

Queensland Centre for Intellectual and Development Disability

Inquiry into the Involuntary or Coerced Sterilisation of People with Disabilities in Australia

Answer to Question on Notice – 27 March 2013 – Sydney

Today in the hearing over the phone, Senator Boyce asked a final question about menstrual blood and cleanliness. I offered to answer it but due to time limitations I was asked to refer it to Question on Notice.

My response to Senator Boyce is as follows:

There are long-held and historically imbued negative assumptions about menstrual blood, and feminist scholars say that this derives from an innate primal fear of a woman's fertility. Rita Montgomery in her 2009 article entitled "A cross-cultural study of menstruation menstrual taboos and related social variables", explores this notion that women are envied for their capacity to reproduce a human life and thus the outward signs of fertility such as menstrual blood are built into religions and our collective minds as something to fear. Associate Professor Chris Bobel from the University of Massachusetts Boston in her book "New Blood: Third Wave Feminism and the Politics of Menstruation" urges women to think: Do we have to regard our period as something dirty? Do we have to greet a girl's first period with silence?

There are misconceptions about the transmission of infection through menstrual blood. Since the 1980s and following the first AIDS epidemic, virtually all Occupational Health and Safety guidelines for organisations clearly identify menstrual blood as a vehicle for transmission of infection. However, menstrual blood as it leaves the body is a sterile fluid. When it comes into contact with air, bacteria can cause reactions to the blood which increase odour. Menstrual blood itself is not 'dirty'. If the person has transmissible infections such as hepatitis or HIV, it is generally accepted that transmission occurs only when a quantity enters the bloodstream of an uninfected person. Even though OH&S guidelines state this, there is a clear misconception in direct support staff of people with disabilities that this is not the case, that any contact with menstrual blood is something to be feared. In comparison, genuine concern over handling of faeces is less consistent. We know that faeces carries a range of bacteria which cause significant human infection upon contact or if OH&S guidelines for cleaning are not followed. In daily care for someone who is incontinent, the risk of infection from handling faeces is significantly higher than it is from handling menstrual blood.

I hope this is of use to the Senate Inquiry.