:** *To what extent do school leaders and staff have a responsibility and/or the ability to mitigate inequities they see among their students' and across populations?*
- Q **For national and local government, Education Queensland, researchers and community organisations:** *How can gendered aspects of health be embedded within a Health in all policies (8) model to pursue assurance of health as a human right in Australia?*
- Q **For local and state government, Education Queensland, researchers, and NGOs:** *Who has the power to bring about change on a local, regional, and/or state level?*
- Q **For national government, Education Queensland, researchers and NGOs:** *While acknowledging that the findings from this research are inherently community-specific, how may we determine if this is in fact a national issue in Australia (3)?*
- Q **For national and local government, Education Queensland, researchers and community organisations:** *How are we and our organisations complicit in perpetuating the foundational social inequities that contribute to health disparities between female and male students, Indigenous Australian and non-Indigenous youths, as well as those living in remote/very remote locations and regional/urban settings?*

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