Written evidence from Wellbeing of Women [RHW0079]

Provision of effective education and quality information for girls and women on what constitutes a normal period, awareness of female reproductive health conditions and when and how to seek support

Menstrual health remains a neglected area within education, with many young people lacking a clear understanding of the physical, emotional, and social impacts of the menstrual cycle. Girls, in particular, are often left unprepared for what to expect, how to manage their symptoms, or when and how to seek help. This lack of early, comprehensive education leads to missed opportunities in learning, social participation, and self-advocacy—made worse by period-related shame, stigma, and misinformation.

Critically, educating girls alone is not enough. When influential figures in their lives—such as teachers, caregivers, and peers—lack understanding or perpetuate stigma, girls are more likely to be dismissed or belittled when they voice concerns or seek support. This not only undermines their confidence but also contributes to harmful patterns of normalising or ignoring symptoms that may signal serious underlying conditions.

To create lasting change, menstrual health education must be embedded across the whole school ecosystem. This means engaging both girls and boys from an earlier age and equipping teachers with the knowledge and tools to foster supportive, stigma-free environments. Only through inclusive, systemic education can we break the cycle of silence, shame, and delayed care that begins in school and continues into adult life.

Period-related symptoms are negatively impacting girls' lives and holding them back

Wellbeing of Women's award-winning "Just a Period" campaign has reached millions with vital health education and advocacy, challenging the dismissal of debilitating period symptoms and encouraging over 40,000 women to use our Period Symptom Checker, with more than 90% advised to seek GP help.

In December 2023, we conducted carried out a survey with censuswide survey of 3001 UK girls aged 12-18, which revealed the serious impact of period-related symptoms on girls and the urgent need for better menstrual health education for young people.

Almost all the girls surveyed (97%) told us that they had experienced period pain, with 4 in 10 classing this pain as 'severe', and a quarter experiencing pain every period. Furthermore, 92% experience such heavy bleeding that they have to change their daily activities, with 10% saying this happens every period.

Despite a high proportion of girls experiencing pain and heavy bleeding, when asked what has or might stop them from seeking help, 35% said it's because they've been told pain is normal and 25% said it's because they'd been told heavy bleeding was normal.

These symptoms, accompanied by a lack of knowledge of what a 'normal' period is means girls are delaying getting treatment and putting up with symptoms that have a huge negative impact during their important teenage years. Missing school due to period symptoms is not uncommon – 36% of girls aged 12-18 have missed days of education for this reason. It's also taking a devastating holistic toll, 20% said they experienced a time when their symptoms have left them

bed bound, 44% have been unable to participate in sports/physical activity, and they also said their period symptoms make them feel sad (43%), unmotivated (40%), anxious (39%), down about themselves or appearance (38%), depressed (33%), angry (31%), and lonely (19%).

There is not currently enough reliable education for girls and boys on menstrual health

Our survey data also revealed that girls want more information on what to expect and how to prepare for their periods, they also want information about period symptoms and how to get help. 60% of the girls surveyed agreed with the statement, 'I wish I was given more information about what to expect and how to manage my period before it started' and 80% agreed that 'Information about period-symptoms like heavy bleeding/severe pain and how to get help should be taught at school age'.

Schools represent a vital touchpoint for sharing trusted, evidence-based information for young people, yet most menstrual education is coming from parents or friends, which is often rife with misinformation. Six out of 10 girls learn about periods from their parents. But sadly, we hear from many women that their parents were a source of misinformation, or they normalise symptoms that need attention (often because they themselves have been normalising their own challenging period symptoms for years).

If girls aren't taught about period symptoms and when/how to seek help from a trusted source, they turn to one another -after their parents, friends were the most common source of support for girls, with 30% turning to peers for help on periods and menstrual health. Although peer-support is an important part of teenage years, it can also lead to normalisation – or shaming - of symptoms and spreading misinformation found online. Sadly, in a previous survey, we found that half (50%) of women aged 16-24 who have been shamed in relation to their period symptoms said a friend was responsible.

It is important to recognise that education for boys and men on periods is equally critical to reducing stigma and empowering women to seek treatment when needed. In November 2024, we conducted a survey with 1502 men aged 16-65 to understand their attitudes and beliefs around menstruation, which revealed a concerning lack of knowledge and stigmatising beliefs which could be contributing to period-based discrimination. Almost a quarter (23%) of men surveyed agreed that women are overly dramatic about period pain and bleeding, a third (33%) agreed that there are so many options out there now, it is easy for women to manage period related symptoms, and over a third (35%) agreed that they would be hesitant to promote someone who frequently took time off for their period related symptoms.

To make meaningful change, we need to like at the wider school ecosystem

To meaningfully improve long-term outcomes for girls, it isn't enough to target students alone. If a student is empowered by learning, but then dismissed, shamed, or denied support by a teacher or wider school environment, it reverses the empowerment and leaves them further disempowered.

All staff have to interact with menstruating students and may need to manage the physical and psychological impacts of this within a classroom setting.

Sadly, this isn't currently happening well. Our surveys revealed that half (53%) of women and girls have been shamed in relation to their period symptoms and almost 1 in 5 (17%) say a teacher was responsible. The PHS Period Equality Report reported that one in six teachers (16%) had prevented a student who has periods from using the bathroom during class[i].

Solutions and innovations to improve menstrual health education

We are conducting work across our three strategic pillars to improve education for young people on what constitutes a normal period, female reproductive health conditions, and when and how to seek support.

Digital health education

Our 'Periods information hub' has information and support for young people to help them learn the basics when it comes to periods. We have also launched a strategic educational partnership with Vichy Labororatoires to create e-learning modules that explain the science behind hormonal changes at four key each life stages – including puberty and menstruation - what impact these changes can have, how to improve wellbeing and talk about hormonal experiences with confidence.

RSHE lesson plans

We believe the greatest way of making a generational impact is to embed menstrual-head education as part of the curriculum, where all staff are trained and empowered to teach boys and girls about menstrual health and support girls to manage their periods. As such, we are currently piloting menstrual health lesson plans and developing a wider package of support and recommendations targeted at teachers, wider school staff, and parents to help them create a supportive whole school environment for students.

In collaboration with PSHE Association and medical/research/lived experience experts, we have developed menstrual health lesson plans covering KS3 and KS4 with the following learning objectives:

- KS3: To learn more about menstrual health. Students will be able to:
    - explain how menstruation can impact physical and mental health and emotional wellbeing
    - identify misconceptions about menstrual health and describe strategies to challenge these
    - evaluate strategies to manage menstrual health

- KS4 To learn about seeking help for menstrual health concerns. Students will be able to:
    - identify when to seek help for menstrual health concerns or symptoms
    - identify barriers to seeking help for menstrual health and describe strategies to overcome these barriers
    - explain or demonstrate how someone can seek help and support for menstrual health

We are currently holding workshops with teachers and will be piloting our lesson plans throughout the Autumn in collaboration with Prof Sharon Dixon and Prof Joyce Harper, with the intention of launching the resources nationally in Spring 2026.

Investing in research

We're currently funding Dr Abbie Jordan and her team based at the University of Bath. They are working with male and female students, teachers, staff and parents in schools across the UK to conduct the first study to understand how periods and period pain influences the school lives of UK teenage girls. By the end of the project, they aim to:

- better understand the challenges teenage girls face in participating in school life during their periods and identify ways to reduce these difficulties.
- explore what teenage girls, parents/carers, and school staff in the UK know and believe about period pain.
- provide education sessions for teenage girls, boys, parents/carers, and school staff in participating schools. These sessions will aim to improve support and management of period pain for girls.

Protocols and training to raise awareness in the healthcare sector about girls' and women's reproductive health and to ensure healthcare professionals listen to girls and women with empathy and provide appropriate information and advice/Any other local examples of good practice in improving diagnoses, waiting times and treatments.

Women and girls delay seeking help for period-related symptoms and struggle to access treatment and support once they have sought help

A lack of knowledge on what a 'normal' period is, compounded by societal normalisation, shame and dismissal means girls and women are delaying seeking help. Our surveys revealed just over one in 10 (11%) women can correctly identify all the signs of heavy menstrual bleeding (HMB) when presented with a list. Only half knew that passing large blood clots (54%), having periods lasting more than 7 days (51%) and needing to use two types of period products together (48%) could indicate heavy bleeding, and fewer knew that feeling tired or short of breath a lot (39%), or avoiding daily activities because of bleeding (34%) could be a sign of HMB.

This poses the challenge that even if girls are women are experiencing symptoms, and asked directly if they have HMB, they are likely to say no – so it's vital to raise awareness and update the way healthcare professionals ask about women's experiences of periods, moving from, 'do you have heavy periods' to, 'have you experienced any of the following' or 'how does your period affect your day-to-day life'.

According to our data, more than half of all women (57%) say they have found it difficult to access treatment and support in relation to their periods and, on average, women who sought help say there were 22 months between heavy and painful period symptoms starting and their first appointment with a healthcare professional.ii

Unfortunately, upon seeking help from a healthcare professional for period-related symptoms, many women and girls report that their appointment could have been better - two-thirds (67%) felt they could have been more supported to help manage their period symptoms effectively. When asked to elaborate on why they hadn't felt supported, 50% felt like their symptoms weren't taken seriously, 42% said the appointment felt rushed, 36% didn't feel listened to, 28% weren't given enough information, 27% didn't get a diagnosis and 23% didn't get treatment.iii

To improve earlier diagnosis and improved experience within the health system, we believe girls and women should be routinely asked about their periods when seen by healthcare professionals at existing touchpoints, and primary care professionals should be given access to more information and ongoing support to help patients with menstrual health problems.

Helping women and girls seek help sooner: Wellbeing of Women's Period Symptom Checker

Wellbeing of Women's Period Symptom Checker invites women to answer a few short questions online about their heavy bleeding and pain, resulting in guidance, such as education about their menstrual health, self-care tips or advice to visit their GP. It also provides a letter that they can take to their GP to advocate for support, if the checker finds that their answers warrant medical investigation.

It was developed over a 9-month period, in conjunction with GPs, gynaecologists, pharmacists, women's health researchers and women with lived experience.

The Checker aims; to help shorten the time between a woman first experiencing heavy bleeding and/or painful periods and seeking medical help if they need it, to get more women to see their GPs for periods if they need to and provide them with info about their symptoms if they do, and to educate women about their menstrual health so that they feel better able to self-care and advocate for help from healthcare professionals.

The Period Symptom Checker has been an immediate success and is succeeding in its goal to empower women to seek treatment. It has already been used by 41,000 people in its first six months, it has a 73% completion rate, and of those who were advised to speak to their GP by the checker, 62% said they had (when asked two weeks later), and 67% of the rest said they planned to.

Quote from a young person who used the Period Symptom Checker;

"The Period Symptom Checker helped me to be empowered, making me a better advocate for myself. As a young person, I've found that doctors haven't always taken my symptoms seriously. Despite the clear impact that endometriosis has had on my life, with me missing school regularly due to severe periods, I've been repeatedly dismissed. Checking my symptoms made me feel empowered, as it meant that doctors couldn't ignore my experiences and had to find better ways to manage my condition."

Currently, the Checker only asks users about heavy bleeding and pain as these are the main symptoms that women tell us they experience related to their menstrual health. Other symptoms related to periods such as irregular bleeding, depression or anxiety are not included at the moment, but we hope to expand the questions to cover more symptoms in the future. It is also not a diagnostic tool but a way to educate women about their health and empower to seek help if they need to.

The adequacy of funding for Women's Health Hubs and the broader Women's Health Strategy for England

We'd like to see a stronger political commitment to the Women's Health Strategy as well as more sustained funding for its delivery.

The women's health strategy means a lot to us as a charity. Its publication in 2022 coincided with the expansion of our work from solely funding women's health research to educating women and pushing for change. Asking almost 100,000 women what needed to change was groundbreaking and it showed us all what needed to change.

We cannot ignore the impact of making women's health a political priority. Beyond the improvement of millions of women's lives, there's a strong economic case; for every additional £1 of public investment in obstetrics and gynaecology services per woman in England, there is an estimated return on investment (ROI) of £11. The establishment of women's health hubs has helped more women to access a range of vital services closer to home. Where successfully implemented, they have improved women's access and experiences of care by better integrating the services and support they require throughout their life. We also welcomed better access to oral contraceptives through local pharmacies (2023) and the recently updated RSE guidance calling for more comprehensive education around menstrual health conditions.

Despite this, progress is not evenly distributed: women in marginalised communities and deprived areas still face worse access, longer delays, and poorer outcomes. A strategy cannot be deemed a success if it lets down those most in need. Some Women's Health hubs are well developed, but others lag behind. We don't know whether local services have the resources and workforce to sustain and scale up the seeds that have been sown. This is only exacerbated by the Govt withdrawing national funding incentives for the hubs. It cannot be a local priority without ongoing sustainable funding.

Local authorities must deliver a joined-up approach to commissioning to end the fragmentation of services and to ensure that women and girls can get their sexual and reproductive health care needs met in one place. Many of the women on the gynaecology waiting lists could be managed within the community, for example coil-fittings for heavy bleeding or colposcopy, which would ease the burden on secondary care waiting lists and improving access to timely care. This requires sustained funding for women's health hubs, or ringfenced funding and specific targets for women's health within the neighbourhood heath model, in addition to investment to deliver wider objectives in the Women's Health Strategy.

Adequacy of provision of free period products for girls and women who need them

Everyone deserves the right to provision of free period products and no-one should be concerned about finances in relation to their periods.

We are fully supportive of the period product scheme in schools and would like to see this continue long term. We have seen this work most effectively when accompanied by education and support on the different type of products available and how to use them. It's also important to consider where these products are placed and who can provide them to minimise any stigma or shame – for example girls should not have to ask for them in a public space like reception but should have a trusted member of staff to go to.

Alongside provision of period products, we should also be raising awareness of heavy periods and symptoms that may need medical help. For instance, if girls in schools are needing 'extra heavy' products or 'nighttime pads', this could be an indication that they may have HMB and need an intervention to avoid missing out on school, sports, or social activities and to prevent worsening of symptoms – resulting in anaemia.

Although we're pleased to see innovation within the period product space for 'extra heavy pads' or 'extra heavy period pants', which are excellent for supporting women and girls to manage heavy periods and not be held back, we are also concerned that they are further normalising heavy painful periods. It's crucial that the messaging with these products is clear that it is not normal to have to be using them every cycle, or over multiple days, and that they should seek medical help if this is the case.

Work to develop and roll out new diagnostic tools & reducing girls' and women's pain experienced during diagnosis and treatment.

Conditions such as endometriosis, adenomyosis, and fibroids are often progressive in nature and delays in diagnosis and treatment can lead to A&E admissions, blood transfusions, complex surgeries with multi-organ involvement, and infertility. Alongside huge waiting lists, the pathway to care women face for these conditions often involves invasive, repetitive diagnostics and ineffective treatments.

Receiving a diagnosis has benefits beyond treatment. It gives women validation and access to peer support and can inform life and reproductive choices. It can provide access to specialist medical care and rule out 'other' causes of symptoms. It is imperative that we invest in better and faster diagnostic tests.

As the only UK charity funding all of women's gynaecological health across the life course, we're proud to invest in typically underprioritised areas and to have supported many early career researchers and smaller project grants. We have supported research into period health for decades and have transformed our understanding of, and treatment options for, heavy and painful periods. If some of our current grants come to fruition, it could create much faster diagnosis of gynaecological conditions, and prevention of these conditions getting worse.

Our active grants include:

- **Could menstrual fluid be used as a diagnostic test within primary care for causes of heavy painful periods?** - Dr Marianne Watters is researching differences in menstrual fluid from women with heavy and normal menstrual blood loss. As part of this, she will compare menstrual fluid from women with and without fibroids and adenomyosis to see if underlying structural causes can be identified. This menstrual fluid can be collected easily and non-invasively by women themselves using a menstrual cup. This is a crucial first step towards development of a non-invasive test that could be carried out by GPs to confirm heavy periods and identify underlying structural causes, such as fibroids or adenomyosis**.** The key aim is to streamline the diagnostic process and enable women to get appropriate support and treatment at an earlier stage.
- **Endometriosis and blood clotting** - Dr Gael Morrow at Robert Gordon University is assessing if blood clots, and the molecules involved, differ in women diagnosed with

endometriosis to understand why endometriosis causes heavy menstrual bleeding. This could pave the way for a blood test to diagnose this condition.

- **Setting the priorities for future research into problematic menstrual bleeding.** Abnormal uterine bleeding (AUB) can refer to heavy, irregular, or prolonged periods and affects around four million women in the UK. It can have a devastating impact on quality of life, lead to further health complications, and is a huge financial burden for women, their families, the NHS, and society. Despite how common and debilitating AUB is, it's still an underfunded and under-researched area. We're supporting co-leads Dr Jacqueline Maybin, Dr Gemma Sharp and their team to set the top 10 research priorities for the future of AUB via a James Lind Priority Setting Partnership. This will bring together the voices of patients, carers, and clinicians to find the most important areas of research need that also have the biggest impact for the women affected.

But our investment in research alone isn't enough. We need to see larger scale investment to create a pipeline of new diagnostic and treatment options that can be taken forward by industry. It takes an average of 17 years to turn a new idea into a treatment or medical procedure, so we must start now.

Addressing racial biases and discriminatory assumptions in the diagnosis, treatment and pain management of women's reproductive health conditions.

Cultural taboos can prevent women speaking openly about symptoms or knowing how to discuss their periods with medical professionals. For example, words like periods, vagina and vulva are hyper-sexualised, and can carry shame and stigma. They may even have translations that are derogatory.

In some faiths, periods can be seen as 'dirty', and women are restricted from participating in certain activities during this time.

Among some ethnic minority communities, misconceptions about medications used for heavy and painful periods – which also serve as contraceptives – can prevent women and girls from accessing the treatment they need. Contraception is often incorrectly linked to sexual activity or promiscuity, with the belief that it signals sexual behaviour outside of cultural norms. This stigma around contraception, rooted in cultural taboos, may further prevent women and girls accessing treatment to manage their periods.

Furthermore, some women and girls from marginalised communities may not be empowered, or have autonomy, to make decisions about their own gynaecological health.

Language barriers and low health literacy heavily impede access to services. Information resources can be inaccessible, not culturally relevant or translated, so women may rely on husbands or relatives to interpret medical information. This information can then be misrepresented due to bias and reduces women's autonomy in treatment decisions.

Women from diverse cultural and linguistic backgrounds also feel that healthcare providers show unconscious bias when delivering care to patients from diverse communities.

As an example of the direct impact on care, we know that Black women are more likely to develop fibroids, with earlier onset and symptoms that are more severe yet they are also more likely to have their pain dismissed by healthcare professionals.

To counter these disparities in support for women from marginalised backgrounds, we must understand the myths, stigmas and barriers that exist across society and different communities in relation to menstrual health – supported by research – and gain an understanding of how to empower women from ethnic minority groups to get support for period symptoms.

It is also important to have representation of women and girls from these ethnically diverse communities – spokespeople, advocates, and healthcare professionals who speak the same language, share faith and reflect the same cultural and racial backgrounds, to engage effectively with these groups. This builds trust and helps women and girls feel the information is relevant to them.

The Health Collective

Wellbeing of Women chair the Health Collective, which emerged out of the urgent need to do more to ensure all girls and women receive the best care, regardless of their background or the community they belong to. It is made up of and led by grassroots organisations, representing women's voices from every marginalised community in our society. Together, we are feeding into the women's health strategy and working collaboratively to overcome challenges.

The Health Collective has identified key areas that urgently need action to drive forward progress;

- **Cultural competency training for healthcare professionals**, so that they can effectively engage with people from different backgrounds and respond to their health needs
- **NHS Women's healthcare information and communication to be designed for diverse communities**, so that everyone can understand and advocate for themselves
- **The Government working with grassroots organisations who have built trust and support in their communities** to overcome women's health inequalities in marginalised groups
- **Increased visibility and involvement of marginalised communities in women's health research and data collection** so that prevention, diagnosis, and treatments in the future are effective for everyone.

Potential impact of the10-year Health Plan for England on the treatment of girls' and women's reproductive health conditions.

The 10-year health plan didn't go far enough for women's health

We all eagerly awaited the unveiling of the 10-year plan earlier this year, hoping that women's health would feature in plans for change. While we welcome the inquiry into maternity care, we wanted to see national plans include the wider picture of women's health. We welcome the Secretary of State's commitment to refresh the Women's Health Strategy by the end of the year and would like to see the refresh aligned with commitments in the 10-year health plan.

We want women's health to be central to the prevention agenda in the 10-year plan, with support for schools to improve education for girls and boys about reproductive and gynae health so that talking about these issues is not shameful.

There also needs to be a relentless focus on inclusion, so no woman is left behind. We would like this done via community partnerships: by funding grassroots organisations (who know and reach their communities best) to deliver culturally sensitive outreach and education, to close those inequality gaps.

Underpinning all of this is the imperative to close the knowledge gap. This means doubling the investment in reproductive and gynaecological health research by 2030, with dedicated funding for conditions like endometriosis, fibroids, adenomyosis and menopause

Neighbourhood health could be transformational for women's health – but only if it's prioritised

Although Neighbourhood Health Models present an excellent opportunity to holistically manage chronic health conditions within the community, it is all too easy to overlook and deprioritise women's health as part of this. For them to be successful in treating girls' and women's reproductive health conditions, there should be ringfenced funding and specific targets set against women's health. We want to see a commitment to women's health specialist services being part of every neighbourhood health service.

They could also be a vital wraparound service for reproductive health – overcoming misinformation, shame or stigma and helping women with advocating for themselves and challenging dismissal. For example, it would be an appropriate space to offer educational sessions on menstrual health and managing symptoms or partner with grassroots orgs to offer support groups and guidance for those living with gynaecological conditions such as fibroids, endometriosis, PMDD, adenomyosis, or PCOS.

The NHS-app should be developed collaboratively with the people it aims to help

Based on conversations with women living with gynaecological conditions, one of the key frustrations is a lack of continuity of care and integration of records between primary and secondary care. Many report having to repeat their history multiple times or not having access to previous records. The plan for a one-stop-shop NHS app could help to overcome this, but only if designed and co-created with the communities it aims to benefit, and women are a vital audience for this.

The one-stop-shop NHS app could also be an excellent place to help women prepare for appointments and for sharing educational resources before and after appointments. For example, we often hear that women are given a diagnosis like, 'adenomyosis', without adequate follow up information. We believe this education could be provided and signposted to via the app.

Based on it's initial success, the Period Symptom Checker could be embedded as part of the digital offering from the NHS, to help women learn about their symptoms, get a letter for their GP and access guidance for making the most of their appointment

October 2025

[i] https://www.phs.co.uk/media/p01old3k/phs-group-period-equality-whitepaper-a-lesson-plan-for-toilet-access.pdf
[ii] https://www.wellbeingofwomen.org.uk/what-we-do/campaigns/just-a-period/just-a-period-survey-results/
[iii] https://wellbeingofwomen.blob.core.windows.net/www/documents/Just-a-Period-Calling-time-on-heavy-painful-periods-2025.pdf