



LUND UNIVERSITY  
School of Economics and Management

# Can Paid Periods Pay Off?

An Economic Analysis of the Introduction of a Menstrual Leave  
Policy in Sweden

by

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## **Abstract**

This thesis studies the potential economic effects of a menstrual leave policy introduction in Sweden. With a basis in agency theory and previous research on insurance behavior, the Swedish sickness insurance system is analyzed alongside collected data from a survey conducted for the study. The Swedish sickness insurance system is found to not sufficiently support individuals in frequent need of sick leave due to severe menstrual pain. Furthermore, the study shows that there is a demand for a menstrual leave policy among menstruating individuals. The results suggest that a menstrual leave policy could contribute to economic growth, however, it could also lead to inadvertent consequences such as moral hazard and stigmatization of menstruating individuals in the labor market. Thus, the advantages of a menstrual leave policy must be evaluated against the disadvantages. Suggestions for further research include empirical studies through knowledge from countries where the policy was already implemented and exploration of a trial study in Sweden. Due to the scope of the study and the sample of the survey not being representative of the population, an adequate assessment of a policy implementation cannot be made. The study does, however, contribute to the ongoing debate on gender equality in the labor market and gives insight into how policymakers can balance economic efficiency with social welfare.

**Key words:** Menstrual leave, sickness insurance, moral hazard, asymmetric information, menstrual stigma

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# 1 Introduction

The relevance of discussion on gender equality during the last decades has led to a broad range of international commitments to advance equality between the sexes. For this purpose, to become attractive employers and to make female employees remain at the workplace, companies are offering a variety of benefits such as paid maternity leave, several rounds of IVF, and the opportunity of egg-freezing (Business Insider 2017).

In February 2023, the Spanish Parliament voted in favor of the implementation of menstrual leave. As part of a broader package on sexual and reproductive rights, the legislation was introduced in the following few months. Individuals suffering from severe menstrual pain are now, with a medical certificate, entitled to three days of menstrual leave each month, with the possibility of extending it to five days. What distinguishes menstrual leave from ordinary sick leave is that the former is funded by the government and not the employer (BOE-A-2023-5364).

Japan, Indonesia, and South Korea are, among others, countries where a menstrual leave policy is already in place. As Spain passed the law, it became the first European country with similar legislation, which gave rise to considerable debate. The Spanish law states that the new policy will combat remaining stereotypes and myths surrounding menstrual health that hinder the lives of women. Furthermore, the policy aims to progress gender equality. Despite promoting greater inclusivity, the policy is deemed controversial. Politicians and trade unions worry that it could rather stigmatize women in the workplace and inadvertently reinforce gender stereotypes (Euronews 2023).

According to a study made by Kantar Sifo commissioned by Arbetet (2018a), 21% of Swedish women have been absent from work due to menstrual cramps. Among younger women, the corresponding number is 26%. In Sweden, individuals with high absenteeism due to illness, can, with a medical statement, get the waiting period

deduction covered under the system of high-risk protection, which also applies to menstrual pain (Försäkringskassan 2023).

This paper aims to study the effects of the potential introduction of a menstrual leave policy in Sweden from an economic perspective. Following the implementation of menstrual leave in Spain, the discussion of potential introduction in other European countries gained momentum. Severe menstrual cramps can lead to several days of sick leave per year, thus a large loss of income. Introducing a menstrual leave policy could be beneficial for individuals with severe menstrual pain and potentially increase productivity and equality in the labor market. Analyzing the impact of establishing such policy and the mechanisms behind workers' behavior on insurance is therefore highly topical and important to policymakers and employers. Understanding these dynamics can facilitate insurance schemes that manage the trade-off between the welfare of the worker and the economic and operational realities of the employer. While much research efforts have been devoted to the effect of social insurance generosity on sick leave and moral hazard, not much has been conducted addressing menstrual leave specifically. This study will address one main research question, and four sub-questions, which are the following:

Should a menstrual leave policy be introduced in Sweden?

- Is the Swedish sickness insurance system already solving the issue?
- Is there a widespread need for a menstrual leave policy in Sweden?
- Is there political support for a menstrual leave system, and who would support it?
- What are the potential risks of implementing a menstrual leave policy?

The study will make use economic theory with previous research on European insurance reforms explaining insurance behavior. Additionally, the prevalence of sick leave due to menstrual pain in Sweden today and the attitude towards the phe-

nomenon will be measured through a survey.

The paper is organized as follows: Section 2 introduces the Spanish social insurance system and the mechanics of the Spanish menstrual leave policy. This is followed by an explanation of the Swedish social insurance system and the special high-risk protection. Section 3 provides a more detailed presentation of the research questions and relevant economic theory. In Section 4, previous research and the results from the survey are presented. Together with the theoretic framework, the empirical material forms the basis of the analysis in Section 5, discussing the research questions in Section 3. Lastly, Section 6, concludes the result of the study and presents suggestions for further research. Furthermore, the ‘waiting period’ stands for the initial period of sickness absence during which no sickness benefit is payable (Commonwealth Ombudsman).

## **2 Background**

### **2.1 Spanish Social Insurance**

The temporary sick leave program compensates income reduction suffered by workers who, for the time being, are unable to work due to common illness or non-occupational accident. Individuals currently employed or self-employed are eligible for sick leave after being registered and having contributed to the Social Security system for at least 180 days during the last five years. The employment condition applies to ill leave that arises from an accident or a professional illness as well. No minimum contributive period is then required. With a medical examination and statement from the State Health Services, an application for allowance for temporary incapacity is possible three days following falling ill or having suffered an accident. After the first three days until day 20, the economic benefit is 60% of the calculation basis. From day 21 the compensation rate increases to 75% of the calculation basis. The benefit is received until the individual has recovered from the condition, for a maximum of 365 days. An extension of 180 additional days is possible if the worker is anticipated to recover during that period. After a maximum



of one and a half years, the worker can return to work or transfer to the permanent disability system. This decision is made depending on the medical assessment of the durability of the disease and the extent to which it prevents the worker from returning to work (European Commission, a).

### **2.1.1 The Spanish Menstrual Leave Policy**

Individuals with severe menstrual cramps are, entitled to up to three days of paid menstrual leave each month. The leave requires a medical certification of the severity of the pain and can be further prolonged to an additional two days. The aid is funded by the government and seeks to mitigate the economic and personal encumbrance that intense menstrual pain can entail. Medical information provided to the employer is demanded to be handled confidentially. Subsequently, the menstrual leave policy aims to reduce absenteeism, enhance worker satisfaction, and remedy productivity losses associated with menstrual health issues. Such as low productivity of workers due to pain and less energy (BOE-A-2023-5364).

## **2.2 Swedish Social Insurance**

In case of illness, workers are eligible for compensation from either their employer or the Social Insurance Agency. Compensation paid by the employer is called sick pay and compensation paid by the Social Insurance Agency is called sickness benefit. To be eligible for sick pay the first 14 days of illness, over a month of employment, or 14 continuous days of work is required. The employer must be notified on the first day that the employee is not able to work. Unemployed, freelance, and self-employed individuals can receive sickness benefits from the Social Insurance Agency from day one of illness. During the initial period of sick pay, the employer deducts 20% of the expected amount received in an average week. Employees without the right to sick pay get a 20% waiting period deduction as well, but from the sickness benefit, made by the Social Insurance Agency. The equivalent waiting period deduction for jobseekers and individuals on parental leave is a full day of sickness benefit (Försäkringskassan 2023). If the employee is sick for more than 7 days, they need to provide a medical statement explaining their reduced ability to work

(Försäkringskassan 2024a).

After 14 days of illness, the employer will notify the Social Insurance Agency. Sickness benefits can be received at the normal level for a maximum of 364 days and the Social Insurance Agency will assess whether the employee is eligible or not (Försäkringskassan 2023). The compensation is slightly lower than 80% of the sickness benefit qualifying income (SGI). The SGI has a ceiling of SEK 573 000, individuals with a higher salary do not receive any benefit for the part exceeding this amount (Försäkringskassan 2024b). After having utilized the full 364 days of sickness benefit at the normal level, it is possible to apply for continuation sickness benefit, slightly lower than 75% of the income on which the benefit is based. Individuals with serious illnesses can apply for furthermore sickness benefits on the normal level (Försäkringskassan 2023).

### **2.2.1 Special High-Risk Protection**

All employees are covered by the general high-risk protection, preventing workers from losing more than 10 days of income a year due to the waiting period when beginning a new spell of sickness. The general high-risk protection is managed by the employer and the employee does not need to apply to make use of the system. Employees with illnesses or disabilities at risk of being on sick leave more than 10 times in a year, or 28 consecutive days, can apply for special high-risk protection. A medical statement with a description of why the individual will be absent from work several times, or for one or more long periods of illness, is required to attain entitlement. With special high-risk protection, the employer can be reimbursed for sick pay costs from the Social Insurance Agency, and employees who are sick frequently can avoid the waiting period and receive sick pay from the first day of illness (Försäkringskassan 2023).

## **3 Research Questions & Economic Theory**

### **3.1 Is the Swedish Sickness Insurance System Already Solving the Issue?**

The Swedish sickness insurance (SI) system is more generous than the Spanish SI system regarding waiting periods and submission of medical statements to receive sickness benefits. Spanish workers have a three-day waiting period and must provide a medical certificate by then to apply for the allowance. Furthermore, the Spanish menstrual leave policy requires a medical statement on the first day of illness. While in Sweden, workers have a one-day waiting period and need a medical certificate only after seven days. All Swedish workers are covered by the general high-risk protection, which eliminates the waiting period for individuals who have been sick on more than 10 occasions during 12 months. Individuals at risk of being sick more often, or for longer periods, can apply for special high-risk protection and thus avoid the waiting period altogether. Although menstruation is not to be considered a disease, it is applicable for special high-risk protection if a person is experiencing such severe symptoms that their ability to work is impaired as a result. However, there are no statistics on granted high-risk protection for menstrual cramps, or the prevalence of applications for the condition (Arbetet 2018b). Could it be that the design of the Spanish SI system creates a higher demand for a menstrual leave policy than there is in Sweden? Perhaps the shorter waiting period, the later requirement of medical statements, and the high-risk protection system solve the issue surrounding sick leave due to severe menstrual pain for workers in Sweden already.

### **3.2 Is There a Widespread Need for a Menstrual Leave Policy in Sweden?**

One-fifth of Swedish women have been absent from work due to severe menstrual pain, Kantar Sifo's study for Arbetet (2018a) shows. Among young women, aged 20-29 years, the rate of sickness absence is higher, where one in four has been prevented from working because of severe menstrual pain. Painful menstrual cramps

are particularly prevalent in this age group, more than 50% of young women who have not given birth experience severe menstrual pain. Symptoms usually decrease over the years (Kry 2022). To study if there is a widespread need for benefits like a menstrual leave policy in Sweden, a survey was conducted. The survey aims to capture the incidence of sick leave due to severe menstrual pain, the frequency of being present at work despite experiencing severe pain, and the attitude towards menstrual leave.

### **3.3 Is There Political Support for a Menstrual Leave Policy, and Who Would Support it?**

In early 2024, The Left in the European Parliament - GUE/NGL introduced a menstrual leave policy that, without a medical certificate, offers secretariat staff up to three days of paid leave each month. By acknowledging the needs of the workers, the policy aims to increase staff well-being, and by paying attention to menstrual health, combatting stigma associated with the matter (GUE/NGL 2024). No Swedish parliamentary party is currently pushing to introduce menstrual leave in Sweden. One plausible hypothesis is that those who benefit from a policy change would support it most. This is by the theory of public choice explaining the behavior and decision-making of the egoistic, rational, and utility-maximizing individual. (Buchanan 1984) In a further attempt to answer whether Sweden should introduce menstrual leave, it is interesting to investigate whether there is political support for such a policy. For this reason, the survey aims to measure the attitude towards a menstrual leave policy and the presumed utilization.

### **3.4 Potential Risks with Implementing a Menstrual Leave Policy**

#### **3.4.1 Moral Hazard**

One potential risk with implementing a menstrual leave policy is individuals exploiting the system, stating that they are experiencing severe pain prohibiting them

from working while they are not. Excessive spending due to the availability of social allowance is commonly defined as moral hazard and is one of the pillars of the principal-agent problem. The principal-agent model defines the complex nature of the interrelationship between employers (principal) and their employees (agent) and provides important insights into the governance of firms. The core of the analysis consists of the understanding of asymmetric information, adverse selection, and moral hazard. This is the foundation of efficient incentive contracts which constitutes a further element to ensure that the objectives of the firm align with those of the worker. Adverse selection is the occurrence of more information within one party before the finalization of a transaction. This implies situations such as an employee having more knowledge of their ability or effort than the employer. Whereas moral hazard implies greater risk-taking from one party due to them not facing the full consequences of said risks. Such as employees putting in less effort knowingly that their performance is difficult to monitor (Tirole 1988).

The notion of the principal-agent relationship described by Tirole (1988) concerns a risk-neutral principal and a risk-averse agent.<sup>1</sup> The objective function of the principal is the expected gross profit of the firm minus the expected wage expenses. Within the interval  $[\underline{e}, \bar{e}]$ , the agent decides on a level of effort  $e$  that is unobservable to the principal. We interpret  $e$  to be the level of effort, while it could be any discretionary or moral-hazard variable. Furthermore, the profit made depends on  $e$  and a random variable  $\epsilon$ :  $\pi(e, \epsilon)$ . Presumably, profit increases with  $e$ . The profit level is the sole variable observable to the principal, and they reward the agent according to a wage function depending on this level:  $w(\pi)$ . Thus, the objective function of the principal is the following:

$$E[\pi(e, \epsilon) - w(\pi(e, \epsilon))] \tag{1}$$

The objective function of the agent is the expectation of their utility, which depends on their financial compensation and effort level:  $U(w, e)$ . Presumably, an increase

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<sup>1</sup>All expectations are taken with respect to  $\epsilon$ .

in  $U$  depends positively on  $w$  and negatively on  $e$ . Furthermore, we assume  $U$  to be concave in  $w$ . Thus, the objective function of the agent is as follows:

$$EU(w(\pi(e, \epsilon)), e) \tag{2}$$

To create an arrangement that aligns with the interests of both parties, incentive contracts are designed and agreed to by the principal and the agent. The contract connects the reimbursement of the agent to performance metrics. As agents normally are risk-averse the design of the contract is constrained in finding a balance between risk and incentives. To avoid unconscionable risk-taking or tampering with performance measurement the principal needs dependable predictors of the effort and results of the agent (Tirole 1988).

In the traditional setting, the principal designs a wage contract  $w(\cdot)$ . The competitive supply of identical agents has reservation utility  $U_0$ . Only if the agent's "individual rationality" or "participation constraint" is satisfied is the principal able to fill the employee position:

$$\max_e EU(w(\pi(e, \epsilon)), e) \geq U_0 \tag{3}$$

Thus, the highest possible expected utility the agent attains, regardless of effort level, must exceed  $U_0$ . To encourage a designated effort level  $e^*$  from the agent, the principal must design a wage scheme such that  $e^*$  maximizes  $EU(w(\pi(e, \epsilon)), e)$  over all  $e$ . This implies choosing a wage scheme  $w^*(\cdot)$  and encouraging an effort level  $e^*$  for the agent that maximizes the principal's objective function  $E[\pi(e, \epsilon) - w(\pi(e, \epsilon))]$ . General results for the moral hazard problem are rare, and the task of solving this problem is, therefore, a complex task (Tirole 1988).

### 3.4.2 Menstrual Stigma

Other than offering relief to those in pain, the Spanish menstrual leave policy was introduced to counteract stereotypes and taboos concerning menstruation. Contrary to this, a possible outcome of the policy is for a menstrual stigma to arise. Although sick leave for menstrual pain is a confidential matter, the employer is going to

have to be informed. Frequent absence is not appreciated by an employer, and it could potentially affect the worker's career and make menstruating individuals less attractive in the labor market.

## 4 Empirical Material

### 4.1 Literature Review

Previous research on European sick leave is comprehensive and diverse and largely concerns the prevalence of moral hazard in the SI system. The existing literature emphasizes how economic implications and monitoring affect absenteeism and primarily finds diminishing the generosity of SI to decrease absence from sick leave. There is a lack of research studying the economic effects of menstrual leave directly, the existing literature concerning insurance schemes is, however, a useful resource for the purpose.

Marie & Vall Castello (2023) explain the anticipated result of moral hazard issues due to asymmetric information on an individual's health concern, to be sick leave negatively depending on lost income. Worker surplus, outside employment opportunities, sickness benefits, and the probability of being penalized for exploiting the system are further explanations for the opportunistic behavior of individuals taking advantage of health insurance, D'Amuri (2017) states. The purpose of an insurance scheme is to protect from financial distress in case of unexpected events. Pollak (2017) stresses that the optimal insurance that discourages unwarranted, intentional absenteeism while not punishing warranted, unintentional absence is difficult to attain. Studying the efficiency aspects of the waiting period in terms of economic inducement the author emphasizes the impact the design of the sick pay system has on the utilization of sickness insurance.

Protracted illness is largely regulated. To moderate shorter spells of sickness, studies have found enforcement of waiting periods with SI to be efficient in restricting moral hazard and curbing public expenses in sick pay compensation (Pollak 2017).

The effect that waiting periods have on consumer behavior in health insurance has, however, scarcely been distinguished from that of the generosity of sickness benefits, Pollak (2017) states. The study finds that although they are likely to hamper short spells of sick leave, waiting periods could contribute to prolonging sick leave overall. Accordingly, the research conducted by Petterson-Lidbom & Skogman Thoursie (2013) found that the repeal of a waiting period, while raising the sickness benefit for short leaves, diminished total sickness days. Thus, a waiting period may not be sufficient to regulate sickness absence. Pollak (2017) calls this an ‘ex post moral hazard effect’ where the waiting period leaves workers inclined to prolong their sick leave to make them more profitable.

#### **4.1.1 Reforms in Sickness Insurance**

Researchers have used the reforms in SI systems as a source of exogenous variation in the cost of being absent from work to measure the impact of the regulations. The following section contains a review of such studies from four European countries.

##### *Sweden*

In their study on the behavior of insured workers following the modification in 1991, Johansson & Palme (2005) found that there was a moral hazard problem in Swedish SI. Before the reform, the compensation rate was 90% of forsaken income. The reform involved a reduction to 65% of forsaken income during the first three days of sickness, and 80% up until day 90. After 90 days of sickness absence, the sickness benefit returned to 90%. The less generous policy resulted in a change of behavior around sick leave. As an effect of the increased cost of beginning a new spell of sickness, the short-term absence decreased. Furthermore, the reform made it more costly to return to work after 90 days of sick leave, as beginning a new incidence of work absence would imply an initial lower compensation after returning to work. The long-term absence increased, resulting in the work absence in total increasing following the reform. Johansson & Palme (2005) find these results to imply the presence of moral hazard in the Swedish SI system. The authors emphasize that moral hazard problems indicate an offset in policy between the provision of insurance for



temporal illness and a negative impact on work incentives.

### *Italy*

As a consequence of a considerably higher sickness absence than in the private sector, a new, more stringent insurance scheme was implemented in the Italian public sector in 2008 (D'Amuri 2017). To control for actual health status and inability to work, all Italian workers on sick leave are by law obliged to undergo medical examination. Such inspections take place in the worker's home and are, beyond a specified time interval of four hours, unnotified (European Commission, b). In the initial stage of the modification of SI, wages were cut by an average of 20% on short spells of sickness, and the time interval for medical examination was extended to 11 hours. The policy changes resulted in a 20% decrease in sickness absence rates. When the rules for monitoring eventually returned to the pre-reform level, the compensation rate remained unchanged. This second stage of the reform led to an increased absence rate in the public sector, although the observed level was lower than before the implementation of the policy changes. Furthermore, D'Amuri's (2017) estimates show that the two means of regulation, on average, had an equivalent influence on the turnout of sick leave. However, men were more sensitive to increased monitoring and women to wage cuts. These estimates indicate a higher labor supply elasticity for women.

### *Spain*

Similar to the SI reform imposed on Italian civil servants, the Spanish government implemented regulations on SI facing public sector workers in 2012. As a way of diminishing wage-related costs in the public sector, while simultaneously enhancing the productivity of public employment, the generosity of sickness benefits was reduced. Replacement rates were, prior to the reform, 100% of ordinary wages for up to 6 months. With the modified insurance scheme, public sector workers had the right to 50% of gross wages the first three sick days, 75% of foregone income between days 4-20, and from day 21, 100% (Marie & Vall Castello 2023). The outcome of the reform was a reduction in sick leave spells by 29%, but the average duration of

sick days also increased by 28%. This result could, due to the more severe change in generosity for leaves of absence, be considered expected. Despite this, Marie & Vall Castello (2023) found that absenteeism was reduced by 10% because of the reform.

### *Germany*

Preceding the 1996 reform on sick leave insurance, German employees were entitled to 100% of their gross wage during the first six weeks of sickness absence. The generous sickness benefit led to enormous sums of employer-provided sick pay and was claimed to function as a labor tax which yielded the persistent high employment rates. Furthermore, the insurance scheme was presumed to have large problems with moral hazard. The German government implemented thereby changes in their sickness insurance system. The compensation rate was reduced to 80% of forgone income the first six weeks of sickness, and following the seventh week of sickness was the corresponding level 70% of foregone income (Ziebarth & Karlsson 2010). Ziebarth & Karlsson (2010) found that the number of absence days decreased by about 30%. Additionally, the authors found evidence for the short-term spells to decrease due to the reform. Foremost because of the alteration of the behavior among employees with lower sick leave absence, which demonstrates the considerable effect moral hazard had in the lower tail of the distribution.

All four studies found that a decrease in the compensation rate had caused a change in workers' behavior. Both the Swedish and Spanish reforms resulted in a decline in short-term spells and an increase in long-term spells. The German reform also affected the prevalence of short-term spells and, similar to in Spain, the total number of sick days decreased, whereas in Sweden, total work absence increased. The less generous sickness benefit combined with stricter monitoring caused reduced sickness absence in Italy. After returning to less stringent monitoring, the extent of sick leave increased but was still lower than the initial level. Furthermore, the study on the Italian SI reform indicated a higher labor supply elasticity among women.

## 4.2 Data

To evaluate the effects of a potential implementation of menstrual leave legislation in Sweden, it is crucial to understand the prevalence of sick leave due to menstrual pain today and the attitude towards the phenomenon. The foundation of this insight was conducted through a survey, which is to be found in its entirety in the Appendix.

The survey contained questions regarding the regularity of sick leave due to menstrual pain among the respondents during the last 12 months, and the number of times they refrained from taking sick leave despite feeling the need due to menstrual pain during the same period. Furthermore, the survey encloses whether a potential fear of their career or career prospects being negatively affected by being absent from work or studies had an impact on their decisions to call in sick for menstrual pain. In addition to this, respondents were asked about their knowledge of the special high-risk protection, their stance on introducing menstrual leave in Sweden, and on future usage of the policy. To enable analysis of the prevalence of variation in data among different groups, age and occupation variables were added to the survey.

The survey was shared online in different Facebook groups <sup>2</sup> and on Instagram for respondents to participate. Employment of an online survey was beneficial for reasons such as reach, efficient distribution, and respondents could engage at their convenience which could influence the answer rate. The topic of menstrual health could be considered sensitive to some, an online survey could therefore be advantageous as it provides a sense of privacy and anonymity. While the research method can enhance a representative sample by reaching out to a diverse and large audience the disadvantage is that if it fails to do this it may result in a sampling bias. Self-selected surveys are a type of non-probability sampling. Non-probability sampling is characterized by samples of individuals choosing to take part, or when the probability of the respondents in the sample is not ascertained. This contrasts with probability samples, where the population has no impact on the sample that is selected using

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<sup>2</sup>The survey was shared in the following Facebook groups: *Pink Room, 925, Honey & the bees., Låxhjälp för alla!* and, *Gbg-gäris & ickebinäris.*

probabilistic mechanisms. A consequence of this is that non-probability surveys potentially might suffer a larger bias as the sample of participating respondents might not be representative of the whole population. If the answers of the respondents are invariably different from the answers of the individuals not partaking, non-response bias can occur. Another predicament of this method is potential data quality issues such as respondents providing false information or completing the survey numerous times (Fricker 2008).

To promote availability to respondents, the survey consisted of nine relatively short questions with a maximum of five response options for all questions but age and occupation. The answers are quantified to readily measure the different experiences of the respondents and the intensity of their sentiment toward menstrual leave. The way the question regarding misuse of the menstrual leave policy is formulated aims to enhance more honest answers than if the respondent were to answer if they were likely to exploit the system.

#### 4.2.1 Presentation of Survey Response

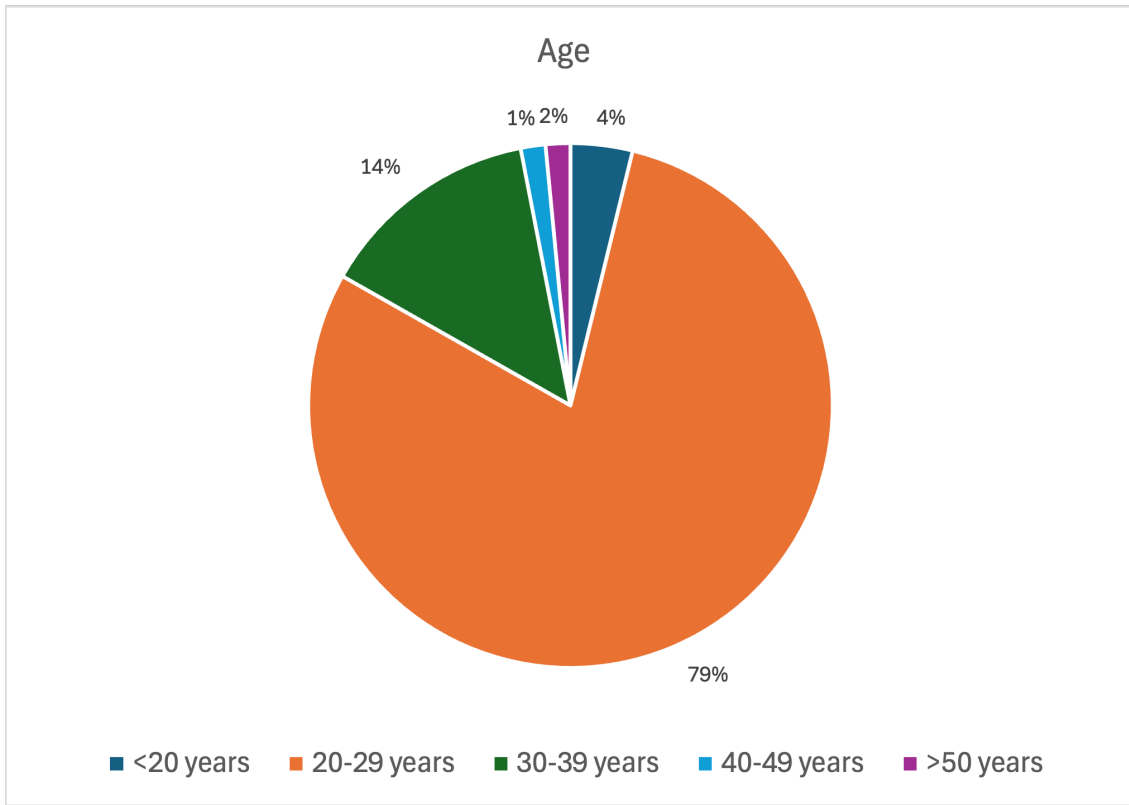


Figure 1: Survey response, age distribution

The survey had 131 respondents, where 79% consisted of individuals between the ages of 20-29. 14% of the respondents were between 30-39 years old and the remaining 7% were distributed between individuals under the age of 20 and over 40 years old.

The distribution of respondents is not unlikely due to the source of the collection of responses. A large extent of the recipients are presumably within the same demographic. Due to the scope of the study, and the purpose of the survey, the overrepresentation of the group “20-29 years” should not be a problem. However, the limited number of respondents older than 40 years old makes it difficult to measure the impact of age on outcome, as the experiences of those respondents might not be representative of that age group in general.

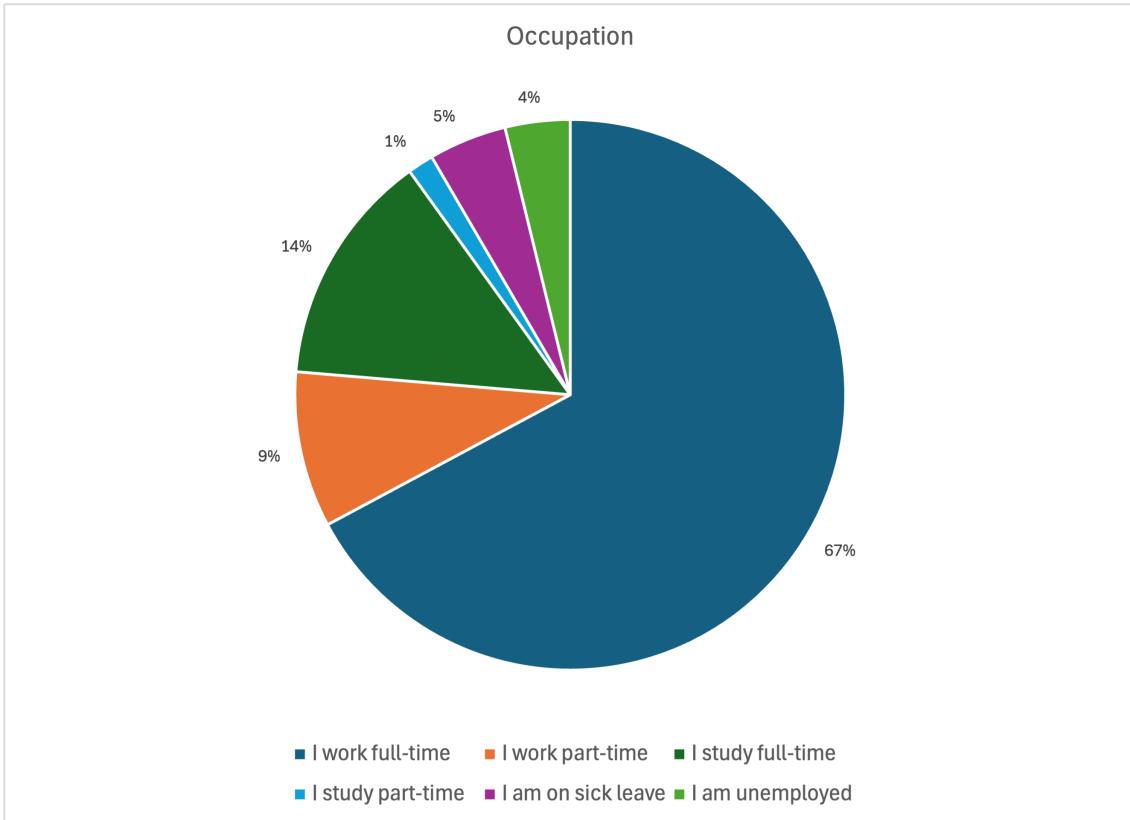


Figure 2: Survey response, occupational distribution

76% of the respondents are working. 67% are working full-time and 9% are working part-time. 14% are full-time students. The remaining 10% consists of part-time students and individuals who are on sick leave or unemployed.

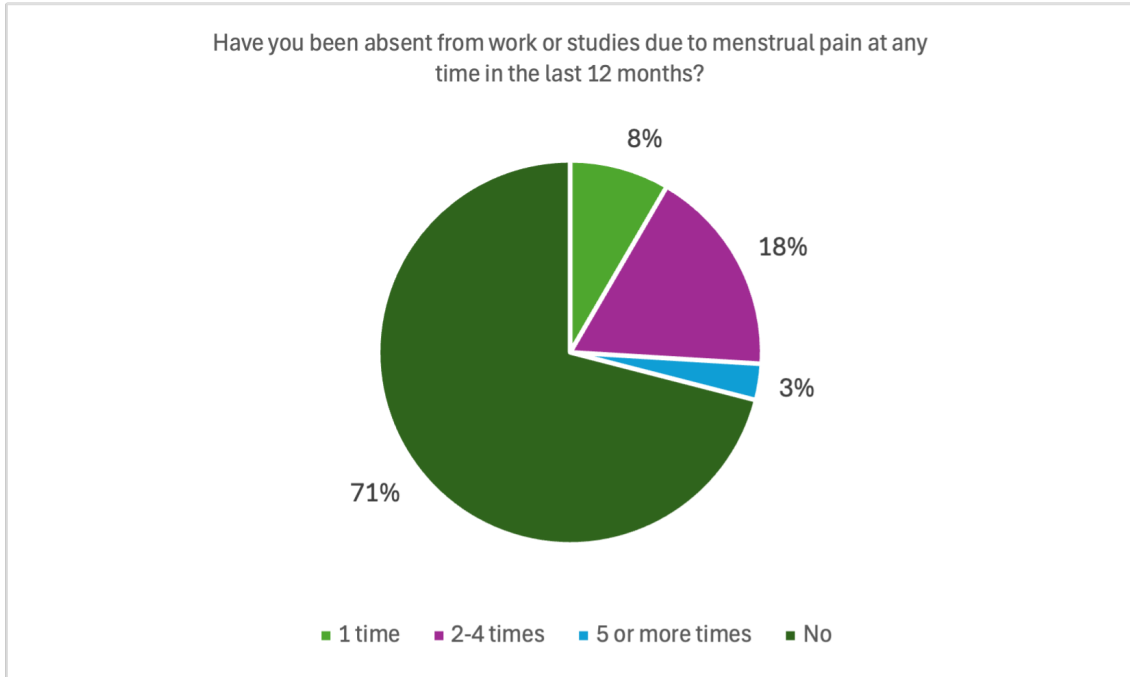


Figure 3: Survey response, incidence of sick leave due to menstrual pain during the past 12 months

The majority, 71%, of the respondents answered that menstrual pain had not caused them to take sick leave during the last 12 months while 29% of the respondents stated that it had. 8% answered that they had been absent 1 time, 18% 2-4 times, and 3% had been on sick leave five or more times.

Age	Freq	Percent	Cum.
20-29 years	32	84.21	84.21
30-30 years	3	7.89	92.11
<20 years	3	7.89	100
Total	38	100.00	

Table 1: Distribution of age and sick leave

Among the respondents that had been absent due to menstrual pain during the last 12 months were 84% between 20-29 years old. This age group constitutes 79% of the total respondents, thus, the absence of sick leave due to menstrual cramps was

more prevalent in this group than among the whole sample.

	1 time	2-4 times	5 or more times	No	Total
I work full-time	1	2	0	9	12
I work part-time	7	11	2	68	88
I study part-time	0	1	0	1	2
I study full-time	3	8	0	7	18
I am unemployed	0	0	1	4	5
I am on sick leave	0	1	1	4	6
Total	11	23	4	93	131

Table 2: Distribution of occupation and incidence of sick leave

With occupation on the vertical axis and sick leave on the horizontal axis.

In all groups but two had most respondents not been on sick leave due to menstrual pain during the past 12 months. 60% of the students had been absent from their studies at least once during the past year.



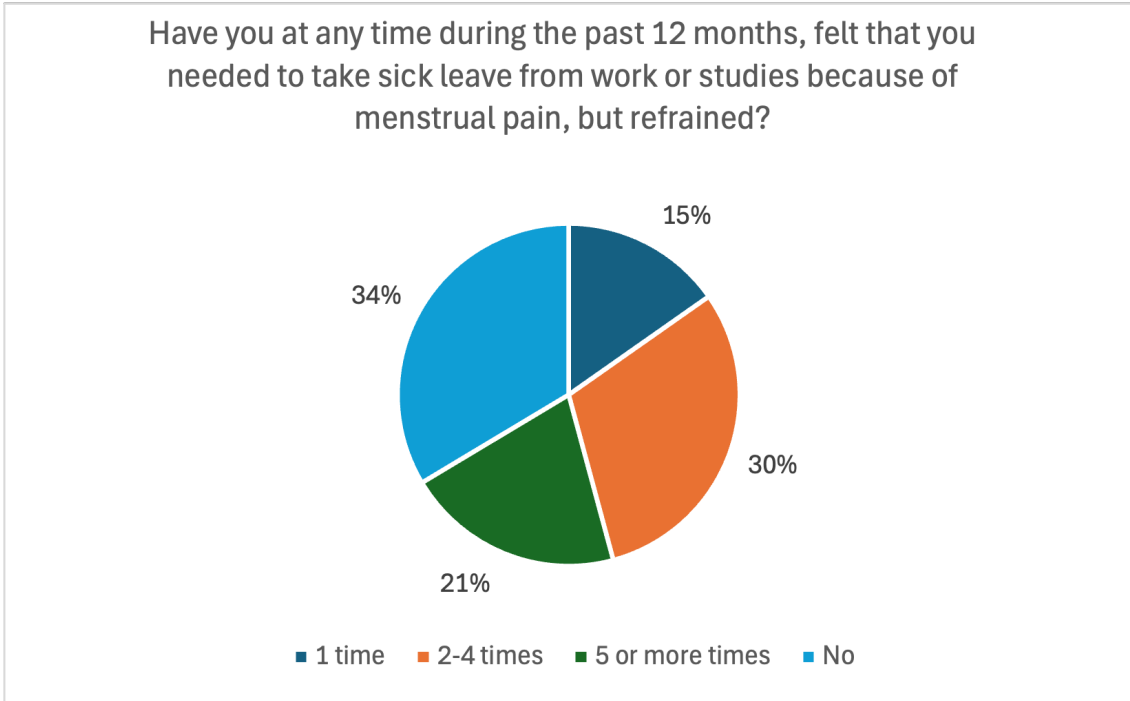


Figure 4: Survey response, incidence of need for sick leave despite being present at work or studies

The distribution of times that the respondents felt that they needed to take sick leave due to menstrual pain, but refrained, differs from the number of times they were absent. In comparison to the response in Figure 3, where 29% of the respondents stated that they had taken an absence from work or studies due to menstrual pain, 66% of the respondents claimed that there had been occasions where they had needed a sick day when they did go to work or study. For 21% of the respondents, this occurred five or more times, compared to the 3% who answered that they had been absent from work five or more times.

	Freq	Percent	Cum.
1 time	19	20.43	20.43
2-4 times	24	25.81	46.24
5 or more times	8	8.6	54.84
No	42	45.16	100.00
Total	93	100.00	

Table 3: Distribution of non-absent respondents refraining from sick leave despite feeling the need

71% of respondents stated in Figure 3 that they had not been absent from work or studies due to menstrual cramps during the last 12 months. Among them, more than half abstained from taking sick leave despite experiencing menstrual pain. 20% of respondents once felt the need, while nearly 26% refrained from staying home 2-4 times.



Figure 5: Survey response, worries that being absent from work due to menstrual pain would negatively affect career or career prospects

The respondents who had abstained from sick leave caused by menstrual pain due to worries that it would negatively affect their career or career prospects are almost equal to the respondents who have not been concerned. They differ only by two percentage points.

	Yes	No	Total
20-29 years	53	51	104
30-39 years	6	12	18
40-50 years	1	1	2
<20 years	4	1	5
>50 years	0	2	2
Total	64	67	131

Table 4: Distribution of age and respondents refraining from sick leave due to concerns of the potential impact on their career

With age on the vertical axis and the share of respondents being concerned about the impact sick leave caused by menstrual pain would have on their career, on the horizontal axis.

Among the total sample, 49% stated that they had refrained from sick leave due to worries of it having negative consequences on their career or career prospects. In the group of respondents aged 20-29 years, the result is reversed. In the age group of 30-39 years, 67% answered that career concerns had not hindered them from taking a leave of absence due to menstrual pain. In the group of respondents under 20 years old, 80% claimed that they had felt concerned regarding career or career prospects and thereby refrained from taking sick leave.

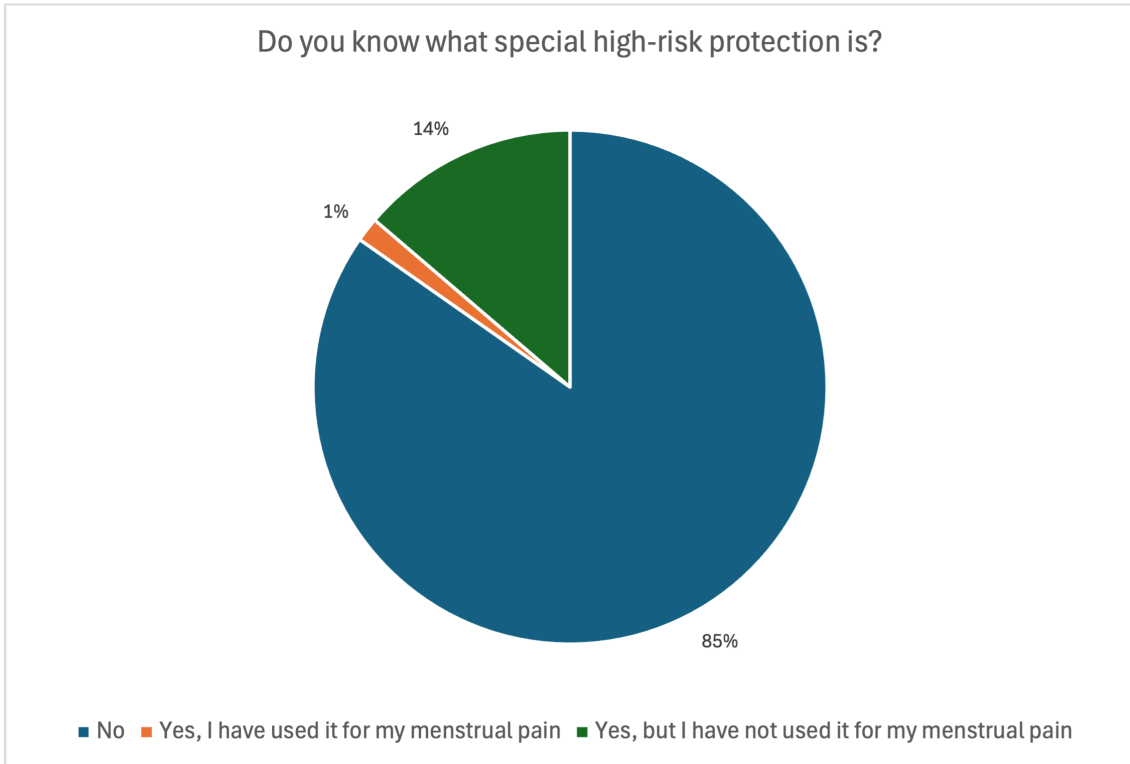


Figure 6: Survey response, knowledge of special high-risk protection

15% of the respondents were familiar with the special high-risk protection system. Only 1% had used it for their menstrual pain.

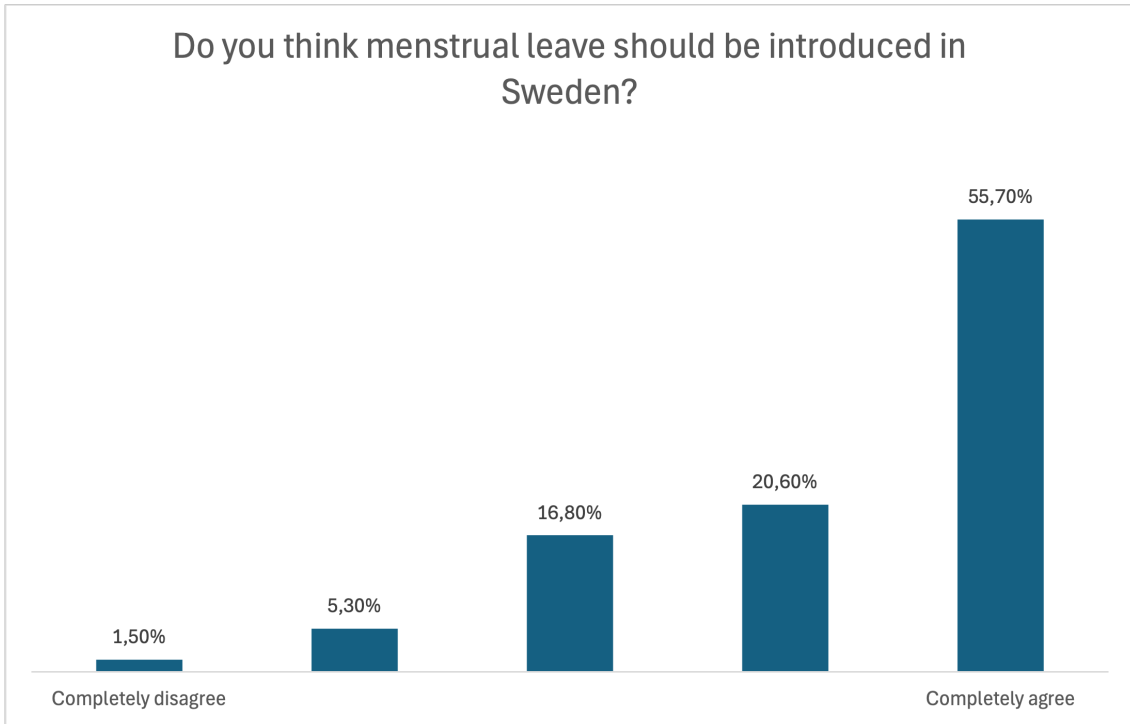


Figure 7: Survey response, attitudes towards introducing menstrual leave in Sweden

Most respondents were positive about implementing a menstrual leave policy in Sweden. More than half of the respondents completely agreed with the statement, while only 1.5% completely disagreed.

	Freq.	Percent	Cum.
3	6	15.79	15.79
4	3	7.89	23.68
5	29	76.32	100.00
Total	38	100.00	

Table 5: Distribution of attitude towards introducing menstrual leave in Sweden and respondents having been absent

With 3 being indifferent, and 5 being “Completely agree”.

76% of respondents who had taken sick leave during the last year were positive about introducing a menstrual leave policy in Sweden. No lower scale values were observed.

	Freq.	Percent	Cum.
1	2	2.15	2.15
2	7	7.53	9.68
3	16	17.20	26.88
4	24	25.81	52.69
5	44	47.31	100.00
Total	93	100.00	

Table 6: Distribution of attitude towards implementing menstrual leave and non-absent respondents

With 1 being “Completely disagree”, 3 being indifferent, and 5 being “Completely agree”.

Almost half of the respondents completely agreed with the introduction of a menstrual leave policy in Sweden, even though they had not been on sick leave due to menstrual pain in the past 12 months.

	1	2	3	4	5	Total
20-29 years	2	6	17	22	57	104
30-39 years	0	1	3	4	10	18
40-50 years	0	0	1	0	1	2
<20 years	0	0	0	0	5	5
>50 years	0	0	1	1	0	2
Total	2	7	22	27	73	131

Table 7: Distribution of age and attitudes to introducing menstrual leave in Sweden

With age on the vertical axis and, a scale measuring the attitude about introducing menstrual leave in Sweden, 1 being “Completely disagree”, 3 being indifferent, and 5 being “Completely agree” on the horizontal axis.

100% of respondents under 20 years completely agreed to introduce a menstrual leave policy in Sweden. So did more than half of the respondents in the age groups 20-29 years and 30-39 years.

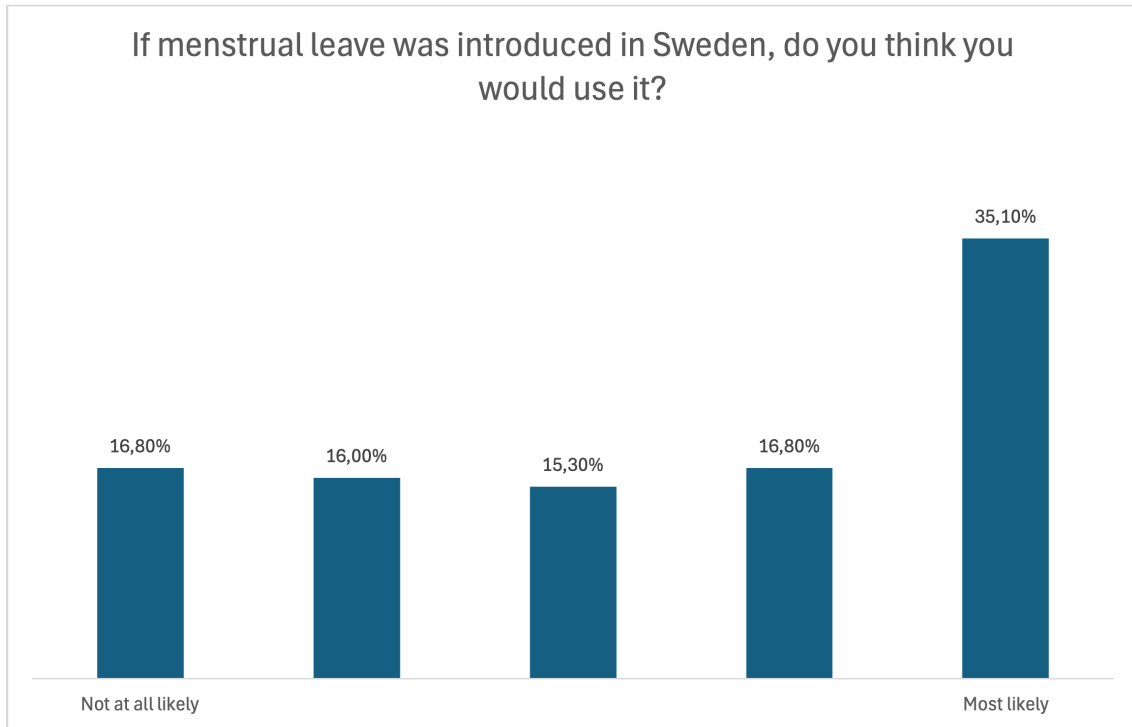


Figure 8: Survey response, utilization of potential Swedish menstrual leave policy

There was a greater spread among the answers of whether the respondents think that they would use a menstrual leave policy than among answers on respondents' attitudes to introducing one in Sweden. The largest share, consisting of 35.1% of the respondents, answered that they believe that they most likely would use it. The remaining share, of almost 65%, is evenly distributed between the other four options.



	Freq.	Percent	Cum.
1	1	2.63	2.63
3	6	15.79	18.42
4	7	18.42	36.84
5	24	63.16	100.00
Total	30	100.00	

Table 8: Distribution of absent respondents and likeliness of using a Swedish menstrual leave policy

With 1 being “Not at all likely”, 3 being indifferent, and 5 being “Most likely”.

63% of the respondents who were on sick leave due to menstrual cramps during the last 12 months stated that they most likely would utilize the menstrual leave policy if it was introduced in Sweden

	Freq.	Percent	Cum.
1	21	22.58	22.58
2	21	22.58	45.16
3	14	15.05	60.22
4	15	16.13	76.34
5	22	23.66	100.00
Total	93	100.00	

Table 9: Distribution of non-absent respondents and likeliness of using a Swedish menstrual leave policy

With 1 being not at all likely, 3 being indifferent, and 5 being most likely.

Respondents who had never called in sick due to menstrual pain during the last 12 months were evenly distributed along the scale of potential usage of a menstrual leave policy.

	Freq.	Percent	Cum.
1 time	5	10.87	10.87
2-4 times	15	32.61	43.48
5 or more times	4	8.7	52.17
No	22	47.83	100.00
Total	46	100.00	

Table 10: Distribution of stating most likeliness of using a potential Swedish menstrual leave policy and incidence of sick leave

Almost half of the respondents who stated that they most likely would use a menstrual leave policy did not call in sick due to menstrual pain during the past 12 months.

	Freq.	Percent	Cum.
1 time	2	4.35	4.35
2-4 times	18	39.13	43.48
5 or more times	18	39.13	82.61
No	8	17.39	100.00
Total	46	100.00	

Table 11: Distribution of stating most likeliness of using a potential Swedish menstrual leave policy and the occurrence of needing sick leave

Among the respondents who stated that they most likely would use a Swedish menstrual leave policy, had nearly 83% refrained from taking sick leave due to menstrual pain despite feeling the need to.

	Freq.	Percent	Cum.
5	2	100.00	100.00
Total	2	100.00	

Table 12: Distribution of respondents using the special high-risk protection for their menstrual pain and likeliness of using a menstrual leave policy

The vertical axis shows the degree of agreeing to introduce a menstrual leave policy in Sweden, with 5 being “Completely agree”.

All respondents that had special high-risk protection for their menstrual pain, stated that they most likely would use a menstrual leave policy if it was implemented in Sweden. However, the group only consists of two respondents.

	1	2	3	4	5	Total
20-29 years	19	18	15	14	38	104
30-39 years	3	0	4	6	5	18
40-50 years	0	1	0	0	1	2
<20 years	0	1	1	2	1	5
>50 years	0	1	0	0	1	2
Total	22	21	20	22	46	131

Table 13: Distribution of age and respondents thinking that they would use a menstrual leave policy

With age on the vertical axis and, a scale of likeliness of the respondent utilizing a potential menstrual leave policy, 1 being “Not at all likely”, 3 being indifferent, and 5 being “Most likely”, on the horizontal axis.

Most age groups were evenly distributed along the scale of likeliness of utilizing the menstrual leave policy if it was introduced in Sweden. Among the respondents between 20-29 years old, almost 37% stated that they most likely would use such a policy.

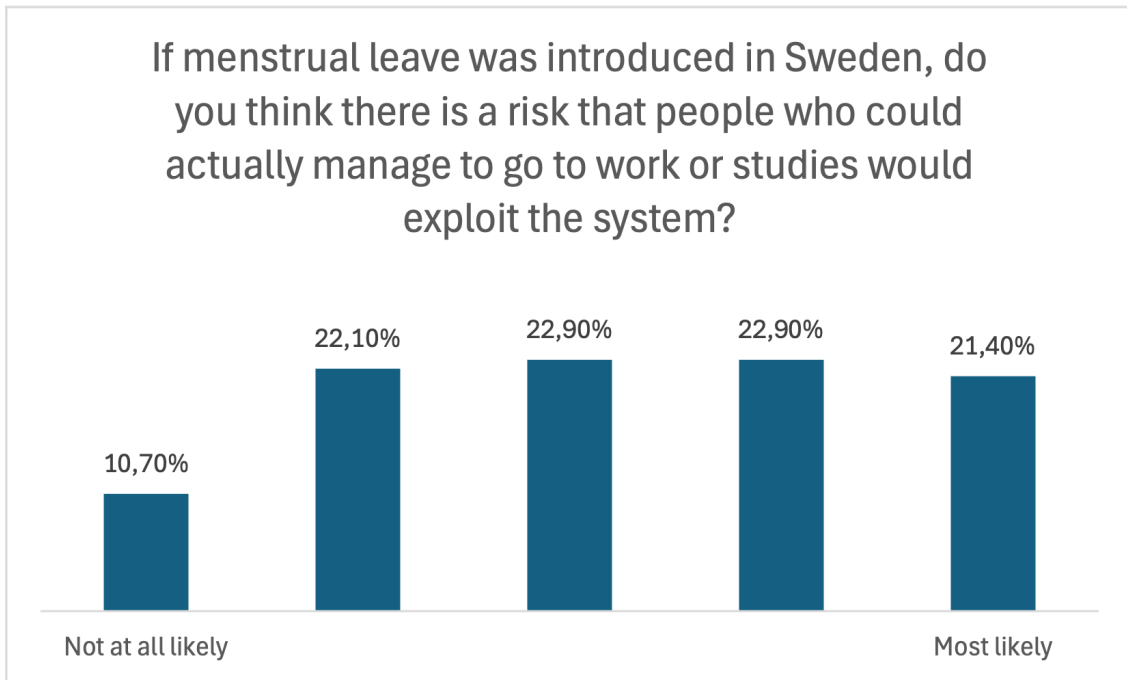


Figure 9: Survey response, risk of misuse of potential Swedish menstrual leave policy

Respondent who believed that it is not at all likely that a menstrual leave policy would be exploited by individuals who de facto could work, consisted of the smallest share of 10.7%. The remaining answers were evenly distributed between the other four response options.

	1	2	3	4	5	Total
20-29 years	11	26	23	21	23	104
30-39 years	3	2	4	5	4	18
40-50 years	0	0	1	0	1	2
<20 years	0	1	2	2	0	5
>50 years	0	0	0	2	0	2
Total	14	29	30	30	28	131

Table 14: Distribution of age and beliefs of the menstrual leave policy to be used incorrectly

With age on the vertical axis and, a scale measuring the believed possibility that the system would be exploited, 1 being “Not at all likely” and 5 being “Most likely”,

on the horizontal axis.

The answers were evenly distributed along the scale among ages 20-39 years old. For the respondents over 50 years old, the wariness that the system would be exploited was higher. Due to the low number of respondents in this age group, the unity in answers might be coincidental and not representative of the entire population.

	Freq.	Percent	Cum.
1	3	7.89	7.89
2	10	26.32	34.21
3	11	28.95	63.16
4	8	21.05	84.21
5	6	15.79	100.00
Total	38	100.00	

Table 15: Distribution of incidence of sick leave and beliefs of the menstrual leave policy to be used incorrectly

With 1 being “Not at all likely”, 3 being indifferent, and 5 being “Most likely”.

Among the respondents who had been on sick leave due to menstrual pain during the past 12 months, higher values in the middle of the scale were observed.

	Freq.	Percent	Cum.
1	11	11.83	11.83
2	19	20.43	32.26
3	19	20.43	52.69
4	22	23.66	76.34
5	22	23.66	100.00
Total	93	100.00	

Table 16: Distribution of beliefs of the menstrual leave policy to be used incorrectly and non-absent respondents

With 1 being “Not at all likely”, 3 being indifferent, and 5 being “Most likely”.

Respondents who had not been on sick leave due to menstrual pain during the last year were more likely to assume that a menstrual leave policy would be used incorrectly than respondents who had been on sick leave.

## 5 Analysis

### 5.1 Unresolved Challenges in the Swedish Sickness Insurance System

The Swedish SI system is more generous than the Spanish SI system, still, it entails large income losses for individuals who frequently take absence of sick leave. As seen in Figure 6, an extensive portion of the respondents were unfamiliar with the special high-risk protection. Even if there would be greater acquaintance among individuals who experience severe menstrual pain, not everyone is eligible. The severity of the menstrual cramps can vary monthly and may not prevent an individual from working each menstrual cycle. Due to the one-day waiting period that begins each new spell of sickness, an individual who frequently, but less than ten times a year, needs sick leave will suffer a considerable loss of income.

The study shows that it is common to work despite experiencing severe pain. The design of the SI system can make it costly for workers to stay home despite needing rest. This effect is presumably particularly prevalent among workers with salaries higher than the sickness benefit qualifying income. Employees who are working with severe menstrual cramps pose problems for the individual as it can be painful, and for the employer due to the low productivity of the employee. In Sweden, the employer pays the employee sick pay during the first 14 days of illness. Thus, employees on sick leave do not only imply loss of labor for the employer, but also costs of sick pay. When the cost of the sick leave is borne by the employer it could make the employee further less attractive on the labor market, as they become more costly than if the sickness benefit is borne by the Social Insurance Agency. Out of willingness to not damage their reputation with their employer could the Swedish SI system further induce individuals with severe menstrual cramps to go to work despite needing sick leave.

The Swedish SI system is potentially sufficient for individuals suffering severe menstrual cramps who are eligible for the special high-risk system. Costs of sickness are then reduced for both the employee and the employer. Only two respondents to the survey answered that they are using the special high-risk protection for their menstrual cramps. Both respondents stated that they most likely would use a menstrual leave policy if it was introduced in Sweden. This could conceivably be interpreted as them not being satisfied with the special high-risk protection, or it could imply that they are prone to different solutions to the issue. However, the group consists of only two people, and it is therefore not possible to draw any conclusions from it.

## **5.2 Necessity of a Menstrual Leave Policy in Sweden**

The survey results show that absenteeism due to severe menstrual cramps is not uncommon. One-third of the respondents stated that they had been absent from work or studies during the past 12 months. Two-thirds of the respondents stated that there had been occasions where they had felt the need to take sick leave due

to their menstrual cramps, but despite this had been present at work or studies.

Among the respondents who had not been on sick leave, more than half had experienced menstrual pain so severe that they had felt the need to be absent from work or studies. All research presented in the previous section found that decreasing compensation rates and enforcement of waiting periods extensively influence the behavior of workers. Financial loss thus prevents individuals from being on sick leave to a large extent. The responses of the students in the survey further show that individuals are more likely to take sick leave when not facing economic loss. Among the students, 60% stayed home from their studies at least once in the last 12 months due to severe menstrual pain. This amount is close to the share of total respondents that have refrained from sick leave despite feeling the need.

The results of the survey show that there is a demand for a menstrual leave policy among the respondents. Nearly half of the respondents that stated that they most likely would use such a policy, had not been on sick leave due to menstrual cramps during the last 12 months. It is reasonable to assume that these respondents likely had needed sick leave for their pain before but for different reasons had been present at work or studies despite this. What supports this assumption is that among the respondents that would most likely use the policy had almost 83% refrained from taking sick leave despite feeling the need to.

### **5.3 Political Support for a Menstrual Leave Policy in Sweden**

More than half of the respondents stated that they completely agree that a menstrual leave policy should be introduced in Sweden. Nearly half of the respondents who had not been on sick leave due to menstrual pain did also completely agreed with the statement. In accordance with the theory of public choice shows the answers of the survey that the support for a menstrual leave policy is higher in the group of individuals that had been absent from work or studies due to severe men-



strual pain. In this group, 76% of respondents stated that they completely agree that a menstrual leave policy should be introduced in Sweden.

Furthermore, the support for a menstrual leave policy is stronger among the younger age groups. 100% of the respondents under 20 years old completely agreed that a menstrual leave policy should be introduced in Sweden. In the age groups 20-29 and 30-39 years, more than half of the respondents completely agreed with the statement. The remaining respondents showed mostly positive attitudes to a menstrual leave policy. One possible explanation for why the youngest group exhibited strong support is the fact that severe menstruation cramps are more common in younger age. If the older respondents experience less severe pain, the public choice theory and the effect of self-interest on decision-making could explain why the respondents aged 50 and above did not strongly agree with introducing a menstrual leave policy. As income commonly increases with age, older respondents would likely be more supportive of a menstrual leave policy as sickness implies a greater loss of income for them. Furthermore, if self-interest strongly affects political decision-making, individuals older than 50 years would show little interest in a menstrual leave policy as they will only be menstruating for a few more years. However, as the age distribution is skewed, a conclusion cannot be reached regarding the slight difference in opinion between the groups.

The likeliness of using a menstrual leave policy was evenly distributed along the scale among the individuals who had not been on sick leave during the past 12 months. Out of the individuals who were absent due to severe menstrual pain, 63% stated that they most likely would use a menstrual leave policy.

The survey shows that respondents are mainly in favor of introducing a menstrual leave policy. The respondents also show a strong willingness to use such a policy. No conclusion can be drawn from this result to actual support in the entire population. However, if the question would become a political issue, it would likely be well-received among menstruating individuals in Sweden. Furthermore, the study

of public choice applies not only to voters but also to political decision-makers. If the survey results apply to the menstruating population in general, this would also include menstruating members of the parliament. According to the public choice theory could their decisions be based on personal incitement and interest, which further could influence a potential introduction of a menstrual leave policy in Sweden.

## 5.4 Risks and Stigmatization Associated with Menstrual Leave

### 5.4.1 Moral Hazard

Agency theory states that the incentive contracts formed between the agent and the principal determine the agent's behavior. The survey showed that almost half of the respondents who had not been absent due to menstrual cramps would most likely use a menstrual leave policy. From previous analysis, assumptions can be made that despite not taking sick leave in the past, these individuals had likely felt the need to, but refrained due to the economic loss of being on sick leave. However, it is not possible to exclude the possibility of these individuals exploiting a menstrual leave policy, taking a leave of absence due to menstrual pain despite being able to work. To avoid moral hazard in SI, Pollak (2017) emphasized the importance of the design of the insurance scheme. Using the model presented by Tirole (1988) and applying it to an agent's decision to work or to stay home we could assume different values for the effort variable  $e$ . If  $e = 1$  that would imply that the agent chooses to work and if  $e = 0$  the agent would choose to stay home. Furthermore, we introduce a condition variable  $s$ ,  $s = 1$  being that the person is menstruating and  $s = 0$  being that they are not. The type variable  $t$  describes the individuals menstrual pain, where  $t = 1$  implies that the individual suffers from severe menstrual pain, and  $t = 0$  means that they are not. The objective function of the agent would then be:

$$U^t(w(\pi(e, \epsilon)e, s)) \tag{4}$$

Given an optimal contract would it be reasonable to assume that:

$$U^t(w(\pi(1, \epsilon))1, s) \geq U_0, \tag{5}$$

$$U^1(w(\pi(1, \epsilon))1, 1) < U^0(w(\pi(1, \epsilon))1, 1). \quad (6)$$

The utility of a menstruating person with menstrual pain is less than the utility of a menstruating person without menstrual pain. An individual with severe menstrual cramps will decide to stay home if there is a benefit such that:

$$U^1(w(\pi(1, \epsilon))1, 1) < U^1(w(\pi(0, \epsilon))0, 1). \quad (7)$$

To discourage individuals without severe menstrual pain to use the benefit the contract needs to look like:

$$U^0(w(\pi(1, \epsilon))1, 1) > U^0(w(\pi(0, \epsilon))0, 1). \quad (8)$$

What this contract would look like in practice is complex and several aspects must be considered when designing the optimal menstrual leave policy. As seen in Figure 9, the respondents were evenly distributed in their beliefs about the likelihood of a menstrual leave policy being exploited. Respondents that had not been on sick leave due to menstrual pain during the last 12 months were more likely to assume that a menstrual leave policy would be used incorrectly than respondents who had been on sick leave. Are there aspects of a menstrual leave policy that pose a greater risk of moral hazard than other types of leave of absence? The research conducted by Pollak (2017) and Petterson-Lidbom & Skogman Thoursie (2013) found waiting periods to work to restrict shorter spells of sickness. Eliminating the waiting period to reduce the financial burden of individuals who frequently need sick leave due to menstrual cramps is thus likely to increase sickness absence. Existing literature has found decreasing the compensation rate to be an efficient strategy for reducing moral hazard. A different compensation rate for menstrual leave than ordinary sickness would, however, most likely not be well received or advisable. As a menstrual leave policy aims to normalize menstruation and lessen income loss, a sickness benefit below that of ordinary sick leave would be contradictory to the purpose. An increase in sickness benefits for menstrual leave is neither a solution. Alike workers absent due to illness, are individuals on menstrual leave not performing any work. Thus, the same compensation rate should apply to all workers absent due to sickness independent of their reason for being unable to work.

Another way to prevent the exploitation of an SI system is by requiring the worker to present a medical certificate. Given the abolished waiting period, and unchanged compensation rate from ordinary sick leave, a medical statement would likely be required from day one if menstrual leave was introduced in Sweden. Increased monitoring is presumably a discouragement for unwarranted menstrual leave. D'Amuri's (2017) research showed that restricting the medical examination visits utilized in the Italian SI system reduced sickness absence. Given the reasoning that the menstrual leave should work as an extension of the existing SI system, and not imply either stricter or less restrained regulations than ordinary sick leave, it is reasonable to assume that an implementation of such a system would apply to both regular sick leave and menstrual leave. Medical examinations in the home of the ill worker entail large expenditures and efficiency losses. Provided that the current SI system does not demand stricter monitoring, it is unlikely that a change would be implemented to enable the regulation of a menstrual leave policy. A restricted number of days that an individual can be on menstrual leave is a reasonable delimitation of the policy. However, considering that menstrual cramps only last for a few days, it is not likely to affect the incidence of menstrual leave substantially.

Menstrual leave policies are funded by the government, and the worker receives sickness benefits from the Social Insurance Agency. Menstrual leave does, however, imply losses for the employer in terms of labor shortage. Thus, some incentives could be implemented by the employer to avoid unwarranted menstrual leave. Workers who feel understood and supported are presumed to be more productive and loyal to their workplace. To encourage responsible utilization of a menstrual leave policy, performance-based metrics could be assigned to the workplace. Putting it into practice could, however, be difficult, and is not feasible in all businesses. Furthermore, it must be balanced with a sustainable work ethic, not exposing individuals who are staying home due to severe menstrual pain to additional stress.

### **5.4.2 Avoiding Menstrual Stigma**

Figure 5 shows that concern regarding taking a leave of absence due to menstrual cramps would hurt their career prevented almost half of the respondents from taking sick leave during the past 12 months. To protect workers who take menstrual leave, and to avoid discrimination, legislation must be implemented with a menstrual leave policy. Despite such efforts, there is a risk for menstrual stigmatization and for workers utilizing the menstrual leave policy to be perceived as less capable. Hesitation toward hiring women might occur if employers consider menstrual leave a financial or operational burden. To counteract such perceptions employers must actively work to ensure that the policy's intended benefits are not undermined.

Creating a healthy workplace in general, can additionally work to prevent menstrual stigma. Stress-preventing measures might lead to increased productivity and the individual does not have to suffer additional stress for being on menstrual leave. Furthermore, it could also diminish disrupted workflow. Thereby, the absence of the individual might be less disturbing to the employer. Through investing in medical checkups and health programs, a greater understanding of various conditions can be attained, thus, contributing to normalizing menstrual health.

Menstrual health might be a sensitive topic. However, for individuals experiencing severe menstrual pain frequently, that have an established relationship with their employer, a personalized plan might be effective in attaining a solution for both the employer and employee.

## **5.5 Additional Effects and Consequences of Introducing a Menstrual Leave Policy**

Utilizing menstrual leave leads to reduced productivity due to loss of work. However, working with severe pain also reduces productivity. Introducing a menstrual leave policy, enabling sick leave to individuals with menstrual cramps when needed, could increase the productivity of the worker during the remainder of the menstruation.

For individuals who usually take sick leave for their menstrual pain, a menstrual leave policy leads to a higher net income. This effect is further increased if what Pollak (2017) calls an ‘ex post moral hazard effect’ applies to them. If a worker is prone to prolong the sick leave for their menstrual pain to make the sick leave more profitable due to the waiting period, the menstrual leave could lead to fewer days of absence, if the waiting period is abolished. A higher net income can increase the individual’s consumption, and thus contribute to GDP. Furthermore, a menstrual leave policy can enhance the quality of life for individuals with severe menstrual pain, and a healthy population benefits society.

If individuals who have previously not taken sick leave for their menstrual pain would use menstrual leave their employer could face increased costs if a replacement needs to be hired, or if the stress levels of other employees increase as they must take on additional responsibility. Moreover, requiring medical certification of the individual’s condition will lead to an increase in public expenses. Getting medical help and advice can, however, benefit individuals over time and reduce potential costs in the future.

## **6 Concluding Remarks**

This study has provided insight into the economic effects of introducing a menstrual leave policy in Sweden. The Swedish sickness insurance system is not working sufficiently to reduce the income loss of workers who frequently need to take sick leave due to severe menstrual pain. The study found that individuals often feel a need to be absent from work due to menstrual pain thus there is a need for menstrual leave in Sweden. In addition, the study indicated that menstrual leave would be used and that there is a strong sentiment toward introducing a policy. Connecting to agency theory, risks of misuse and moral hazard in the Swedish sickness insurance system have thoroughly been reviewed. Furthermore, different aspects of policy design have been discussed to reduce moral hazard and menstrual stigmatization.

The study has found that introducing a menstrual leave policy could benefit not only the intended beneficiaries but also potentially increase economic growth by improving the well-being, productivity, and net income of menstruating individuals. If used correctly, the positive aspects of the policy could outweigh the costs associated with implementation. However, asymmetric information and the abolishment of the waiting period imply a risk of moral hazard which can lead to extensive public expenditure. Due to the survey sample, and the scope of the study, a complete assessment cannot be made. To determine whether a menstrual leave policy should be introduced in Sweden, a comprehensive survey with a representative sample need to be conducted.

With an understanding of menstruating individuals of working age in the population, further research could use forthcoming knowledge gained from Spain and make use of a trial to empirically test the policy before implementation. Thus, the prevalence of moral hazard in the Swedish sickness insurance system could be examined and a thorough assessment could be done to observe if the gains compensates the costs.

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## 7 Appendix

### A1 Survey - Original Version

En undersökning gjord av Kantar Sifo på uppdrag av Arbetet visar att var femte kvinna sjukskrivit sig på grund av menssmärtor, och bland yngre kvinnor (20–29 år) är motsvarande andel var fjärde kvinna (<https://arbetet.se/2018/10/25/var-femte-har-sjukskrivit-sig-for-mens/>).

Mitt namn är Elin Thurfjell och jag skriver min magisteruppsats i nationalekonomi vid Lunds universitet. Uppsatsen ämnar studera effekterna av ett potentiellt införande av mensledighet i Sverige ur ett nationalekonomiskt perspektiv och att jämföra denna policy med det svenska sjukförsäkringssystemets särskilda högriskskydd.

Genom att svara på denna enkät hjälper du mig med mitt uppsatsarbete. Enkäten består av 9 kortare frågor och tar ungefär 2 minuter att svara på. Den innehåller inga personuppgifter som gör att den som svarat kan identifieras. Dina svar är alltså anonyma och kommer endast att användas för min magisteruppsats.

Stort tack för din hjälp! Vid eventuella frågor kontakta el8174th-s@student.lu.se

#### Fråga 1: Ålder

- <20 år
- 20-29 år
- 30-39 år
- 40-50 år
- >50 år

**Fråga 2:** Sysselsättning

- Jag arbetar heltid
- Jag arbetar deltid
- Jag studerar på heltid
- Jag studerar på deltid
- Jag är sjukskriven
- Jag är arbetssökande

**Fråga 3:** Har du någon gång under de senaste 12 månaderna varit sjukskriven från arbete eller studier på grund av menssmärtor?

- 1 gång
- 2-4 gånger
- 5 eller fler gånger
- Nej

**Fråga 4:** Har du någon gång under de senaste 12 månaderna känt att du skulle behöva vara sjukskriven från arbete eller studier på grund av menssmärtor, men inte sjukanmält dig?

- 1 gång
- 2-4 gånger
- 5 eller fler gånger
- Nej

**Fråga 5:** Har du någon gång under de senaste 12 månaderna avstått från att sjukskriva dig för menssmärtor för att du oroat dig för att det ska påverka din karriär eller karriärmöjligheter negativt?

- Ja
- Nej

**Fråga 6:** Känner du till vad särskilt högriskskydd är?

- Ja, jag har det för mina menssmärtor
- Ja, men jag har inte utnyttjat det för mina menssmärtor
- Nej

Som första land i Europa införde Spanien 2023 en ny lag som bl.a. innefattade så kallad mensledighet (<https://www.euronews.com/next/2022/12/15/spain-votes-to-approve-a-new-law-to-introduce-paid-menstrual-leave-for-painful-periods>). Personer med svåra menssmärtor har med läkarintyg rätt att vara lediga i 3 dagar per månad, med möjlighet att förlänga till 5 dagar, utan karensdag eller karensavdrag.

**Fråga 7:** Tycker du att mensledighet borde införas i Sverige?

*Instämmer inte alls*

- 1
- 2
- 3
- 4
- 5

*Instämmer helt*

**Fråga 8:** Om mensledighet infördes i Sverige tror du att du hade nyttjat det då?

*Inte alls troligt*

- 1
- 2
- 3
- 4
- 5

*Högst troligt*

**Fråga 9:** Om mensledighet infördes i Sverige tror du att det finns risk för att personer som skulle klara av att gå till jobb eller studier hade utnyttjat systemet?

*Inte alls troligt*

1

2

3

4

5

*Högst troligt*

## A2 Survey - Translated Version

A survey conducted by Kantar Sifo on behalf of Arbetet shows that one in five women has taken sick leave due to menstrual pain, and among younger women (20-29 years) the corresponding proportion is one in four women (<https://arbetet.se/2018/10/25/var-femte-har-sjukskrivit-sig-for-mens/>).

My name is Elin Thurfjell, and I am writing my master's thesis in economics at Lund University. The thesis aims to study the effects of a potential introduction of menstrual leave in Sweden from an economic perspective and to compare this policy with the Swedish health insurance system's special high-risk protection.

By answering this survey, you will help me with my thesis. The survey consists of 9 short questions and takes about 2 minutes to answer. It does not contain personal data that would allow the respondent to be identified. Your answers are therefore anonymous and will only be used for my thesis.

Many thanks for your participation! If you have any questions, please contact [el8174th-s@student.lu.se](mailto:el8174th-s@student.lu.se)

### Question 1: Age

- <20 years
- 20-29 years
- 30-39 years
- 40-50 years
- >50 years



**Question 2:** Occupation

- I work full-time
- I work part-time
- I study full-time
- I study part-time
- I am on sick leave
- I am unemployed

**Question 3:** Have you been, at any time during the past 12 months, absent from work or studies due to menstrual pain?

- 1 time
- 2-4 times
- 5 or more times
- No

**Question 4:** Have you, at any time during the past 12 months, felt that you needed to take sick leave from work or studies because of menstrual pain, but refrained?

- 1 time
- 2-4 times
- 5 or more times
- No

**Question 5:** Have you, at any time during the past 12 months, refrained from taking sick leave for menstrual pain because you were worried it would negatively affect your career or career prospects?

- Yes
- No

**Question 6:** Do you know what special high-risk protection is?

- Yes, I use it for my menstrual pain
- Yes, but I do not use it for my menstrual pain
- No

In 2023, Spain was the first country in Europe to introduce a new law that included so-called menstrual leave (<https://www.euronews.com/next/2022/12/15/spain-votes-to-approve-a-new-law-to-introduce-paid-menstrual-leave-for-painful-periods>). People with severe menstrual pain have the right, with a doctor's certificate, to take 3 days off per month, with the possibility of extending to 5 days, without a qualifying day or deduction.

**Question 7:** Do you think menstrual leave should be introduced in Sweden?

*Completely disagree*

- 1
- 2
- 3
- 4
- 5

*Completely agree*

**Question 8:** If menstrual leave was introduced in Sweden, do you think you would use it?

*Not at all likely*

- 1
- 2
- 3
- 4
- 5

*Most likely*

**Question 9:** If menstrual leave was introduced in Sweden, do you think there is a risk that people who would be able to go to work or studies would take advantage of the system?

*Not at all likely*

1

2

3

4

5

*Most likely*