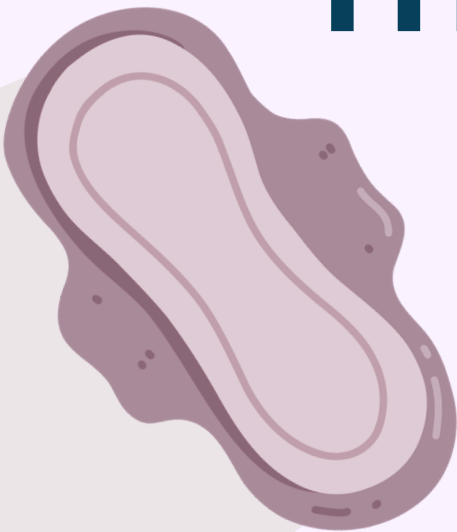




ROUNDTABLE REPORT ON MENSTRUAL HEALTH



MAY 2026

Introduction

“How do we solve this problem? Because if GPs aren’t getting the information they need to support women’s health, if schools aren’t going out and looking for the information themselves to support their children – who do we turn to?”

To mark World Menstrual Health Day on 28th May 2026, the Scottish Women’s Convention held an in-person event bringing together women to discuss menstrual health as an important issue linked to a woman’s dignity, confidence, overall wellbeing and quality of life.

The women we spoke to were keen to emphasise that menstrual health is far from a marginal issue and greatly affects them in many areas of everyday life including education, employment, poverty, sport, cultural inclusion and human rights. Although there was an agreement that some progress has been made, our session highlighted that there is still a long way to go.

Our report aims to summarise some of the key challenges raised during our session and underlines many of the continuous practical barriers which continue to shape women and girls’ experiences of menstruation.



Stigma and Shame Surrounding Menstruation

One of the strongest messages from our session was that periods are still surrounded by shame. Many of the women we spoke to said they felt that menstruation, rather than being seen for what it was, a perfectly natural process, is still being treated as something embarrassing or dirty to be hidden away. Because of this, they felt that this makes it much harder for women and girls to ask questions or seek support.

The women felt that changing attitudes from a young age would help future generations feel more confident in talking about menstrual health.

“But I think preparation will be important. And to, like, destigmatise it...because if young girls can talk about it freely, they just think, oh, yes, it's a natural stage of life that I should expect to go through.”

They also spoke about how families, culture and religion can shape whether periods are discussed openly or not.

“Coming from an Irish Catholic background, it was very much taboo. You just don't talk about how periods work.”

“...there definitely is still a lot of stigma and taboos. I had a woman last week who had menstrual blood on her bedsheet. Yeah, it was in her culture it was dirty... And it's like, shameful, and she was having to get up early to make sure that her mother and brothers never seen it, you know, there is a cultural difference there.”

“...it was whispered. Like, you know, even menopause, it was, like, the change of life. It was dirty. It was disgusting. My mother, never discussed the time of the month, the curse.”

“When I told my mum I had taken my period at age ten, she slapped me across the face and muttered under her breath that it was because we were now living in this country.”

The Need for Better Menstrual Education

The women we spoke to repeatedly said that there was a need for consistent, accurate and age-appropriate menstrual health education. They argued that many girls, young women and even adult women lack the basic knowledge about the menstrual cycle in relation to what is normal, what is abnormal, and where they should go to seek support.

The women felt that education should start before young people get their first period and there should be an explanation around what a normal cycle looks like and what different menstrual health conditions there are. Product choice and wider body literacy should also be discussed.

“I think it’s really crucial that young women and girls are given absolutely up to date, accurate, reliable information, and it needs to have a skilled delivery.”

“In my work, with young women and young girls, I’m amazed at the lack of knowledge about phases of the menstrual cycle. Even women in their thirties don’t actually know about their own menstrual cycle...and if you are not forearmed and forewarned, and you do not know what a normal period is, then that is affecting your life course.”

“We will have a period, 12 periods, a year for 40 years. So, let’s get it right. Let’s get the foundation. So that young women and girls are not scared when menstrual blood appears, that they know they’re empowered, and they know what to do.”

“If we change the culture in schools, so that these young women and girls know that it’s important to track your menstrual cycle....know when you’re in follicular phase, when you’re in luteal phase, know that this is the time when you might have a little bit of PMS, this is what PMDD looks like, this is what endometriosis is... so that we’re arming them with knowledge.”

In terms of schools themselves, one of the key topics was the insufficient nature of menstrual education. The women we spoke to felt that schools should be places where young people can learn about menstrual health, access products easily and feel supported. Instead, the women described gaps in education, products being hidden away, toilets being difficult to access and schools not treating menstrual health as a priority.

“The Scottish Government think they’ve done enough by providing that RSHP (relationships, sexual health and parenthood) education, which is the bare bones and it’s up to schools to adapt it but they don’t.”

“I work in schools and I speak to girls every day about periods, right? Because I’m just the period lady and I still get girls asking me questions that they should be told by their teachers.”

“...because most schools have [period products] in cupboards.”





“The women were also concerned that the needs of pupils with additional support needs had not been properly considered as well as the lack of support for young people managing periods during exam timetables.

“They only thought about it when it came to sort of mainstream schools, so we've got 42% of kids that have got additional support needs, but we never thought about period provision and what that looked like for those children. And that's just been a real source of disappointment for me.”

“On the exam thing, like, as part about the campaigning I do, we've got contact with the SQA to pressure them to do more education around, like how to cope with your period during exams, and they said they have no evidence to say it's an issue.”

Some of the women we spoke to also linked menstrual health to confidence around participation in sport.

“...going into school and providing a girl with a sports bra, periods pants and period cups - it can help get them to school, can stop them avoiding days at school and can keep them in sport plus keep them socialising with people”.

“I think the problem is they don't see period provision as being a priority. When are people going to realise how much it impacts somebody's school day, or they dropout... we've got 65% of people of puberty age, who then drop out after puberty, they then drop out of sports in this country.”

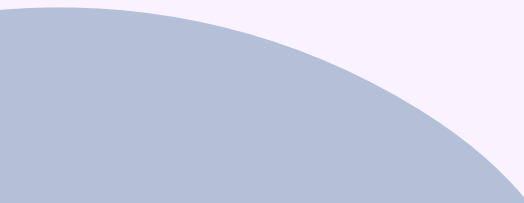
The women at our session strongly believed that boys should be part of the conversation and should also learn about periods and menstrual health. They argued that by excluding them, it makes menstruation seem strange or secretive, further adding to the stigma surrounding it. By understanding periods, boys could then respond with kindness rather than teasing or embarrassment.

“Why are we excluding boys from this education? Its making it weird.”

“I believe the boys should know, they need to know that this is the natural thing. We need to be educating them.”

“It breaks stigma because most of the time boys are laughing [at girls on their periods].”

“What you want is if a boy sees a girl with, you know, blood at the back, you want him to take off his jumper or his jacket and put it round her waist, rather than go ‘Ha, ha, ha’.”



How Periods are Shown in the Media

The women at our session expressed frustration at how menstruation is shown in adverts and the wider media. They felt that periods and menstruation are often glamorised and minimised whilst the realities of bleeding, pain, leakage, poverty and health conditions are largely hidden.

“The portrayal of menstruation in adverts. It is my absolute bug bare. You see the blue fluids going on, and the white pads and pants. And in some cultures, that kind of [thing] that’s disgusting, that’s dirty.”

“Oh, look, she’s wearing her b*dy f*rm, she’s able to jump, and she’s wearing roller blades.”

“The blue liquid on the adverts means that the stigma is right there in the middle of the media because they’re not going to show anything that’s blood coloured.”

The women felt that this kind of portrayal keeps stigma alive by sending the message that menstrual blood should not be seen and that women’s real experiences should be covered up. It was unanimously agreed that the media, advertisers and public awareness campaigns have a responsibility to show menstrual health honestly and respectfully.

Access to Period Products and Period Poverty

The women we spoke to welcomed Scotland’s free period product legislation, recognising its importance, whilst also raising concerns over how well it has been implemented. Our discussion suggested that many women and young girls still do not know free products are available; schools and other establishments are not always promoting them, and some products are locked away instead of being easy to access.

“People just don’t believe that people suffer from period poverty. They can’t understand that somebody could be sitting at home with zero products and they felt relief [when] seeing a stand with period products. We need to do more it is appalling!”

“People are always saying are these for free? Can we take these?”





“The Scottish Government passed this legislation then left it to the local authorities, and they are not doing a good enough job at all. When you're out in the areas, I had a woman come up to me at an event with a local authority at the shopping centre, and she said, ‘Thank goodness you're here, because we ran out this morning, me and my daughter.’”

The women were also worried that funding changes could reduce both the availability and quality of free period products.

“The budget is no longer ring fenced. This has happened very quietly, which means that the budget that's given to each local authority, whatever their spend is annually for period products, for the council you've got holes in your budgets or departments that need some help, they can go in and they can take that from the period products budget, which is then going to force it into a position where the local authorities are going to do the bare minimum...that's started to happen already.”

“I've got a reusable period product company. And with that, I go out with local authorities and stand in shopping centres...to promote the period's dignity app, that nobody knows about. They are not even doing the basics of getting into schools and saying to children– ‘Please tell your parents or your caregivers there is an app called ‘Pick up my period’ where you can access products.’”

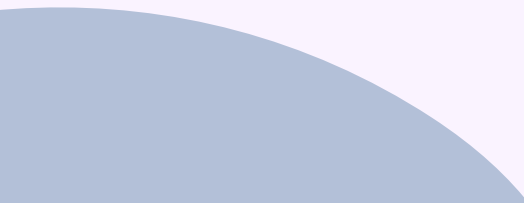
Product Choice and Quality

The women at our roundtable discussion stressed that access to period products should include information about all available products such as pads, tampons, period pants, cups and discs, so that women can choose what works best for their bodies and lifestyle.

Some of the women even felt that reusable products can be more effective particularly where heavy bleeding is an issue.

“Reusable period products like mine (cups), people have incredible experiences with [them] if they understand how they work properly. I can have a whole room full of students, and they're looking at me like... what on earth is this thing? And by the end of it...the transformation's incredible”.

“Period pants and cups, they will outperform every single disposable. There's not a disposable product that you can buy that will hold as much blood as those pants.”



Concerns were also raised over the testing, absorbency and performance of disposable period products.

“A lot of these period products are actually not tested on menstrual blood... so that absorbency rates cited are absolutely crazy.”

“We need to stop using this free period legislation to pump out non organic, poor performing products into our country. [They] are full of plastic!”

“it’s just the quality we need more education about if you are buying period products. You need to understand that if you’re choosing a [specific] brand, unless it’s organic, it’s going to have up to... in some cases 95% plastic. That can then lead into different conditions...”

Endometriosis, Menstrual Health Conditions and Medical Gaslighting

Many of the women shared powerful experiences of endometriosis, heavy bleeding, severe pain, delayed diagnoses as well as being dismissed by their GP’s and nurses. Their accounts show how menstrual health conditions affect women in many ways.

Some of the participants described feeling embarrassed, isolated and being unable to take part in normal daily activities.

“Stage four endometriosis, and I remember sitting in my higher maths and being aware that I had bled through a double pad. I’m like, I had no knowledge then. Through these massive heavy pads, I’d leaked onto my clothes, onto the chair. I couldn’t go anywhere. You weren’t really allowed to leave the hall... I remember being utterly humiliated.”

“What about... The girls who aren’t going to school because they have heavy periods?”

“I was dismissed as a teenager. My mum, God rest her... took me to our GP several times, and I was repeatedly gaslit and dismissed. I went because of heavy and painful periods and I was just constantly told by the GP it was just because my dad had died. My dad died when I was 10...it was dismissed as [being] psychosomatic. I just wasn’t coping...it was awful...and then I was diagnosed with stage 4 endo.”

The women also spoke about the emotional impact of waiting years for a diagnosis.

“I listen to my friends who have got endometriosis, and 10 years plus, they still haven’t had a diagnosis, or they’ve only had it after 10 years. And I’m thinking, oh, my God, does it really take that long?”



Participants described GPs and specialists as being dismissive of their symptoms or attributing them to weight, stress or emotional issues, ultimately leading to a failure to provide appropriate treatment or referral.

“I've not heard a single woman, and I've got over 150 women on an Endometriosis Facebook page, and not one of them has said, do you know what? I went to the doctor and I was taken seriously...and your GP is your gate keeper to all services.”

“I think for any other conditions, they would look further for more information on them...but they just see a period as something that happens to a woman every month and she's to get on with it.”

“I got my first period when I was 8, I started to get bleeding and clots and excruciating pain... I went to the doctors the first time at 12, and I was told I couldn't possibly be experiencing that, and I must be imagining it...he then he got a teaspoon and went, that's how much you bleed. I was like, no that's how much I bleed in an hour.”

“...I tried the pill... which made me nuts and then I tried different pills which also made me nuts, so I came off it all, but then I was labelled as being uncooperative. And that's the word that has been on my medical records since.”

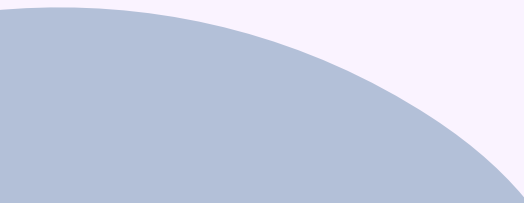
The women unanimously agreed that there was a lack of knowledge among healthcare professionals on menstrual health and so subsequently there were insufficient pathways to deal with their complex conditions.

“The worst gaslight I've ever had is from female gynaecologists, who have a normal period themselves. And they go, oh well, I can do it. So, why can't you? But it is not as bad.”

“I have been told by my GP to just keep going to A&E until they take you seriously and then also having another GP google my condition in front of me...that was humbling.”

Different Women Have Different Experiences

The women we spoke to emphasised that experiences of menstrual health are not the same for every woman and discussed such issues as culture, religion, disability, neurodivergence, poverty, homelessness and immigration status as all having a direct bearing on how easy it is to access information, products and healthcare, in addition to the stigma.



“There are asylum seekers that aren’t registered with GPs...they’re not actually going.”

“...people who are neurodivergent. I did a talk with swans... [through an] autistic network, talking about supporting young women through puberty, helping them understand, because, you know, if you have autism as a young girl...and you’ve got all sorts of sensory...communication disorders, and suddenly there is blood in your pants, and how do you manage that, and suddenly, there’s body hair.”

“...for women who are experiencing homelessness...[they] are sofa surfing, staying where they don’t know, they’re going around, they don’t have money, they have competing priorities. They can’t necessarily go into places like Buchanan Galleries to go up to toilets, if there are some, because they’re going to get chased out by the security [staff].”

Cultural stigma was raised as a particular barrier to open discussion and informed product choice.

“But also, they need to be aware, because some cultures think that a period is somehow related to sex. They think if you teach a child maybe she will go and engage herself in sexual activities.”

“...religious myths and cultural stigma makes people think that as soon as you put something into the vaginal canal, it breaks that hymen and then you’re no longer a virgin...putting an internal period product in has no impact on virginity whatsoever, and we need to go back and educate young women that this is not correct.”

“If we deliver [education] in the correct manner, you’re not disrespecting someone’s religion or culture, but you have to give them the scientific information.”

Menstrual Health at Work

The women we spoke to stated that workplaces needed to take menstrual health much more seriously and described struggling to manage symptoms at work, feeling uncomfortable talking to managers and not receiving reasonable adjustments.

“Its human rights... it’s our right to have reasonable accommodations... you know, I’m not asking for special treatment. I have a condition.”





“I don’t think people realise the impact of periods.”

The discussion made clear that menstrual health affects every part of women's lives and said that employers should trust staff and recognise that people may be working while managing difficult health conditions. They also described the emotional difficulty of explaining menstrual health problems at work.

“A lot of people don’t trust their staff. Put your trust in your staff and realise that people are getting debilitating conditions that they’re still trying to work. They’re trying to work through the condition while working for you.”

“I have been in management meetings they are saying to me why were you off? And then you are having to respond to your male boss which is uncomfortable as fk.”**

The women felt that better awareness among employers would improve wellbeing, reduce sickness absence and help women stay in work.

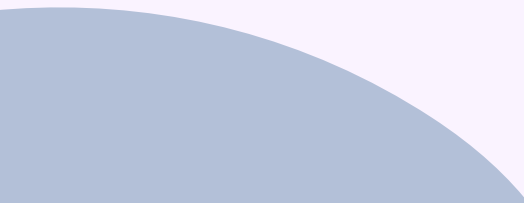
Women’s Health Must Be A Political Priority

The women we spoke to placed menstrual health within the wider picture of women's health inequality and therefore should not be treated as a small or separate issue.

“One big priority for me... to reinstate the Women's Health Minister... because I think it's so important that women's health is on the agenda as we still have so much disparity, so much inequality, and we need [one].”

The women also made clear that menstrual and sexual health each matter in their own right.

“Menstrual health and sexual health have a value in and of themselves.”



What the Women Want

The women at our roundtable event were clear about what needs to change and called for:

- Better menstrual health education in schools
- Boys to be included in the conversation
- Easy access to free, good-quality period products
- Proper information about reusable products
- Better support for young people during school, exams and sport
- Healthcare professionals who listen to women and understand menstrual health conditions
- Shorter wait times for diagnosis and treatment
- More inclusive support for women facing poverty, homelessness, racism, cultural stigma, neurodivergence or barriers to healthcare
- Workplaces that make reasonable adjustments
- Stronger leadership on women's health

Conclusion

Our roundtable event showed that menstrual health affects every part of women's lives from education, work and healthcare through to poverty, dignity and equality.

Although the women we spoke to welcomed the progress made in certain areas, they were also clear that too many gaps still remain. Period products alone are not enough and what women need is proper support and understanding and a culture that does not treat menstruation as something shameful.

Menstrual health must be taken seriously at all levels and women have a right to be believed and supported when they know something is happening with their own bodies.

As one participant reflected:

“There is incredible things happening in our country that we should be really proud of. But we need to right the wrongs, and unless somebody speaks up it's not going to get any better!”

Thank You!

The Scottish Women's Convention thank the women who took part in this important discussion.

SWC CONTACT DETAILS

348 Argyle Street, Glasgow, G2 8LX

Tel: 0141 339 4797

www.scottishwomensconvention.org

Facebook, LinkedIn & Instagram: @SWCWomen



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