**Written Evidence submitted by Bloody Goody Period, FRSH [WRH0048]**

## Summary


- A society with a healthy relationship to periods and menstrual and reproductive health would collectively acknowledge the realities of menstruation and reproductive health, and factor them into how society works. Appropriate policies, product provision, legislation, education, healthcare and other support mechanisms would all be in place. Periods would be built into the design and fabric of our society.
- People with gynaecological and/or urogynaecological conditions are faced with difficulties in scheduling appointments, a lack of choice from healthcare providers when discussing treatment options and feel unheard when discussing treatment options.
- Employment represents a large barrier to people accessing treatment and diagnosis of gynaecological and/or urogynaecological conditions, due to the inability to take leave and/or speak openly about conditions. This is compounded by a lack of information and knowledge surrounding these conditions both in the workplace and within general society.
- We have recounted evidence about the specific barriers and disparities faced by Black People, People of Colour and refugees and asylum seekers in the hope, that this inquiry will place a larger emphasis on the needs of these groups who are overlooked and under resourced within the healthcare system.


## Note

Before we provide evidence to this Inquiry, we feel that it is crucial that we address the inadequate term “women” used throughout this call for evidence. Menstruation, gynaecological and urogynaecological conditions affect everyone with the reproductive organs that cause issues in this area, no matter their gender identity.

Utilising terms such as ‘people with uteruses’, ‘people who menstruate’ and other gender-neutral terms, alongside women, only helps to support better menstrual, gynaecological and urogynaecological care for all. This specific, targeted language benefits everyone - allowing information and campaigns to be disseminated to everyone to whom that information is relevant. It also provides gender-affirming care to all, and helps us to meet the needs of everyone with a uterus.

Although we as a society previously used the term “women” when referring to gynaecological and reproductive health issues, we now know that it is not just women who menstruate, but also trans people, non-binary people and gender diverse persons. This approach would serve to reduce the grave disparities in the lives and well-being of transgender, ENBY and gender-diverse individuals. Therefore, for the purpose of this consultation, we will use the language ‘women and people who menstruate’ and/or ‘people with uteruses/cervixes’ which, of course, includes cisgender women.

## Who We Are: Bloody Good Period

Bloody Good Period is a UK-based charity that fights for menstrual equity and the rights of all people who bleed. We believe that no one should be at a disadvantage just because they menstruate. Many refugees, people in the asylum system and those living in poverty simply cannot afford period products. People who menstruate also suffer because of the culture of embarrassment, stigma and shame that exists around this natural, biological process.

We give period products to those who can’t afford them and provide menstrual education to those less likely to access it. And we help everybody talk about periods. We have partnered with more than 100 organisations around the country, helping women and people who menstruate have bloody good periods.

Through our Bloody Good Employers (BGE) initiative, we have set our sights on UK workplaces. Based on 2021 research with both employers and employees, which showed a need for change and open conversations about menstruation in the workplace, we now have a year-long training and accreditation programme. This program is already driving huge change to improve the lives of people at work, nationwide.

The evidence we will provide to this inquiry is derived from our own research and data, information and data from stakeholders within our network, qualitative data from the people who access our services (this has been anonymised) and qualitative data from our followers and supporters which has been gathered via social media (this has also been anonymised). Some of the evidence we provide has been repurposed from our original submission to the Women’s Health Strategy’s Call for Evidence. We hope in republishing the evidence for this inquiry, considerate steps will be taken to tackle the

additional barriers and disparities that exist for Black People, People of Colour and refugees and asylum seekers.

This is why Bloody Good Period advocates for a new menstrual health action plan[1] that includes new legal and policy frameworks in addition to better data, evidence and support schemes on menstrual health. We are calling for:

> A new legal duty that requires local authorities and employers to make period products free for everyone who menstruates in England and Wales.
>
> National statutory rules and guidance on menstrual and menopausal health for public bodies, public agencies and employers.
>
> Any new or revised government strategy to tackle the social and economic barriers that prevent women from accessing menstrual care.
>
> Evaluate the effectiveness and reach of existing government schemes run in custody, temporary accommodation, by the NHS and in schools - and address any shortcomings identified through these evaluations.
>
> Commission an independent assessment of the funding provided to public bodies and agencies contracted to provide menstrual products and education, to assess if this financing is adequate to enable public bodies and agencies to provide adequate services.
>
> Launch a new Parliamentary inquiry into menstrual equity.

As a member of the FSRH Hatfield Vision Taskforce, we are striving to achieve goals 10 and 11 of the FSRH Hatfield Vision[2], a framework to improve reproductive health outcomes for 51% (women and girls). The Vision endorsed by 53 organisations – includes goals for:

> *Women, girls and people who menstruate have access to a practitioner who is able to provide support, diagnosis and treatment for their menstrual health including pain, heavy bleeding and premenstrual mood disturbance at their general practice, specialist SRH services and community gynaecology services*

[1] Manifesto for menstrual equity: Bloody Good Period MP Manifesto | Bloody Good Period

[2]The FSRH Hatfield Vision https://www.fsrh.org/news-and-advocacy/the-fsrh-hatfield-vision/

*Women, girls and people who menstruate to have universal access to free menstrual products within health services and schools.*

## Who is endorsing: FSRH

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the leader in the field of sexual and reproductive healthcare (SRH), and we are the voice for professionals working in this area. As a multi-disciplinary professional membership organisation, FSRH set clinical guidance and standards, provide training and lifelong education, and champion safe and effective sexual SRH across the life course for all.

## 1. What constitutes healthy periods and reproductive health?

A society with a healthy relationship to periods and menstrual and reproductive health would collectively acknowledge the realities of menstruation and reproductive health, and factor these into how society works. Appropriate policies, product provision, legislation, education, healthcare and other support mechanisms would all be in place. Periods would be built into the design and fabric of our society.

Menstrual equity is a term coined by Jennifer Weiss-Wolf in 2015, to emphasise the need to think about menstruation in a holistic way; that goes beyond product provision and acknowledges the fact that half the population menstruates and that this process has an impact on their everyday lives.

At a fundamental level, the World Health Organisation calls[3] for menstruation to be seen as a health and human rights issue. Having a healthy period is constituted by access to period products, choice over these products, information and education on menstrual health, alongside access to water, sanitation, disposal facilities and competent and empathetic care; so that people can live, study and work in an environment in which menstruation is seen as positive. However, we know that currently:

- 21% of people who menstruate in the UK are unable to afford period products[4]

[3]Statement on menstrual health and rights (2022). World Health Organization. Available here: https://www.who.int/news/item/22-06-2022-who-statement-on-menstrual-health-and-rights

[4] Cost of living: UK period poverty has risen from 12% to 21% in a year. (2023). Action Aid. Available

- 1 in 5 aged 14-21 unable to afford period products at all[5]
- Public bodies and Government contracted agencies do not consistently have the resources, education or care in place[6][7].

This lack of access has far-reaching consequences for the health and well-being of individuals.

## Health and wellbeing

A lack of access to period products puts people in impossible situations and forces those who menstruate to take on unhealthy behaviours when menstruating. In a 2023 report by Action Aid[8], survey respondents explained how they manage their periods:

- 41% kept sanitary pads or tampons in for longer
- 8% re-used disposable pads
- 37% said they had used tissues or cotton wool instead of sanitary products in the last 12 months
- 13% used socks or other clothing
- And 9% resorted to using paper or newspaper

Using items other than period products, as well as overusing period products, can have far-reaching impacts on people's health and wellbeing. Overusing products or using alternative methods not only runs the risk of irritation and infection but also can lead to Toxic Shock Syndrome - a complication that can be fatal. Without access to readily available, free period products we cannot expect people who menstruate to have

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here: https://www.actionaid.org.uk/blog/2023/05/26/cost-living-uk-period-poverty-risen

[5] Dramatic increase in girls cutting back on essentials to afford period products amidst cost-of-living crisis. (2022). Plan International. Available here: https://plan-uk.org/media-centre/dramatic-increase-in-girls-cutting-back-on-essentials-to-afford-period-products

[6] Report on an unannounced inspection of the short term holding facilities at Western Jet Foil, Lydd Airport and Manston.(2022) HM Inspector of prisons. Available here https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2022/10/Manston-WJF-and-Lydd-web-2022.pdf

[7] Girl Guiding Research briefing: Is the free period product scheme working? (2022) https://www.girlguiding.org.uk/globalassets/docs-and-resources/research-and-campaigns/girlguiding-research-briefing_is-the-free-period-products-scheme-working.pdf

[8] Cost of living: UK period poverty has risen from 12% to 21% in a year. (2023). Action Aid. Available here: https://www.actionaid.org.uk/blog/2023/05/26/cost-living-uk-period-poverty-risen

healthy periods. Lack of access forces individuals to undertake alternative means to manage their periods, all of which can put them at significant risk.

Working with partners to deliver period and incontinence products to those who cannot afford them, we consistently receive feedback that this product provision improves people's wellbeing, improves mood and reduces worry. Product provision helps to reduce the stress, worry and shame that can come from having limited financial resources, as well as dealing with the practicalities of heavy blood loss, irregular cycles and leaking through clothing. As some of our partners and service recipients have stated:

> *"I have a heavy period, I go through period products with so much ease"*

> *"Your package of period products has arrived today and it has really made a huge difference to our service as well as all of the individual women. Not only has this improved the overall mood, it has also got us talking about more sustainable products such as the moon cups you provide."*

> *"Please thank the people who give us these pads. They are making our stress less and our happiness flow."*

> *"I'm undergoing kidney stones problems and having to wear tena discreet extra plus all the time as I have 2 stents in place. With 1 large stone on left and 1 large stone on the right. I have only just been covering the cost of these due to being on ESA. Your donation helped me a lot. Thanks"*

Having access to these products also provides individuals with the security and comfort they need in order to be able to leave their accommodation, and not feel isolated. As one of our partners has noted:

> *"Women would not leave their hotel or home when menstruating if not for the pads and tampons that BGP provide."*

As the cost of everyday items continues to soar, people who menstruate are being forced to make difficult decisions about which everyday essentials they can buy. Action Aid found that 60% affected by period poverty had to prioritise food and 48% gas and electricity bills. People with limited financial means and without access to free

menstrual products often have to prioritise between essential household costs needed for good health and well-being. As one of our service recipients stated:

> *"The cost of living crisis is crazy is a nightmare because now are you thinking about your period products or are you thinking about food? So in a family that has like the mom and three girls that are menstruating. Tell me how this mom is gonna buy for herself, buy for the three girls? She will save that money she would use to buy the product and buy food because you need to pay the electricity bill, you need to pay a gas bill, you need to pay your telephone bill when you think about the bills and the bills. Like someone like me, sometimes I have to skip my meals to put food on the table for my kids."*

## More than pads

We know that healthy periods are about more than access to period products. For individuals to have healthy periods, every part of our lives needs to be set up to support periods, the menstrual cycle and menopause. As the rapid findings from the implementation of the Period Products (Free Provision)(Scotland) Act 2021[9], there is a need to accompany product provision with choice, knowledge sharing, visibility, campaigns and partnerships with both the private sector, civil society and faith based organisations.

In our 2022 report with Discover Ai[10], we uncovered that for most people who menstruate, periods are "at best, an often unpredictable everyday stressor". For those who menstruate, there are constant considerations being made about how to navigate public spaces, the healthcare system, education, employment, caring responsibilities and so much more.

In workplaces, although Trades Union Congress provided guidance to its members on ensuring better welfare facilities including toilets, British workers have reported insufficient access to WASH facilities. Employers have been found to not give adequate

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[9] Pandemic Periods: Scottish Local Authorities Implementation Policy Assessment . Available here https://www.linkedin.com/feed/update/urn:li:activity:7049338790322036738/?updateEntityUrn=urn%3Ali%3Afs_feedUpdate%3A%28V2%2Curn%3Ali%3Aactivity%3A7049338790322036738%29

[10] Understanding Experiences of Periods, Relatable yet Relegated: The consequences of hiding menstruation away, and what we can do to create change. (2022). Discover Ai and Bloody Good Period. Available here: https://www.bloodygoodperiod.com/_files/ugd/ef817c_849426d0798a4b8ea35daeba2f4a16e7.pdf

permission to use toilets, alongside inadequate supplies of soap and toilet paper and a lack of locks on toilet doors. Workers' pay has also been reduced due to toilet breaks[11]. All of these factors limit people's abilities to manage their period and its symptoms effectively.

When institutions and spaces aren't designed with menstruation or reproductive health factored in, people's ability to manage their wellbeing in a healthy way is restricted. Therefore, any focus on healthy periods and reproductive health must go beyond solely medical solutions, and take a more Public Health approach that considers the everyday impact that periods and reproductive health has in society.

The simple fact of having a period shapes people's participation in their social, professional and personal lives. The shame and stigma attached to periods and the silence that surrounds them affects how those who menstruate partake in daily activities; typically inhibiting their ability to learn, work, exercise and move through public spaces. This either results in individuals removing themselves from the workplace to care for their menstrual pain or discomfort[12], or means that employees are physically present at work, but are also performing below their optimal capacity due to menstrual symptoms; often accompanied by negative feelings of shame and self-blaming thoughts in menstruating individuals[13], which inevitably takes a toll on bodies, livelihoods and health outcomes. Echoed within our Bloody Good Employer's research, we found that 25% felt that their career progression was negatively impacted because of their Menstrual Health[14].

As we will attest to later, this is magnified for those from low-income and/or racially minoritised backgrounds, for whom it is almost impossible to achieve healthy periods and reproductive health due to the disparities they face in accessing services.

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[11] Give us a (loo) break! Better welfare facilities - guidance for union representatives. Health and Safety. Trade Union Council. (2010). https://www.tuc.org.uk/workplace-issues/health-and-safety/guides-and-reports-reps/workplace-health-safety-and-welfare/give

[12]Period Survey Results: Workplace Stigma and Most Common Symptoms. Forth. (2022) Available here https://www.forthwithlife.co.uk/blog/period-survey-workplace-stigma-symptoms/

[13] Schoep, M.E., Adang, E.M., Maas, J.W., De Bie, B., Aarts, J.W. and Nieboer, T.E., 2019. Productivity loss due to menstruation-related symptoms: a nationwide cross-sectional survey among 32 748 women. BMJ open, 9(6), p.e026186.

[14]Bloody Good Research: Periods and menstrual wellbeing in the workplace - the case for change. Available here https://www.bloodygoodemployers.com/_files/ugd/23197e_6d1376d003ad445bbd16b8ff1fac0eea.pdf

Were we actually to focus on achieving healthy periods and reproductive health, the benefits would be endless. More people would be fully able to participate in education, politics, sport, workplaces, life and society. Until we take into consideration the impact that menstrual and reproductive health has on the lives of those who menstruate, we cannot hope to achieve "healthy" versions of these.

## 2. What are women's experiences of being diagnosed with, undergoing procedures and being treated for gynaecological or urogynaecological conditions;

We hear often that accessing gynaecological or urogynaecological support is a negative experience for many. In 2021, we surveyed over 1,000 people in partnership with Band Equals. Of the people we surveyed, a shocking 50% said they had a negative experience when visiting the NHS for a menstrual health issue. 46% didn't feel that they were listened to by a healthcare provider when accessing menstrual healthcare[15].

As authors and researchers such as Sarah Graham[16], Elinor Cleghorn[17], Anushay Hossain[18], Maya Dusenbery[19] and countless others have attested, women and gender-diverse persons do not feel like they are listened to or believed by healthcare professionals when accessing these services. The consequences of this can result in anything from misdiagnosis to death.

### Not a choice-based service

Many of our supporters have fed back that gynaecological and urogynaecological support is not choice-based. Many recount being provided with a solution with little-to-no conversation about whether that option was suitable for that individual, or the reason as to why it was being prescribed. As data from our survey in collaboration with

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[15] Post-Pandemic Periods: how the pandemic changed our experiences of periods. (2021). Bloody Good Period and Band Equals.

[16] Rebel Bodies: A guide to the gender health gap revolution. Sarah Graham. 2023.

[17] Unwell Women: A Journey Through Medicine And Myth in a Man-Made World. Elinor Cleghorn. 2021.

[18] The Pain Gap: How Sexism and Racism in Healthcare Kill Women. Anushay Hossain. 2021.

[19] Doing Harm: The Truth About How Bad Medicine and Lazy Science Leave Women Dismissed, Misdiagnosed, and Sick. Maya Dusenbery. 2019.

NFP Research[20] shows, 20% of those surveyed were not given a range of options for treatment for their menstrual health concerns[21].

We have heard countless times that people who menstruate feel that, whatever their condition, the "solution" given by healthcare professionals is always contraception. As one of our supporters highlighted perfectly:

> *'The pill is always the first thing recommended, but never other recommendations.'* [22]

This lack of choice isn't limited to menstrual health support. In conversation with a group in an educational session on contraception, we heard countless stories of medical professionals prescribing methods without a full consultation with the individual. Many felt that they were not provided with the information they needed in an accessible way to make a decision. Here's what the people that we work with explained:

> *"If I go to the GP to get contraception, the doctor doesn't really discuss which is the most suitable for me, I need to be informed beforehand. The doctor doesn't give advice, they don't say what suits me best, they just give the one you ask for."*

> *"I went for the coil but the doctor didn't help me decide which is better."*

During our education sessions, multiple people recount experiences of their health concerns being categorised as "normal" by healthcare professionals - with no support given, their pain not being taken seriously and/or managed appropriately, and not enough time given to individuals to express their concerns.

This is further evidenced by respondents to our NFP Research collaboration, where 22% don't feel heard by their primary care practitioner when discussing menstrual health concerns[23].

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[20] General Public Policy Research. NFP. Available here MENSTRUAL EQUITY RESEARCH | Bloody Good Period

[21] General public policy research. (2023). NFP Research and Bloody Good Period. Available here: https://www.bloodygoodperiod.com/nfp-research

[22] Participant feedback from Bloody Good Education Programme.

[23] General public policy research. (2023). NFP Research and Bloody Good Period. Available here: https://www.bloodygoodperiod.com/nfp-research

Continually, the people that we work with express that they would prefer to go into a clinic rather than to see their GP, and often ask how they can speak directly with a medical professional in our sessions. This is perfectly summarised by one participant's question: "If we have a problem, how can we find you? The GP doesn't give you his time."

There is a clear sense of disregard and distrust amongst those that we work with and the medical professionals in their lives, due to the continually negative experiences of indifference and rudeness in the healthcare system.

### Difficulty accessing appointments

Many individuals have disclosed to us that they are having difficulty accessing reproductive health services. This correlates with a recent survey we undertook in collaboration with NFP, which showed that 18% of individuals didn't feel that they could easily book medical appointments for their menstrual health concerns[24].

In conversation with participants in our menstrual, sexual and reproductive health education sessions, we hear time and time again that accessing GP appointments and appointments for sexual health clinics is nearly impossible. Here's what the people we work with explained:

> *"With the new doctor, it's harder to make the appointment, you must only talk about one thing in the appointment so it's difficult, and often I have to wait a couple of months for a routine appointment. I missed the last one because I was ill so (I) had to wait another month and a half again."*
>
> *"I'm finding it difficult to get through to the GP, it's taking months trying to book via the* website."

When these appointments are made, the referral process for being treated and diagnosed for a menstrual and reproductive health condition is enormous. 25% of respondents to our survey[25] in collaboration with NFP Research felt there was an inadequate length of time from referral to diagnosis regarding menstrual healthcare. As one of our supporters attested:

> *"It took over 200 GP appointments over a year +1/2 to get to a gynae."*

These personal accounts are supported by the following statistics:

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[24] General public policy research. (2023). NFP Research and Bloody Good Period. Available here: https://www.bloodygoodperiod.com/nfp-research

[25] General public policy research. (2023). NFP Research and Bloody Good Period. Available here: https://www.bloodygoodperiod.com/nfp-research

- On average it takes someone suffering from endometriosis 8 years from the onset of symptoms to get a diagnosis[26]
- When it comes to endometriosis diagnosis, 58% of women visit their GP more than 10 times with symptoms before they're diagnosed[27]
- 30% experiencing symptoms of women's health conditions, including PCOS, endometriosis and gynaecological cancers, are yet to receive a formal diagnosis[28]
- Diagnosis took two years and three months on average for women who have their condition confirmed by a doctor[29]

## 3. What barriers exist in the treatment and diagnosis of gynaecological or urogynaecological conditions?

Knowledge is one of the major barriers that people face when accessing treatment and diagnosis of gynaecological or urogynecological conditions. In our recent survey with NFP, we gathered a lot of data regarding this gap in knowledge:

- 11% strongly disagreed that they felt informed about their menstrual health
- 12% didn't feel they had access to reliable and medically approved menstrual health information and education
- 11% didn't feel they were able to tell what was typical or a cause for concern regarding their menstrual health (e.g. intense period pain, unexpected irregular cycles, heavy periods)

For the majority of people accessing our education services, a sense of relief is often expressed about having more information on the pathways to menstrual, sexual and reproductive health services. More often than not, participants will ask if they can arrange to see the medical professional running the session, because they do not have the knowledge or confidence to speak with their local GP.

The experience of one of the people that we work with summarises this point perfectly:

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[26] Endometriosis in the UK: Time for Change. (2020). APPG on Endometriosis. Available here: https://www.endometriosis-uk.org/appg-release-new-report-endometriosis

[27] Endometriosis in the UK: Time for Change. (2020). APPG on Endometriosis. Available here: https://www.endometriosis-uk.org/appg-release-new-report-endometriosis

[28] 6 million await diagnosis for women's health conditions. (2022). King Edward VII. Available here: https://www.kingedwardvii.co.uk/about-king-edward-vii/news/6-million-await-diagnosis-for-womens-health-conditions

[29] 6 million await diagnosis for women's health conditions. (2022). King Edward VII. Available here: https://www.kingedwardvii.co.uk/about-king-edward-vii/news/6-million-await-diagnosis-for-womens-health-conditions

> *"When I first came here and put in my asylum application I missed my period. I wasn't pregnant, I think it was just the stress of not knowing what will happen to me, not knowing how to manage. I had questions about what was happening to me but I didn't know where to go for help."*[30]

This lack of knowledge isn't due to a lack of wanting - participants in our sessions are thirsty for information. They will continually ask questions throughout the session, and ask for further information and signposting after the session; an indication that they desire to know more and have an interest in finding out the best options for themselves. Therefore, we conclude that the barriers to accessing information and education are related to a lack of accessible, relevant and linguistically-accessible communications. As one of the people we work with outlined perfectly:

> *"We don't have this information and we don't know the importance of knowing this."*

Most importantly, beyond accessing services, the people that we work with are often uninformed of their rights in terms of accessing medical care. The majority are unaware that they are able to access an interpreter, female medical professional or a chaperone during their check-ups; all of which could improve their healthcare experience greatly.

## Employment

Through our Bloody Good Employers program, we have seen how the workplace and employment place additional barriers to accessing gynaecological or urogynaecological treatment.

This is due to what academic (Birkbeck University) Claire Hutcheson calls the 'concentric cycle of silence'. This is the idea that because periods aren't talked about, the workforce feels they can't be talked about. This results in the current menstrual stigma that we see within workplaces, which breeds a culture of silence, non-disclosure and a lack of knowledge about menstruation and menopause in the workplace. Claire summarises the issue perfectly:

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[30] The effects of "period poverty" among refugee and asylum-seeking women. (2019). *Bloody Good Period and Women for Refugee Women.* Available here: [https://e13c0101-31be-4b7a-b23c-df71e9a4a7cb.filesusr.com/ugd/ae82b1_22dcc28fa137419abf5c9abe6bbf3b45.pdf].

> "On the one hand women [and people who menstruate] are [deemed to be] lying about having menstrual health issues to get out of work, and on the other they are lying about not having menstrual health issues, to be at work."[31]

This idea is compounded by our recent research with NFP, in which only 4 in 10 of those who currently menstruate said that they are able to take time off work to attend appointments.

This was something that has been reflected consistently to us through our BGE work, and is exemplified by this response in our Have Your Bloody Say survey from 2019.

> *"I don't take sick leave for menstrual issues, I use annual leave when I need to - probably 5-8 days a year. I feel a bit ashamed of this because I should be braver about my periods"*[32]

These issues are unsurprising when we know that a third of employees say their workplace does not have policies relating to menstruation and/or menopause. Even when workplaces have policies in place to support employees to attend appointments, and access the support they need, these policies are unseen or overlooked. In the same survey, half of respondents didn't know if their workplace had any relevant policies.

This is all underpinned by a prevalent culture of non-disclosure, that stems directly from the stigma surrounding menstruation. Our research shows that 33% feel it is more professional not to mention menstrual health to their employer[33]. What this results in is a culture of concealment, in which individuals do not feel comfortable or able to discuss their menstrual health at work.

> *"I don't feel confident talking about this with my employer for fear that it would make me look 'flakey' or weak. Colleagues who take regular sick leave are seen as unreliable."*[34]

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[31] Breaking the Concentric Cycle: A qualitative exploration of manager perceptions of menstrual health issues in the workplace, Hutcheson (2020).

[32] Periods & Menstrual Wellbeing in the Workplace: The Case for Change. (2021). Bloody Good Employers. Available at: https://www.bloodygoodperiod.com/employers-research

[33] Periods & Menstrual Wellbeing in the Workplace: The Case for Change. (2021). Bloody Good Employers. Available at: https://www.bloodygoodperiod.com/employers-research

[34] Periods & Menstrual Wellbeing in the Workplace: The Case for Change. (2021). Bloody Good Employers. Available at: https://www.bloodygoodperiod.com/employers-research

## 4. What disparities exist in the treatment and diagnosis of gynaecological or urogynaecological conditions?

The majority of the people that we work with are overlooked within the healthcare system. As women, non-binary and trans people of colour, and as refugees and asylum seekers, those we work with are not only denied access to basic human rights, safety and dignity, but also denied healthcare that is accessible and relevant to their experiences.

The people we work with frequently recount anecdotes of disbelief, distrust and disregard towards their health concerns. All of this is compounded by a healthcare system that already ostracises people who menstruate, overlooks Black and People of Colour and does not cater for the specific needs of those who seek asylum in the UK.

### Overlooked Conditions

A study by Public Health Wales[35], detailing the experiences of refugee women, highlighted the many negative experiences that women had faced in accessing reproductive, maternal and sexual healthcare. As the survey stated:

> *"Negative experiences included indifference, rudeness and racism, describing some midwives as acting with disrespect for their individuality and disregard for their feelings."*

Despite this research taking place only in Wales and focusing on the experiences of refugees and asylum seekers, the issues it raises coincide with the many anecdotes and statistics we have about the care Black and People of Colour receive in the UK.

- Black women's pain is downplayed and poorly managed by health professionals[36]

- Black women have more than five times the risk of dying in pregnancy or up to six weeks postpartum compared with white women[37]

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[35] Refugee and asylum seeker health. (2018). *Public Health Wales.* Available here: [https://gov.wales/sites/default/files/consultations/2018-04/refugee-and-asylum-seeker-health.pdf].

[36] Racism and Bias in the NHS. (2020) *Lottie Winter*. Available here [https://www.glamourmagazine.co.uk/article/nhs-racism].

[37] Racial disparities in women's healthcare. (2020). *Royal College of Obstetrics and Gynecology.* Available here: [https://www.rcog.org.uk/globalassets/documents/news/position-statements/racial-disparities-womens-healthcare-march-

- The risk level of pregnancy compared to white women increased threefold for women of mixed ethnicity and more than doubled for Asian women[38]

The racism experienced by many within the healthcare system is further compounded by the disproportionate impact of certain menstrual health conditions on Black and People of Colour.

- PCOS affects at least 1 in 10 women in the UK, disproportionately affecting women from Black, Asian and Minority Ethnic (BAME) backgrounds[39]
- People of Colour are more likely to develop fibroids, especially those from African-Caribbean communities[40]
- Black, Asian, and minority ethnic women are at an increased risk of having a preterm birth, stillbirth, neonatal death or a baby born with low birth weight[41]
- Ethnic disparities in incidence and mortality are seen with cervical cancer and research has also found disparity in endometriosis diagnosis[42]
- Asylum-seeking & refugee women comprise 0.5% of the population but account for 14% of all maternal deaths in the UK[43]
- For transgender men, there are systemic barriers that can affect access to care for menstrual disorders, as well as the psychological ramifications.

These health inequalities affect the access, experiences and outcomes for all the people we work with; a fact our society has become acutely aware of during/after the pandemic. It is paramount that these aspects are recognised and improved on as a priority, to ensure that these statistics do not continue to be a reality.

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2020.pdf].

[38] *Ibid.*

[39] A Case for PolyCystic Ovary Syndrome (PCOS) to be included within the Body Image Narrative. *Professor Wiebke Arlt and Professor Shakila Thangaratinam*. (2020). Available: https://committees.parliament.uk/writtenevidence/7874/pdf/

[40] Black Women and Fibroids.; Unison (2015). Available here: https://www.unison.org.uk/motions/2015/black-members/black-women-and-fibroids/

[41] Racial disparities in women's healthcare. (2020). *Royal College of Obstetrics and Gynecology.* Available here: [https://www.rcog.org.uk/globalassets/documents/news/position-statements/racial-disparities-womens-healthcare-march-2020.pdf].

[42] Racial disparities in women's healthcare. (2020). *Royal College of Obstetrics and Gynecology.* Available here: [https://www.rcog.org.uk/globalassets/documents/news/position-statements/racial-disparities-womens-healthcare-march-2020.pdf].

[43] Helping refugees and asylum seekers to find healthcare. *Refugee Council.* Available here: [https://refugeecouncil.org.uk/latest/projects/helping-refugees-and-asylum-seekers-to-find-healthcare].

## Language and cultural barriers

It is vital that people who menstruate have access to information which is linguistically and culturally relevant, and can provide them with clear service pathways, as well as important MSRH warning signs, with experts in an environment in which they feel safe. As one of the people we work with explained:

> *"Asylum seekers are from shy countries. We don't talk about periods. In another language people might avoid coming to the session."*

This insight highlights the need for services which cater specifically to the language needs of asylum seekers and refugees, or spaces which have been constructed with their language needs in mind. Education programs like ours have experts with knowledge of the needs of vulnerable people who menstruate and what works to support them; such programs can support access and awareness, and create greater trust towards the healthcare system.

## Differing Needs

Refugees and asylum seekers are often particularly in need of health support. The physical and mental effects of prior experiences, from leaving their home country until arrival in the UK, can be difficult. This quote from a person that we work with highlights how the physical and mental effects of prior experiences can impact accessing treatment:

> *"Is there a way of assessing what I'm feeling because of the menopause or not, because maybe it's other things, like I've not settled in this country so well I have family problems."*

Such anecdotes illustrate the need for a targeted, holistic approach to support those that we work with; working with healthcare professionals, community organisations and cultural centres to support the multi-faceted concerns many refugees and asylum seekers who menstruate are dealing with.

In addition to these particular health needs, navigating the UK healthcare system can be complex for refugees and asylum seekers who menstruate - especially when people do

not have the confidence and language skills to communicate in English and successfully find healthcare options.

As one of the people we work with explained:

> *"For me, a ten-minute GP appointment is not enough, sometimes it takes me 10-15 minutes to say my sentence because English isn't my first language"*

From this statement, and multiple similar anecdotes we have heard, it is clear that current services do not meet the specific language requirements of refugees and asylum seekers. There is a need to offer more information about access to interpreters and chaperones during healthcare appointments, in ways that are attainable and trusted by these communities.

## Unmet Needs

Multiple reports have shown that the specific needs of refugees and asylum seekers are not being met by the UK healthcare system.

A report by Doctors of the World[44] showed that asylum seekers and refugees were missing out on vital health services due to refusal by GP practices and other services to register them as patients. In their study, Doctors of the World showed that almost one quarter of practices (23%) refused every attempt to register a patient, and a further 15% gave inconsistent responses to registration.

This report correlates with the anecdotal evidence that we have from the people we work with, who continually ask for clarification around whether healthcare services are free, and if they have the legal right to access GP services. We believe, through conversations in our educational sessions, that there is a dearth in accessible and inclusive information provided to refugees and asylum seekers about their rights to accessing treatment and healthcare services in the UK.

From the evidence we have provided, it is clear that refugees and asylum seekers do not have access to the same level of service as many in the UK, due to both their race and immigration status. It must therefore be a priority of this consultation to audit the services currently available to those we work with; develop partnerships with

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[44] Registration Refused. (2018). *Doctors of the World*. Available here: [https://www.doctorsoftheworld.org.uk/wp-content/uploads/2019/08/Registration-Refused-final.pdf].

community organisations to rebuild trust with those that we work with; and to implement a full NHS training programme that educates and informs staff of the specific needs that asylum seekers and refugees have.

Thanking you in advance for your consideration.

***September 2023***