

# Improving attendance and attainment through enhanced menstrual health support in schools

Dr. Gemma Sawyer, Prof. Abigail Fraser, Prof. Deborah A. Lawlor, Prof. Gemma C. Sharp, & Prof. Laura D. Howe, University of Bristol

*The first study to examine consequences of menstrual symptoms directly on attainment.*

## About the research

A recent survey from [Plan International](#) estimated that two thirds of girls have missed at least part of a school day and have felt less able to complete a test because of their period. This may be the result of [inadequate access to period products](#), feelings of shame and embarrassment, or physical (e.g., pain and heavy bleeding) and psychological (e.g., premenstrual syndrome or [premenstrual dysphoric disorder](#); PMDD) symptoms or conditions.

Less is known about the impact of menstrual symptoms on educational attainment. The 2022 [Women's Health Strategy for England](#) identified this as a key area needing more research, particularly as it may reflect both a gender inequality in attainment and a social inequality due to [period poverty](#).

Our [recent study](#), funded by the Wellcome Trust, involved 2,698 adolescent girls who reported on their menstrual experiences between 13- and 16-years-old. Linked with administrative information from the Department for Education (DfE), this study explored how problematic menstrual symptoms were associated with school-recorded absences in Year 11 and GCSE performance.



Irise International

## Key findings

- We compared the school absences (authorised or unauthorised) in Year 11 and GCSE results of students with and without two symptoms: heavy (or prolonged) bleeding and menstrual pain.
- Those with heavy bleeding, on average, were absent from school 1.7 additional days in Year 11 and scored roughly one grade lower in their GCSEs compared to those without heavy bleeding.
- Similar patterns were seen for pain, but effects were slightly smaller. Students with menstrual pain were absent for 1.2 days more and scored half a grade lower in their GCSEs than those without pain.
- These results were adjusted for ethnicity, socioeconomic position, adversity during childhood, BMI, age at first period, child and maternal mental health, and IQ. This research demonstrates possible negative impacts of menstrual symptoms on education and highlights that more support is needed in school for adolescents who menstruate.
- In follow-on work, we consulted with 25 young people (11-19 years), 8 teachers, 8 menstrual health researchers / organisations, and 4 council / government officials to identify the best avenues for improvement. We identified four recommendations, focusing on government, councils, and schools.

## Policy recommendations: national

1. *UK and Welsh Government should provide the 'Period Product Scheme for Schools and Colleges in England' (and 'Period Dignity Grant' in Wales) as statutory funding, with additional elements:*
  - a. Provide statutory guidelines for schools to maximise use of the scheme, as insights from our consultations suggest that current guidelines are not being followed, to include: advertise to students and staff, trial products in bathrooms, and provide reusable, single-use, and various sized products that meet the needs of their student population by incorporating pupil voice (including students with Special Educational Needs and Disabilities (SEND)).
  - b. Extend the funding to provide:
    - i. 'Period starter kits' (range of products and information about how to use products, identify healthy periods, and where to seek help) when students begin secondary school;
    - ii. Opt-in for regular collection (or delivery) of products, including during school holidays;
    - iii. Other menstrual-related provisions to enhance support including hot water bottles or heat packs, spare uniform/underwear/tights, and cleansing wipes.
2. *The DfE should improve the latest Relationships and Sex Education (RSE) curriculum to ensure students are provided with necessary information at the right time:*
  - a. Basic menstrual information (what a period is, access and use of products, and seek support) taught to all students, regardless of sex and gender, in Year 3 as a mandatory requirement.
  - b. Incorporate menstrual health awareness training into existing safeguarding, wellbeing, and RSE training for staff to improve understanding and knowledge.
  - c. Additional information should be provided in the 'Health and Wellbeing: Developing Bodies' content that is culturally inclusive and delivered to all students:
    - i. Primary - all period products and how to use them, phases of the menstrual cycle, the average 'healthy' period, and how to seek help and advice;
    - ii. Secondary - signs of problematic symptoms, self-management and care methods, a wider range of menstrual conditions than is currently included in the RSE curriculum (fibroids, adenomyosis, PMDD, and polyps), advocating for yourself with health care professionals, treatment options (including contraception), and the history of menstrual stigma.



## Policy recommendations: local

3. *Local councils should embed menstrual health and wellbeing into Healthy Schools Awards schemes (through its addition into the DfE's Healthy Schools Rating Scheme and the Welsh Network of Health and Well-being Promoting Schools), specifically requiring that:*
- Period products are provided to all students (as long as government funding is available) and are clearly advertised, accessible, and meet students' needs (informed by pupil voice);
  - Menstrual health education is provided annually in an age-appropriate manner to all students (lessons, assemblies, or workshops) that reinforces prior learning and progresses knowledge in line with the RSE curriculum;
  - A menstrual health policy is developed (see Recommendation 4) outlining how menstruation and related challenges can be supported, informed by pupil voice.
4. *All schools should develop a menstrual health policy (through statutory funding for period products in schools [Recommendation 1] and the inclusion of menstrual health into Healthy Schools schemes [Recommendation 3]), which is informed by pupil voice, shared with students and parents, and addresses:*
- Toilet access for menstrual-related needs (see [Irise Toilet Policy Toolkit](#));
  - Available menstrual products and provisions (including during examinations);
  - Flexible arrangements to support students with menstrual-related challenges (possible examples may include access to teaching/work during ongoing menstrual-related absences, lighter physical activity options, work in library/medical rooms);
  - Dedicated member(s) of staff ('Period / Health Lead', school nurse, pastoral team) to discuss menstrual-related concerns with.

## Further information

Tomlinson, MK. (2025). [The Menstrual Movement in the Media: Reducing stigma and tackling social inequalities](#). Springer Nature.

Plan International (2021). [Nearly two million girls in the UK miss school because of their period](#).

Department of Health and Social Care (2022). [Women's Health Strategy for England](#).

Sawyer, G., et al., (2025). [Associations of adolescent menstrual symptoms with school absences and educational attainment: analysis of a prospective cohort study](#). npj Science of Learning.

Irise International. (2024). [UK Schools Toilet Policy Toolkit](#).

## Contact the researchers

Dr Gemma Sawyer, Research Associate, University of Bristol - [gemma.sawyer@bristol.ac.uk](mailto:gemma.sawyer@bristol.ac.uk)