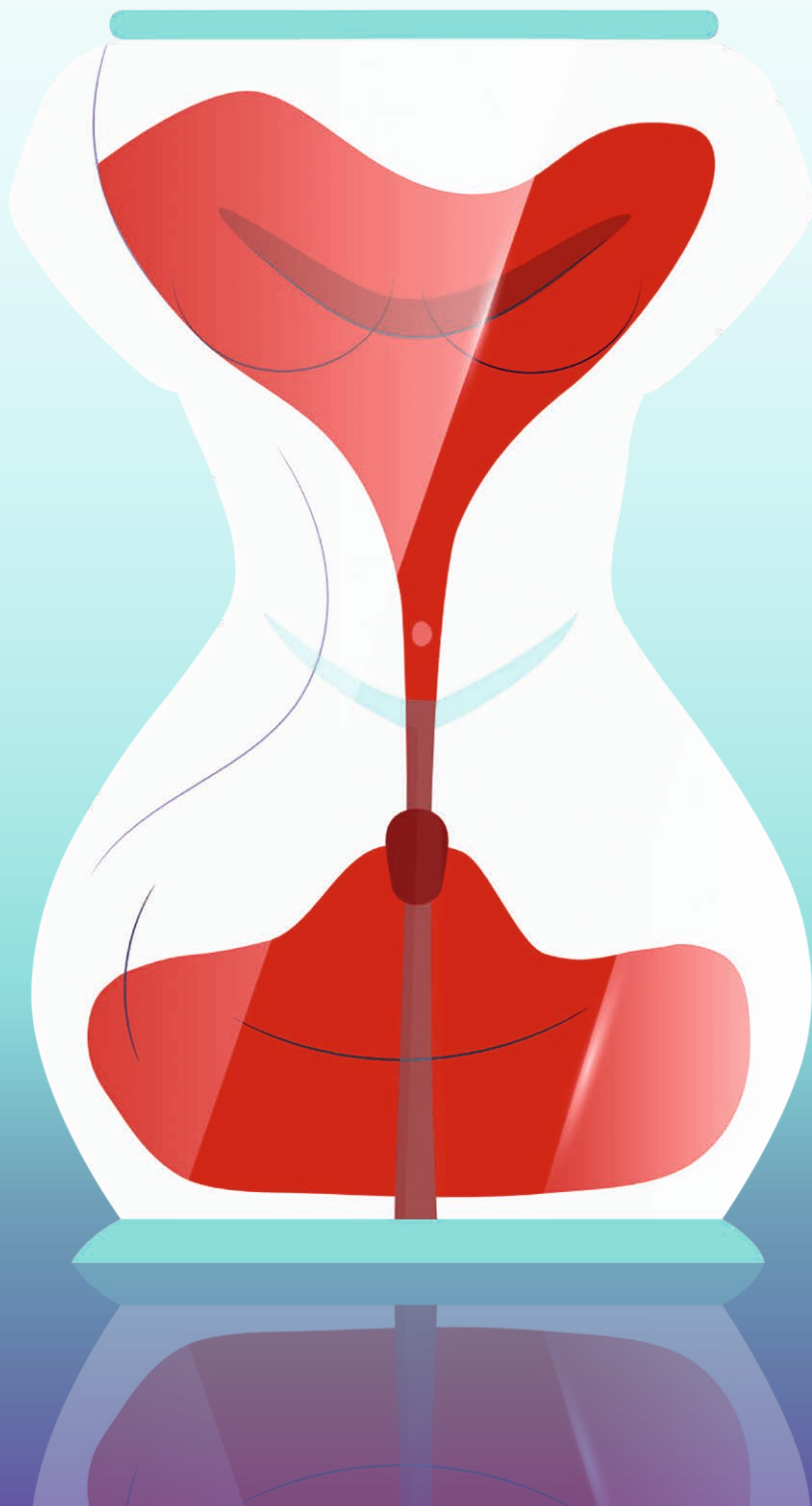


“Just a Period”

Calling time on heavy and painful periods

FEBRUARY 2025



WELLBEING
OF WOMEN

Foreword



By Professor Dame Lesley Regan, Chair of Wellbeing of Women

Most women experience 12 periods a year for up to 40 years of their lives. Menstrual periods are predictable events, but our report clearly shows that for many girls and women, problems with menstruation are all too often ignored or dismissed as “just a period”. These women are suffering from a significant health problem which often prevents them getting on with their day-to-day lives.

Symptoms of heavy bleeding and period pain should always be taken seriously and tackled urgently. Ignoring or ‘normalising’ severe menstrual symptoms will adversely impact that girl or woman’s future health and her ability to attend school, college, go to work or undertake her many unpaid caring roles. Hence, failing to recognise and resolve poor menstrual health is not limited to individual women, the consequences are felt by everyone else in her family, community and wider society.

Additionally, lack of awareness of the long-term complications of a delayed diagnosis leads to the development of more advanced or complex cases which then become more difficult and expensive to treat. This has further implications for the affected woman, NHS resources, and the wider workplace economy.

During the last few years, we have seen a definitive shift towards conversations around the menopause becoming more routine and informative. Women often suffered in silence until the Channel 4 documentary ‘The Davina Effect’ prompted women to feel more empowered to talk about their menopause symptoms and provide them with information on how to prepare for this inevitable life course event.¹ It is extraordinary that discussions about the menopause, prior to this date, have largely been conducted under the radar or secretly because of the embarrassment and stigma associated with this predictable life event.

Our goal at Wellbeing of Women is that within the next few years we will be able to say the same about menstrual health. It is unacceptable that women are suffering severe period pain and heavy bleeding in silence, or that their symptoms are dismissed by their friends, family, colleagues and even healthcare professionals. This often means that girls and women fail to receive appropriate care for easily treatable conditions.

“Symptoms of heavy bleeding and period pain should always be taken seriously and tackled urgently”

Executive summary

Women deserve better. Our report, based on three surveys of more than 7,500 women and countless other real-life stories, reveals the shocking extent to which women are putting up with pain, heavy bleeding and other symptoms without access to trusted information or treatment. And our latest figures show that, when they do speak up, they feel ashamed, stigmatised and even dismissed. More than half (51%) of women we surveyed who menstruate say having a period negatively impacts their life and almost two thirds (65%) say they wish they didn't have them.² When we drill down into the detail of this statistic, we see how wide-reaching these 'negative impacts' are – for many women poor menstrual health leads to negative outcomes on other aspects of their lives, such as health, education, careers and relationships. This is unacceptable.

Sadly, women are suffering in silence. Our research shows shame and stigma are still huge issues in menstrual health. Women need to feel comfortable talking about periods and we need to remove the fear of period mishaps, such as leaking onto clothes and bedding. Despite these mishaps happening to 86% of women who have had a period, 77% of those surveyed would feel ashamed if it happened to them in public and 45% would even feel ashamed in private.²

For women affected by heavy and painful periods leading them to seek a healthcare professional, it takes an average of 22 months from symptoms starting to seeking help.² Even when equipped with the right information to know that their symptoms are not "just a period" and should be treated, women need to jump another hurdle of ensuring their symptoms are taken seriously. 69% of women with period symptoms have sought help from a healthcare professional but the majority weren't given treatment (58%), diagnosis (84%), or a follow up referral (81%).³ Many women have told us that they have felt dismissed by healthcare professionals, who didn't take their symptoms seriously (50%). They have also told us about a lack of empathy shown by healthcare professionals when carrying out extremely personal and 'invasive' investigations.³



Alongside this report, we have launched our **Period Symptom Checker**, which will empower women and girls to seek treatment if needed, challenge dismissal, and learn more about their periods. Our **Periods Information Hub** is a crucial source of information on gynaecological conditions – it was accessed by 25,000 people in its first year. And **through our petition**, we are urging the government to act on menstrual health through better education in schools, a public awareness campaign, and by increasing funding for gynaecological research. We'd also like women and girls to be routinely asked about their periods at existing healthcare appointments and have more support in the workplace.

Together we can ensure women and girls are no longer held back by their periods.

It's not just an 'unlucky few'

A historic lack of research in menstrual health means we're only just scratching the surface in our understanding of what a 'normal' period is. This leads to symptoms that are usually signs of a gynaecological condition being dismissed as "just a period".

Untreated symptoms result in girls missing out on valuable education, and women missing work. In progressive and chronic conditions such as endometriosis,⁴ adenomyosis,⁵ and fibroids,⁶ we know that delays in treatment can result in A&E admissions, blood transfusions, emergency, complex and riskier surgeries, and can even impact fertility – all with additional, significant cost to the NHS.

It is often assumed it is just an 'unlucky few' who are dealing with these 'extreme' symptoms, but our surveys reveal that many women are suffering with difficult period symptoms, which significantly impact their lives.

62% of people in our survey of women and girls aged 16-40 said they are dealing with severe period pain – and of those who've experienced heavy bleeding (93%) almost 3 in 10 say this happens most periods (26%) or every period (28%).³

When we take a closer look at data for younger women and girls, the statistics are heartbreaking. In our survey of girls aged 12-18, 20% said they have been unable to do anything, and their symptoms have left them bed bound. Furthermore, 92% experience such heavy bleeding that they have to change their daily activities, with 10% saying this happens every period.⁸ Almost seven in 10 (69%) survey respondents aged 16-24 said they have been shamed in relation to their period, compared with 33% aged 45-65.² This shatters the myth that difficult period symptoms only affect older women.

In December 2024, the Women and Equalities Select Committee published a report showing that a lack of education, societal stigma and 'medical misogyny' had led to gynaecological conditions being overlooked, despite up to one in three women living with heavy menstrual bleeding, and one in 10 having a condition such as endometriosis or adenomyosis.⁹

The scale of this problem means it cannot be ignored any longer.



1 First period and teenage years

“I wish in primary school, when you have just learnt about your body and what a period is, they could define a normal period and provide more information on what is not normal.”

ZAYNAH, LIVING WITH ENDOMETRIOSIS AND ADENOMYOSIS



Incredibly, period education only became compulsory in schools in 2020. With stretched resources and a busy curriculum, schools tend to cover the basics, without discussing heavy bleeding and pain.

Over four in five (83%) women and girls agreed that there needs to be better education on periods in school / college / university. Almost four in five (78%) agreed that there needs to be more awareness and public conversation around periods.³

Zaynah started her period when she was 11. It was very heavy and she kept bleeding through her pads and clothes. Without this crucial education early on about what to expect, she put up with heaving bleeding for two years, resulting in anaemia and a hospital stay for a blood transfusion. She believed her experience was normal until this point.

If girls aren't taught about period symptoms and when/how to seek help from a trusted source, they turn to one another, which leads to normalisation of symptoms. 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.⁸ Sadly, half (50%) of women surveyed aged 16-24 who have been shamed in relation to their period symptoms say a friend was responsible.²

Girls experiencing period problems are also often dismissed by healthcare professionals, being told that they'll "grow out of them" when this is not always the case – and treatments could have been prescribed to alleviate symptoms.¹⁰

Cases like Zaynah's can potentially be avoided with better education about period symptoms early on in schools.

It is important to recognise that education for boys and men on periods² is equally critical to reducing stigma and empowering women to seek treatment when needed. In 2022, 73% of 18-29 year olds said that boys are not taught enough about menstruation in schools and almost a quarter (23%) of men surveyed said they have never spoken to anyone about periods.¹¹

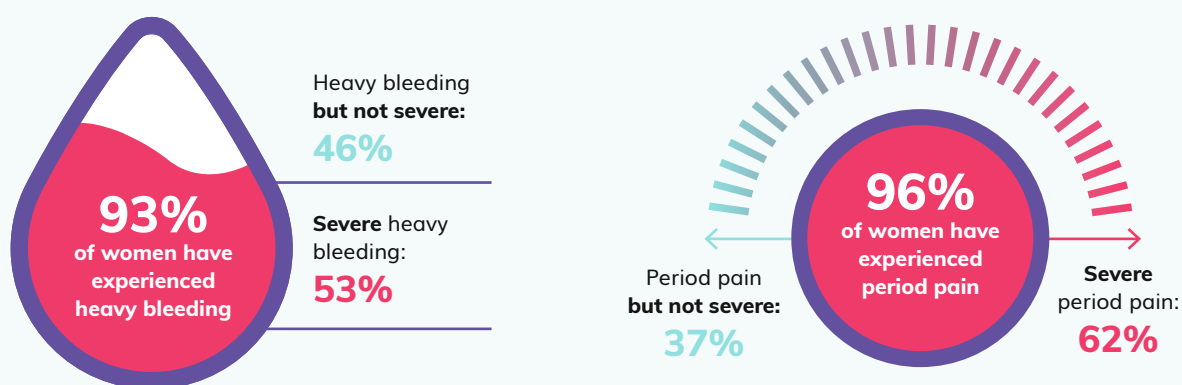
“I got my period when I was 12, it was heavy and very painful. I suffered with extreme bloating and pelvic pain. I thought that this was normal, because of the limited education that I had.”

AMBER, LIVING WITH **ADENOMYOSIS, ENDOMETRIOSIS AND POLYCYSTIC OVARY SYNDROME (PCOS)**



Amber put up with her heavy bleeding for a year. Due to a lack of education on periods, she thought it was normal, until bleeding constantly for a month prompted her to see her doctor. Like Amber, almost all the women and girls we surveyed have experienced heavy bleeding and period pain. Over half say their heavy bleeding is severe (53%), and almost two-thirds (62%) say their pain is severe.³

Experiences of bleeding and pain



Much of the information around periods starts at home. Our survey of 12–18 year-old girls revealed that six out of 10 girls learn about periods from their parents.⁸ Sadly, the information they receive is not always accurate. 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). Unfortunately, 61% of 16-24 years olds have experienced dismissal of their symptoms and over a third (35%) of these say it was by a male family member.⁸ The result is girls and young women suffer unnecessarily and delay seeking help.

“When I think about it, it was two days a month where I was absent or in school but struggling to do anything, which adds up to an awful lot of missed education. It was just due to a lack of information for me and my mum - we had no idea it wasn’t normal. The fact it’s not talked about meant we couldn’t know otherwise. “

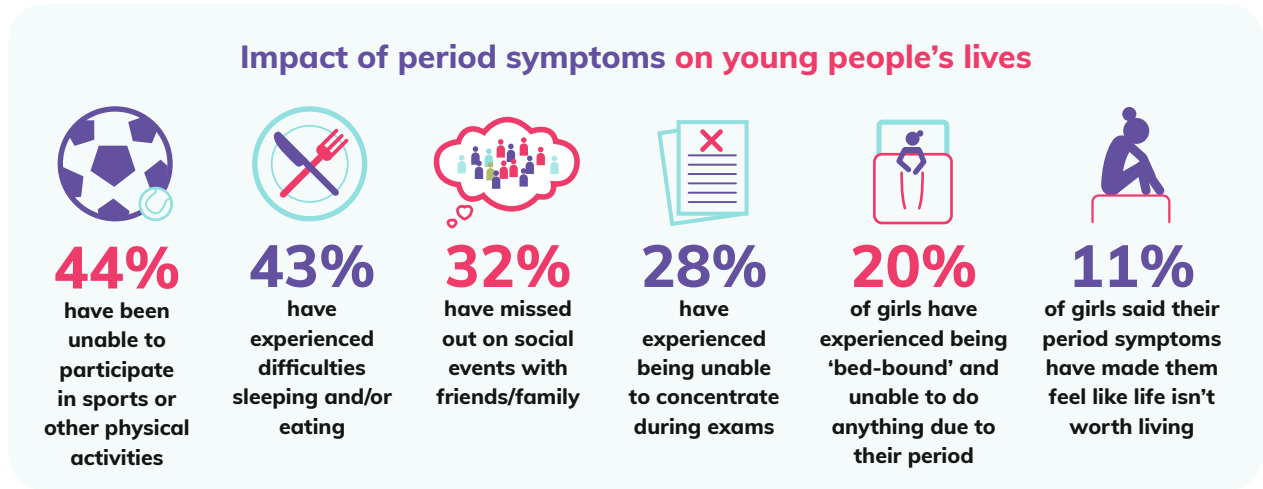
FEMALE, LIVING WITH **ENDOMETRIOSIS**

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.

Recent studies have shown that heavy or prolonged periods are also linked with worse exam results – an average of one grade lower than those not suffering these symptoms – which can have lasting impact on young people's futures.¹²

Devastatingly, 11% of girls said their period symptoms have made them feel like life isn't worth living and 45% of those aged 15 - 17 reported being unable to sleep and/or eat due to their period.⁸ Further to this, girls and young women report missing out on social and other activities, as well as a negative impact on their mental health.

“Instead of revising for my GCSEs, I was suffering with heavy bleeding and severe period pain”
 ZAYNAH, LIVING WITH ENDOMETRIOSIS AND ADENOMYOSIS



Young people should be empowered to understand and feel in control of their gynaecological and reproductive health from the moment they start their periods. Schools represent a vital touchpoint to reach all girls with reliable, trusted information relating to their health, and we believe this should be part of the existing curriculum. The school environment may also be the first experience girls of with managing period symptoms and encountering dismissal and stigma. By getting it right at school, we empower girls to navigate their menstrual health throughout their lives.

Challenge:



Solution:

While periods are on the curriculum, schools tend to cover the basics, without discussing heavy bleeding and pain. Girls are putting up with these symptoms, thinking they are normal. This leads to negative social, psychological and physical health impacts.

Better menstrual health education in schools, with interactive workshops and peer support groups that are age appropriate, informative and inclusive of both girls and boys.

2 Impact on adulthood

In the workplace

“I have been unable to work full-time, which has affected my professional development. I have lost out on career opportunities and financial security.”

ISABELLA, LIVING WITH ENDOMETRIOSIS



Moving from school to the world of work brings new challenges for women like Isabella. Over half (54%) of women and girls have taken time off work in relation to their period and 55% said they would feel uncomfortable discussing their periods with their boss or manager.^{2,3} Half (50%) of women surveyed worry that taking time off for period symptoms would negatively impact their career. This is not an unfounded fear. Nearly 3 in 5 (57%) women surveyed have experienced problems at work in relation to their period.³ Over a third (35%) of men surveyed said that they would be hesitant to promote someone who frequently took time off for their period-related symptoms. Almost a third of men (32%) felt it is not reasonable to work from home or take time off sick for period pain.²

Emma and Isabella are not alone – a recent NHS Confederation report on the economic burden of heavy painful periods found absenteeism due to severe pain during periods costs the UK economy £3.7 billion per year, while £4.7 billion per year is lost to heavy periods.¹³ Workplace policies must be put in place to support women with menstrual health issues and normalise conversations about the impact of periods.



“I repeatedly asked my employer to change their absence policy, since my absences were related to menstrual health, but they refused. Instead of getting on with work, like I wanted to, I was constantly pulled into disciplinary meetings. It got to a point where I felt suicidal. I didn’t know how to make my employer believe I had gynaecological conditions.”

LAURA, LIVING WITH ENDOMETRIOSIS AND FIBROIDS

Impact on relationships

“Whilst sleeping, I’d regularly bleed through my sheets to the mattress. I was scared when I stayed at my boyfriend’s in case I bled through the sheets there too. I found relationships difficult, because you need someone who is emotionally intelligent with a lot of empathy and kindness.”

SARAH, LIVING WITH ADENOMYOSIS

Half (50%) of respondents say their period symptoms have been dismissed by someone. When they were asked, 'by whom?', women who had experienced dismissal were most likely to say it was by their partner or a male family member (both 26%), or a female family member (20%). Male colleagues and male friends (both 19%) were the next groups of people most likely to dismiss symptoms.²

Beyond day-to-day activities, period symptoms also put a strain on relationships, with half (51%) saying they'd experienced strained family relationships and half having experienced marriage or relationship issues in relation to their period.³ Untreated period symptoms are having a negative impact on women and girls' ability to participate fully in society – education, work, sports and social activities are all affected.

Half of women

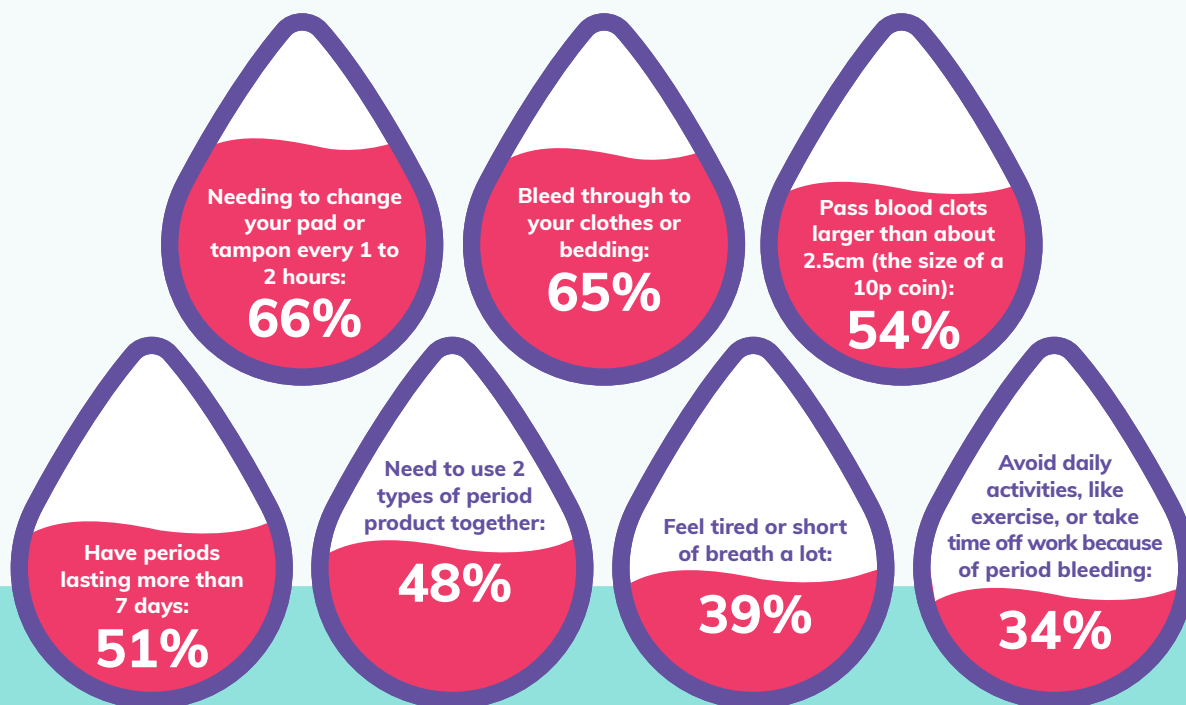
say their period symptoms have been **dismissed** by someone



Continued lack of education and awareness

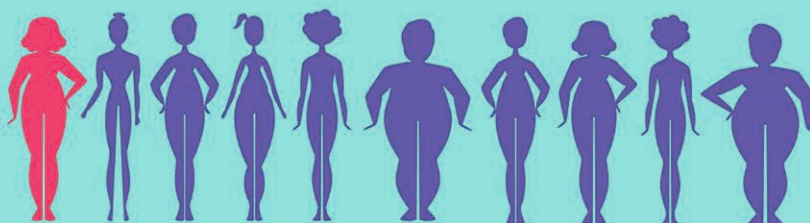
The lack of education and conversation around menstrual health continues into adulthood and the workplace is just one area where we need to talk more, and more openly, about periods. Just over one in 10 (11%) women can correctly identify all the signs of heavy menstrual bleeding.²

These are the symptoms of heavy bleeding. **How many women know this?**



Only 1 in 10 women

know all the signs of heavy menstrual bleeding



Challenge:

Women feel dismissed in the workplace and are missing out on days at work or opportunities to progress their careers, which negatively impacts them and the UK economy. A recent report shows that £4.7 billion per year is lost to heavy periods.

Solution:

Workplaces should adopt women's health policies which support menstrual health.

3 Delays and barriers to accessing support for all women and girls

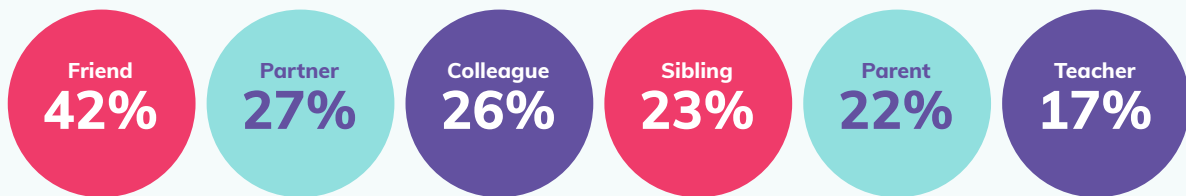
The shame, stigma and silence effect

Stigma and shame remain huge issues to be tackled, even in adulthood – 7% of women aged 16-50 have never spoken to anyone about their periods.²

And despite period mishaps - such as leaking through clothes or onto bedding - happening to 86% of women, almost 3 in 5 (57%) of women said they have had a period mishap and felt ashamed. Over three quarters (77%) said that they would feel ashamed if they had a period mishap in public – i.e. leaking through clothing or onto seats. And 45% of women said they would even feel ashamed if they had a period mishap in private – i.e. leaking onto bedsheets.²

A conspiracy of silence around menstrual health has led to generations of women feeling shame about their periods. Feelings of shame may also be caused by other people actively shaming them. Over half (53%) of women surveyed said they have been shamed in relation to their period symptoms, for example being told not to talk about it, or told it's 'gross' or 'disgusting'.²

Who have women been shamed by?



Delays accessing medical help

For those that overcome the barriers of lack of menstrual health education, stigma, and shame to seek help, there are yet more barriers to seeking diagnosis and treatment. 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.^{2, 3}



Women said that long waiting times, not wanting to ‘waste’ NHS resources, and a lack of confidence in expected care would put them off seeking help from a healthcare professional.³

If you had problems with your period, such as period pain or heavy bleeding, what, if anything, would prevent you from going to your GP or other healthcare professional?



31%

Long waiting times



25%

I don't want to waste NHS resources



30%

I don't feel they would take me seriously



27%

I don't think I would get treatment or support



20%

I didn't know there were treatment options



12%

I wouldn't feel comfortable talking about my periods

The fact that one in five women don't know that there are treatment options available for challenging period symptoms indicates a significant lack of awareness and education about menstrual health.

Experiences with healthcare professionals

“I spent over a decade battling extreme fatigue and relying on iron infusions. Despite my symptoms worsening—dizzy spells, shortness of breath, weak limbs, and blurred vision—my anaemia was always attributed to my vegetarian diet and heavy periods without further investigation. It wasn't until I found a doctor who looked deeper into the root cause that I finally got answers. She discovered a protruding bulge in my stomach, suggesting I might have fibroids.”

HENRIE, LIVING WITH FIBROIDS



Diagnosing gynaecological conditions can be complex and some cases may require surgery. However, a diagnosis isn't required to access treatment for symptoms. 69% of all women and girls have sought help from a healthcare professional (including from a GP, nurse, pharmacist, 111, A&E, or private medical help) in relation to their periods. Of those who have sought help, only 42% were given treatment to help manage their period symptoms, only 39% were given information or advice on how to manage their symptoms, and 19% were referred on to a specialist.³

What, if anything, were you given during your appointment(s) for period symptoms?



Given treatment:

42%



Given information or advice:

39%



Referred to a specialist:

19%



An explanation for your symptoms:

25%

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.¹⁴ Yet in the case of endometriosis, research shows that there is now an average wait of eight years and 10 months between someone first seeing a doctor about their symptoms and receiving a firm diagnosis, with Black women 50% less likely to receive an endometriosis diagnosis compared to White women.^{15, 16}

The Women and Equalities Select committee report, *Women's reproductive health conditions*, published in December 2024, stated that 60% of GPs do not have the time to adequately maintain professional development, and that there is a low awareness of reproductive health conditions among some GPs. As a result of slow diagnosis and lack of treatment, 'women and girls are making repeat GP visits and ending up in A&E as their conditions worsen and become more complicated to treat'.⁹



"I was always in pain. It felt like my life was coming to an end once a month. I started going to the doctors, because I was in agony. During the appointment I explained the pain that I was experiencing and was told that it was normal."

SOPHIE, LIVING WITH **ENDOMETRIOSIS**

Two-thirds (67%) of those who sought help from a healthcare professional (e.g., GP/Nurse/ Gynaecologist) felt they could have been more supported to help manage their period symptoms effectively.³

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.³

Why women feel like they weren't supported to manage their symptoms



Not taken seriously:

50%



Appointments felt rushed:

42%



Not given enough information:

28%

Challenge:

Many women and girls feel like their symptoms are not taken seriously by their healthcare professionals.



Solution:

Girls and women should be routinely asked about their periods when seen by health care 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.

Additional challenges faced by marginalised communities

The situation can be worse for women from some communities. 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.¹⁷

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,

as materials are often 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.¹⁸

Women from diverse cultural and linguistic backgrounds also feel that healthcare providers show unconscious bias when delivering care to patients from diverse communities.¹⁹ 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 severe²⁰ yet they are also more likely to have their pain dismissed by healthcare professionals.²¹

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.

To facilitate this, Wellbeing of Women convene the work of The Health Collective, which is a collaboration of grassroots groups that support women’s health in marginalised communities, with the aim of ensuring their voices and knowledge are fed into the delivery of the government’s Women’s Health Strategy, and to help address the stark health inequalities for marginalised communities across society.



Challenge:



Solution:

A lack of public information about menstrual health means many women experience stigma and shame in relation to their periods, leading them to suffer in silence and delay seeking help. Women are also not receiving the support they need from healthcare professionals when they do seek help. Women from marginalised communities are particularly affected.

A public health campaign on menstrual health and period problems for teens and young women, with a focus on reaching and supporting women from deprived and marginalised communities. Healthcare professionals should take women’s menstrual health concerns seriously.

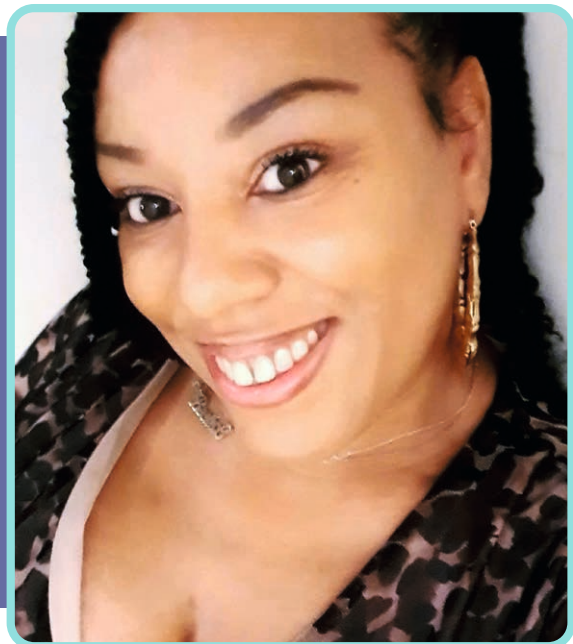
Lack of investment in women's health research

In the UK one in three women will experience a reproductive or gynaecological health problem at some point in their lives. Despite this, just 2.1% of publicly funded research spend is dedicated solely to reproductive health and childbirth.²² Five times more research goes into erectile dysfunction – which affects 19% of men – than into premenstrual syndrome, which affects 90% of women.²³

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.

“...if you catch them [fibroids] early, you can treat them with less invasive treatments. That'll be less appointments, less scans, less A&E visits and it'll be less women having to keep coming back when they're in so much pain, or when they've got infertility issues... it doesn't make sense why this isn't caught at an earlier stage.”

REBECCA, LIVING WITH FIBROIDS



A common thread in every woman's story about period-related symptoms and gynaecological conditions is the 'trial and error' approach to treatment. Many are still searching for a treatment that works for them, having to weigh up a cost-benefit analysis between living with their condition or living with side effects of medications or repeated invasive surgeries.

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.

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.

Challenge:

A historic and current lack of funding for research has led to insufficient understanding of, and treatments for, period symptoms and gynaecological conditions.



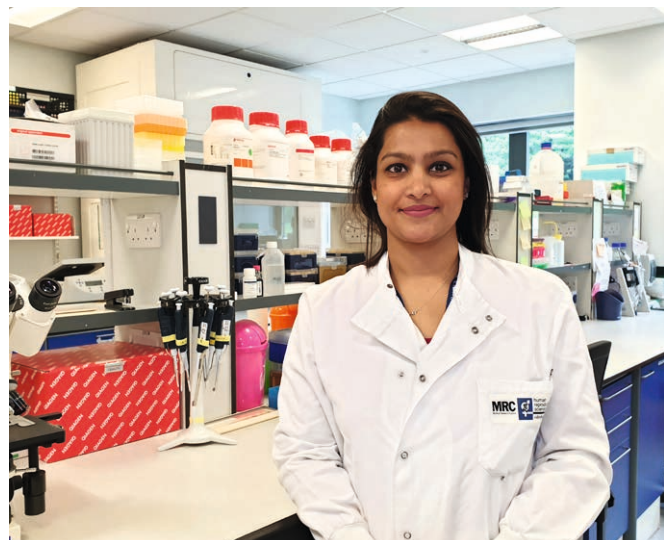
Solution:

More funding for menstrual health research to improve prevention, diagnosis and treatment of period problems and other gynaecological conditions.

4 Conclusion and summary of solutions

It is unacceptable that severe pain, heavy bleeding, and other period symptoms have been normalised. These can be signs of a gynaecological condition and will often respond to treatment, yet there is very little awareness of these symptoms among women, girls, healthcare professionals and wider society.

Women had to wait for decades for conversations around menopause to be normalised and for better awareness among healthcare professionals, which ultimately led to better care for women. The conversation around menstrual health is just as urgent – we cannot and will not wait for change.



Dr Varsha Jain, Awarded WoW Research Training Fellowship.

At the heart of this problem is a lack of understanding, made worse by insufficient research, leading to gaps in knowledge of what a 'normal' period is, resulting in women delaying seeking help and often being dismissed when they do.

A crucial part of this change will be educating and empowering women and girls to understand what a 'normal' period is. By knowing what a normal period is, women and girls can recognise when they need more help and have the confidence to advocate for their care. Wellbeing of Women's Period Symptom Checker will do just this. It will give women and girls a simple way to assess their symptoms and equip them with the information they need to have a positive conversation with their GP if needed.

Recommendations

From policy-makers to donors, educators, employers, health professionals, friends and family, we can all play our part in ensuring no-one is held back by their periods. The following recommendations will ensure women and girls are supported from before their first period, right through to their last.

Improve education and reduce stigma at school, work and at home.

- Better menstrual health education in schools, with interactive workshops and peer support groups that are age appropriate, informative and inclusive of both girls and boys.
- Workplaces should adopt women's health policies which support menstrual health.
- A public health campaign on menstrual health and period problems for teens and young women, with a focus on reaching and supporting women from deprived and marginalised communities. Healthcare professionals should take women's menstrual health concerns seriously.

Fund more research into prevention, diagnosis, and treatment.

- More funding for menstrual health research to improve prevention, diagnosis and treatment of period problems and other gynaecological conditions.

Tackle barriers to accessing care.

- Girls and women should be asked about their periods at their routine check-ups, and primary care professionals should be given more information and capacity to help support women's menstrual health.

We need to start taking menstrual health seriously. Millions of women have benefitted from breaking the silence on the menopause. We must now also call time on heavy, painful periods and ensure no one is told their symptoms are "just a period" for the benefit of millions more women now and in the future.

Note on language

Based on our August 2023 survey, 'women and girls' refers to people who have female sex on their birth certificate or gender recognition certificate, in-line with the National Census question on sex. Whilst this may include some trans women who do not menstruate, and exclude some trans men and non-binary people who might menstruate, it is statistically nationally representative. Of those surveyed, 98% had had at least one period. No national figure for the number of "people who menstruate" exists, which is why we couldn't use that phrase in relation to the statistics from our survey.

Endnotes

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Methodology:

The research was conducted by Censuswide across three surveys, samples summarised as follows:

- 3,004 UK consumers (men aged 16-65 and women aged 16-50) polled between 11.11.2024-18.11.2024.
- 3,001 UK girls aged 12-18 polled between 20.12.2023 - 29.12-2023
- 3,002 UK women aged 16-40 polled between 11.08.2023 - 17.08.2023

Censuswide abides by and employs members of the Market Research Society and follows the MRS code of conduct and ESOMAR principles. Censuswide is also a member of the British Polling Council.

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Words women used to describe their period when crowdsourced on social media

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