REPORT

MENSTRUAL HEALTH IN SCHOOLS: EVIDENCE FROM VOICES WITH EXPERIENCE

Endometriosis South Coast - Portsmouth City Council

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Introduction

Menstrual health is a public health, education, and equity issue that affects thousands of children and young people across Portsmouth. For too many, painful or debilitating periods began long before they were equipped with the knowledge, support, or compassion needed to navigate them. This work was undertaken to understand those early experiences, amplify the voices of local people with lived experience, and identify what would have made a meaningful difference during their school years.

Executive Summary

Menstrual pain is one of the most common yet least recognised barriers to children and young people's learning, wellbeing, and participation. When symptoms are misunderstood or dismissed, the consequences extend far beyond the classroom.

Respondents described impacts across:

- School attendance and attainment,
- Emotional well-being and confidence,
- Access to healthcare,
- Long-term outcomes, including employment, fertility, and chronic health.

The findings highlight a clear opportunity for Portsmouth schools, healthcare systems, and families to work together in meeting statutory duties under the 2025 RSHE Guidance, particularly around:

- Menstrual wellbeing,
- Health literacy,
- Early identification of health needs,
- Inclusion of gender-diverse pupils,
- Safeguarding and attendance.

What we did

This report draws on the Period Pain Experience & Support Needs Questionnaire, completed by 538 individuals living in the Portsmouth (PO) and surrounding areas.
Responses were provided by adults reflecting on their school experiences. This retrospective approach offers powerful insight into what today's pupils may still be facing, and what must change to prevent generations from repeating the same experiences

Who we heard from

Respondents were diverse in:

- Age
- Ethnicity
- Gender identity
- Socioeconomic background

Key Findings

Across hundreds of accounts, respondents described strikingly similar experiences:

1. Shame, stigma, and silence were the norm.

Many grew up believing menstrual suffering was something to hide or endure.

"It was treated like a dirty secret.

2. Pain was normalised, not investigated.

86% said no one ever suggested their pain might be linked to a health condition

"I nearly passed out in class and was told to get on with it."

3. Education was inconsistent, superficial, or absent.

Lessons often arrived years too late, focused only on products, or excluded boys entirely. Only 4 respondents reported learning about menstrual health conditions

4. Children and young people felt unsupported by adults.

Teachers, GPs, and even parents often minimised symptoms, leading to delays in care and emotional harm.

"No matter who I talked to, I wasn't listened to."

5. Healthcare responses were dismissive and slow.

Most were placed on contraception without meaningful explanation, while underlying conditions went undiagnosed for years.

6. The long-term effects were significant.

Respondents described impacts on employment, family life, mental health, and autonomy well into adulthood.

What People Say Would Have Helped When They Were Younger

Across themes, respondents consistently wished they had:

- **Better menstrual health education**, earlier and grounded in real experience
- **Adults who believed them** and took their pain seriously in an inclusive, shame-free way
- **Clear information on what is and isn't normal,** with guidance on when to seek medical help
- **Practical support in school** — Including access to period products, rest spaces and reasonable adjustments
- **Healthcare that investigates symptoms thoroughly**

Sysyem-Wide Recommendations

The findings reveal opportunities for meaningful change to support people living with painful periods.

Key system priorities include:

1. Strengthen RSHE delivery across all schools

- Ensure menstrual wellbeing is taught early, inclusively, and in line with RSHE statutory guidance.
- Integrate pain literacy, symptom recognition, and self-advocacy skills.
- Ensure content includes gender-diverse pupils.

2. Equip teachers, school nurses, and pastoral staff

- Trauma-informed responses to pain
- Clear referral pathways into specialist services
- Practical support and reasonable adjustments

3. Reform healthcare pathways

- Early investigation
- Improve menstrual health literacy in primary care
- Choice of treatment options, explaining treatments and supporting informed consent
- Youth-centred, respectful communication

4. Support families and caregivers

- Improve parents' access to accurate information about menstrual health
- Tools to talk about menstrual wellbeing
- Awareness of what warrants GP assessment

5. Promote cross-sector collaboration

- Support schools, healthcare, and youth services to support young people and their families
- Menstrual wellbeing integrated into safeguarding, attendance, and health equity strategies

Why This Matters

Menstrual health is not just a personal issue. It is a public health, education, safeguarding, and equality priority that directly affects the wellbeing, inclusion, and life chances of young people in Portsmouth. The findings from this study highlight clear gaps that link closely to the aims of the 2025 PSHE statutory guidance, as well as wider priorities around attendance, emotional wellbeing, early support, and inclusive services.
These insights show why menstrual wellbeing must be built into local systems, so that children and young people are supported to live healthy, happy lives, and their needs and voices shape the services designed to help them.

A Local Public Health & Inclusion Priority

Portsmouth faces many of the same challenges seen nationally around health inequalities, attendance, and access to early support. Menstrual health intersects with each of these areas:

- **High levels of untreated pain** among respondents (86% severe or debilitating pain) suggest a potential hidden need among today's pupils
- **Low levels of early recognition** — 86% said nobody ever suggested their pain might indicate a health condition
- **Delayed diagnosis** — Only 20 respondents were diagnosed in adolescence; 306 were diagnosed in adulthood after enduring symptoms for years
- **Cultural and language barriers** — Over 30% of respondents identified with minoritised ethnic backgrounds, many describing cultural stigma, language barriers, or exclusion from school- and health-based information
- **Gender-diverse pupils** — 4.5% identified outside the gender binary; many described being invisible in menstrual education

These findings reflect the lived experiences of people educated in Portsmouth schools — and strongly indicate what still needs to change.

Schools

Schools are the first point of contact and uniquely positioned to change outcomes.

A central message from respondents is that **teachers, school nurses, and pastoral staff matter profoundly.**

Most respondents remembered moments where someone in school could have validated their pain, offered support, or signposted help, but didn't.

A recurring theme was:
"I just needed one adult who actually listened."

Schools are not responsible for diagnosing conditions, but they are the first environment where patterns can be noticed:

- Repeated absences
- Behaviour changes
- Physical distress
- Emotional overwhelm
- Requests for toilet access or rest

Empowering staff means better early identification, reduced emergency presentations, and improved attendance and well-being.
This report aims to support that empowerment.

Impact on Education, Safeguarding & Attendance

The data indicate that menstrual pain and related symptoms were major contributors to disrupted learning:

- Over half of the respondents missed school because of period pain
- Many missed activities, including PE, school trips, and extracurriculars
- Respondents described being punished for absences, sanctioned for missing lessons, or accused of “using periods as an excuse”, undermining trust in school systems.
- Some recalled physical distress (vomiting, fainting, severe cramps) with no space to rest and no supportive adult response.

These patterns have safeguarding implications. When students feel their distress is dismissed or misunderstood, there is a risk of:

- Avoidable school absence
- Emotional harm
- Missed early identification of physical or mental health needs
- Vulnerability going unnoticed
- Students being labelled as disengaged, disruptive, or low-attending, rather than supported

For several respondents, early negative experiences shaped lifelong patterns of avoiding health services or doubting the legitimacy of their pain.

Children & Young People's Experience of Menstrual Health Teaching in RSHE

Many respondents reported issues related to the teaching of menstrual health in RSHE lessons. Including:

- Lessons arriving years too late, sometimes after menstruating for 3–4 years
- Gender-segregated sessions, which reinforced stigma and risked the spread of misinformation for those who were not in the lesson.
- High focus on period products and how to use them, instead of menstrual health.
- No teaching on pain, symptoms, or menstrual health conditions
- Lack of information about when to seek care
- No inclusion of gender-diverse pupils

These gaps identify opportunities for schools to improve their RSHE lessons to better support young people to understand menstrual health.
By centring lived experiences, this report highlights exactly where improvements can be made.

Equity & Inclusion: Understanding Cultural & Gender Impacts

Portsmouth is a diverse city, and menstrual wellbeing intersects with culture, gender identity, language, and beliefs. Respondents from minoritised backgrounds noted:

- Cultural silence around menstruation
- Normalisation of heavy bleeding as "cultural"
- Language barriers
- Avoiding healthcare due to immigration fears
- Not seeing themselves represented in lessons or campaigns

One respondent shared:
"I've never seen a leaflet in my language. I just suffer in silence." (Asian/Asian British respondent)

Gender-diverse respondents described deep invisibility:
"There was no space for my experience."
(Transgender respondent)

These experiences underline the importance of ensuring that PSHE lessons align with the PSHE statutory guidance, which highlights the need for:

- Culturally responsive
- Gender inclusive
- Accessible across languages
- Trauma-informed

Why Taking Action Matters For Shools

Acting on this evidence will:

- Improve attendance with inclusion, supporting vulnerable pupils with safeguarding and equity.
- Strengthen early identification
- Enhance emotional well-being
- Reduce stigma
- Enable compliance with PSHE Statutory Guidance
- Reduce long-term health inequalities

Most importantly, it will prevent another generation of pupils from experiencing the dismissal, shame, and pain described so vividly in this dataset.

Who We Heard From

This study gathered responses from **538 adult individuals across the Portsmouth (PO) and surrounding area**, offering one of the most detailed accounts to date of local menstrual health experiences.

Respondents ranged widely in age, but the largest group (25–34) likely attended school in Portsmouth between the early 2000s and mid-2010s

Most respondents identified as women, but 4.5% identified outside the gender binary
Fourteen respondents were transgender.

While White British respondents formed the largest group, **over 30%** identified with minoritised ethnic backgrounds.
This diversity introduced important cultural insights:

- Some respondents described cultural stigma around discussing menstruation.
- Others described receiving **misinformation framed as cultural norms**, e.g.

"I was told heavy bleeding was 'normal for Indian women.'"

- Language barriers limited access to healthcare or period education.
- Some respondents avoided health services due to immigration or documentation concerns.

Why this matters:

- Culturally responsive menstrual health education is essential for equitable outcomes.
- Delivering RSHE materials in accessible language and ensuring representation are key steps for PCC.
- Cultural stigma increases the risk of silence, delayed help-seeking, and emotional harm

Age Of Onset & Symptom Severity

Most respondents began menstruating between ages 11 and 13, but many began earlier, including at age 9 or 10.

At the same time:

- **Nearly 90% experienced painful periods** in childhood or adolescence.
- Over 86% described their pain as severe or debilitating.

Why this matters for RSHE and schools:

- Education must begin before most pupils menstruate, ideally in Year 5 or 6.
- Severe pain is an early red flag for conditions like endometriosis.
- Schools, as the first point of contact, are instrumental in early recognition.

The demographic data also showed significant gaps in early support:

- **55 respondents said they didn't ask for help from anyone**
- Only 104 approached a teacher or school staff member.
- Very few received guidance on when to seek medical help.

This demonstrates:

- A lack of trusted adults
- A need for trauma-informed, shame-free environments
- Barriers linked to culture, gender identity, and health literacy

Thematic Analysis

This is the start of the thematic analysis, bringing together the voices of those who responded to the survey to outline challenges and recommendations for improvement.

Theme 1: Shame, Stigma & Silence

For many respondents, menstruation was surrounded by secrecy long before they attended school. Shame was felt early, absorbed at home, and reinforced in classrooms, peer groups, and wider culture.

Periods were described as:
"taboo,"
"a dirty secret,"
"something to hide,"
"something embarrassing,"
"something you deal with alone."
One respondent captured the emotional weight of this vividly:
"It was like a dirty secret. You just suffered quietly."

Stigma was reinforced through:
gender-segregated lessons,
euphemistic or clinical language,
embarrassment among staff,
lack of safe spaces to talk openly.

For many, stigma meant pain was never framed as something worth discussing, investigating, or validating. It was simply endured.

Theme 2: Pain Was Normalised, Not Investigated

The data shows a stark pattern:

86% said nobody ever suggested their pain might be linked to a health condition

Nearly **90%** experienced painful periods as teenagers

Over **86%** described the pain as **severe** or **debilitating**

Despite this, pain was rarely viewed as a health concern.
Respondents described being:
told it was **“normal,”**
told to **“push through”**
dismissed as **“overreacting,”**

I nearly passed out in class and was told to get on with it.

Respondents reported that the normalisation of pain had harmful consequences: delayed diagnosis, worsening symptoms, and years of emotional invalidation.

Theme 3: Education

Across schools, respondents described receiving menstrual education that was:

- minimal,
- product-focused,
- delivered too late (often after menstruation had already begun),
- gender-segregated,
- emotionally detached,
- medically inaccurate,
- culturally non-inclusive.

> The boys got sent out — which made it feel shameful

Only **56%** remembered receiving any menstrual education at all, and just **four respondents** recalled learning about menstrual health conditions.

Many recalled being shown a video, a diagram, or a packet of pads, but little about symptoms, pain, or when to seek help.

One respondent summarised it simply:
"They just showed us a diagram and said, 'This is what happens.' That was it."

The absence of early, inclusive, practical education left young people unprepared for symptoms they later learned were significant.

> We were told why periods happen, not what they feel like.

> It was more about products than our bodies.

> It arrived years after most of us had started.

Theme 4: Support From Adults

Respondents consistently described adults, parents, teachers, and healthcare professionals reacting to their pain with disbelief, minimisation, or assumptions that they were exaggerating.
The most common messages young people recalled were:

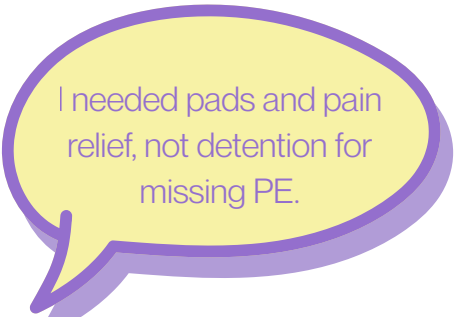
Dismissal not only delayed access to support — it shaped how respondents understood their own bodies, often leading them to assume their pain was invalid or unimportant.

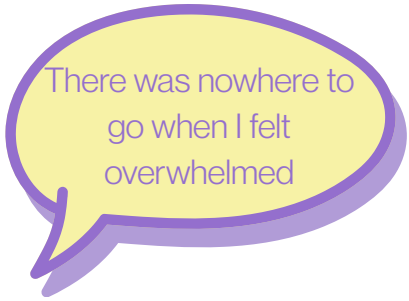
Theme 5: School Experiences

Respondents highlighted missed opportunities for support and noted that they did not feel supported with their menstrual pain.

Respondents described:

- being punished for absences caused by pain,
- being marked as **“disruptive,”**
- having no access to rest spaces,
- being denied bathroom access,
- being told to participate in PE despite severe symptoms,
- being perceived as exaggerating or trying to avoid lessons.





Theme 6: Healthcare Dismissal & Delayed Diagnosis

A dominant theme across the dataset is profound disappointment and distress in healthcare experiences.
Respondents described:
long delays in diagnosis,
being told symptoms were “normal,”
being prescribed contraception without explanation,
having symptoms dismissed as anxiety,
lack of investigation or referral.
Most were placed on the contraceptive pill at a young age without discussion of:
alternatives,
risks,
side effects,
or underlying causes.

One respondent shared:
“I was put on the pill at 13 and no further advice until I searched myself at 28.”

Only **20 people** were diagnosed as teenagers; **306** were diagnosed in adulthood
This pattern points to systemic barriers to early recognition and timely care.

Theme 7: What People Said Would Have Helped

Across hundreds of responses, what people wished for was strikingly consistent:

1. Earlier, better menstrual health education not just biology, but lived experience, symptoms, pain, and when to seek help.

2. Adults who believed them
Validation, not minimisation.

3. Clear guidance on what is and isn't normal
Including red flags for conditions like endometriosis.

4. Trauma-informed responses
Compassion, curiosity, and safety.

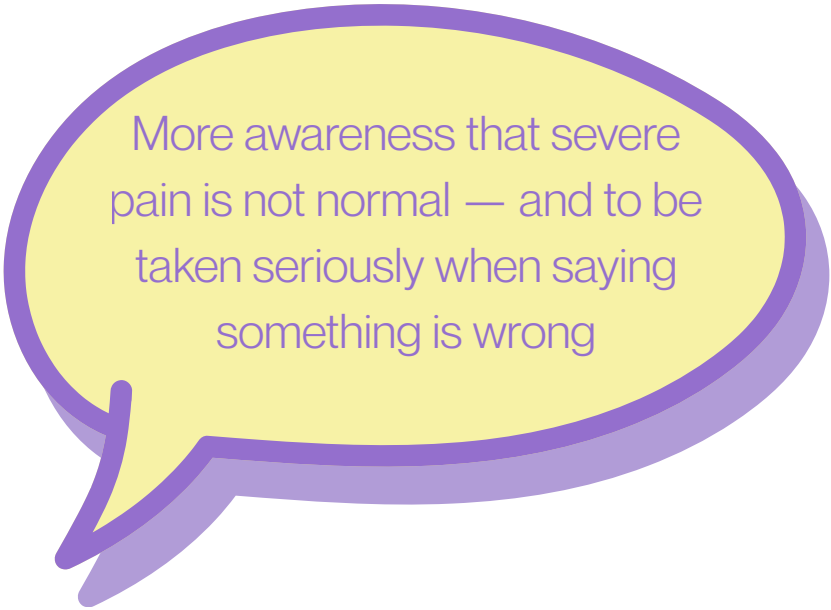
5. Supportive school systems
Rest spaces, product access, and flexible responses to symptoms.

6. Practical help accessing healthcare
GP appointments, referrals, and information.

7. Representation and inclusion
Gender-diverse pupils, disabled pupils, and pupils from minoritised ethnic groups all emphasised the importance of seeing themselves reflected in lessons and conversations

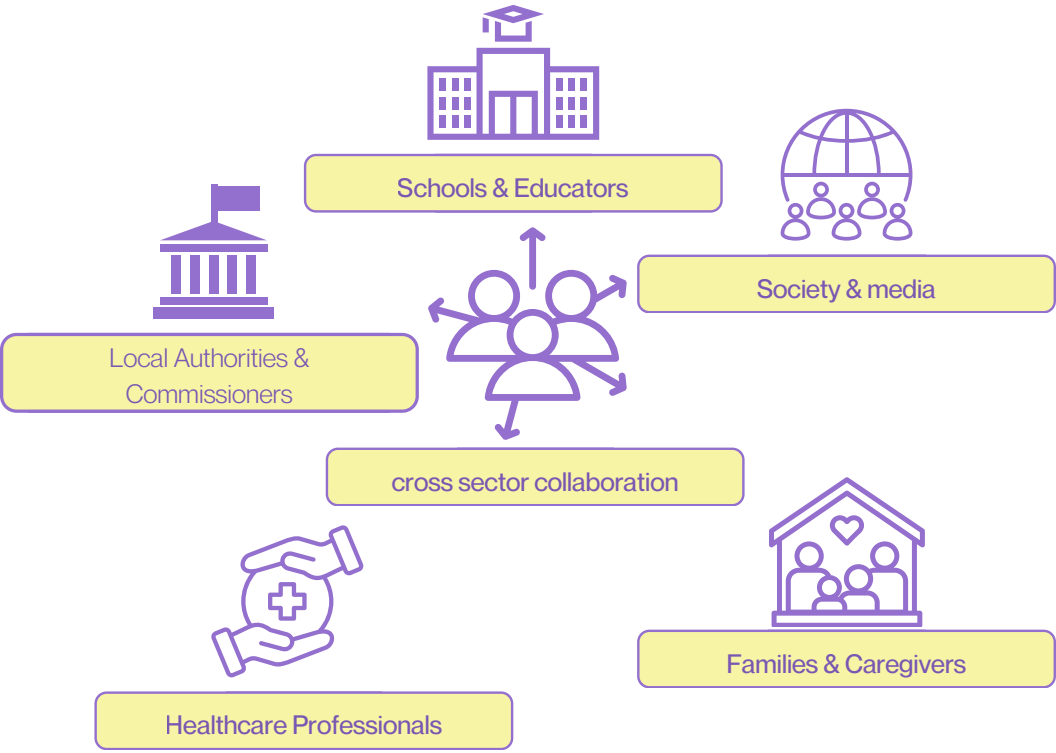
Theme 7: What People Said Would Have Helped

One respondent summarised the core message:



Recommendations

These recommendations reflect what respondents consistently said would have helped them as young people, and what Portsmouth can implement now to support current pupils.
Each recommendation is simple, direct, and linked to a key area of the system.



Local Authorities & Commissioners

- Make menstrual wellbeing a key priority.
- Enable suitable menstrual wellbeing education for professionals, families and children.
- Create a citywide menstrual health toolkit (clear, inclusive, translated, and trauma-informed).
- Set up clear early-support pathways linking schools, GPs, nurses, and youth services.
- Support community-led menstrual wellbeing and fairness projects.
- Train staff who work with young people to understand menstrual health and use inclusive language.

Cross Sector Collaboration

1. Create a Portsmouth Menstrual Wellbeing Network.
Bring together schools, healthcare, youth services, charities, and community groups.
2. Develop shared training and resources.
Consistent messaging for professionals and families across the city.
3. Implement a joint early identification pathway.
So no pupil falls between services.
4. Launch a city-wide stigma-reduction campaign.
Use youth voice, cultural representation, and inclusive messaging.
5. Routinely monitor pupil experiences.
Short annual surveys to ensure improvement and accountability.
6. Advocate for children and young people.
Support their voices being heard, and transform outcomes for children and young people.

We're here to support you

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