FINAL REPORT

An exploration of the support provided by pastoral teams in York secondary schools to support girls to manage their menstrual health HNY Health Equalities Fellowship 2024-25

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Abstract

This research project explores the role of pastoral team members working in York secondary schools in providing support to girls to manage their menstrual health. Menstrual health is under-researched, and little attention has been paid to schools as an area where girls receive support to manage their menstrual health. The study aims to understand how pastoral staff assess the impact of menstrual health on girls' attendance and ability to engage with education, the support they provide, and the information they use. Semi-structured interviews were conducted with pastoral team members from nine state secondary schools in York. The findings indicate that while menstrual health does not significantly impact overall school attendance, it affects participation in physical education and the management of menstrual symptoms. The study highlights the importance of providing accessible sanitary products and addressing health inequalities to support girls' menstrual health.

Introduction

This research project explores the role of pastoral team members in York secondary schools in providing support to girls to manage their menstrual health.

Menstrual health is under researched and in the UK little attention has been paid to school as an area where girls receive support to manage their menstrual health. There is a lack of evidence of how menstrual health affects school absence and engagement with education.

The role of pastoral team members in secondary schools has expanded in recent years. Teachers and support staff with pastoral responsibility play an increasing role in supporting children's management of their health which has not been widely explored. Pastoral teams are engaged in a wider range of support activities with pupils, which aim to maximise pupils' attendance at school, their engagement with educational activities, promote their general wellbeing and support pupils to constructively resolve problems they may face at school.

Background

The health inequalities faced by women and girls have received increased focus in recent years. The Women's Health Strategy for England (Department of Health and Social Care, 2022) outlined the inequalities which women face. Women spend a greater proportion of their lives in poor health and disability when compared with men. There are significant gaps in knowledge about conditions which affect women, including menstrual health, as health research and health care development has traditionally been carried out by men, for men.

The strategy calls for transformational change, including addressing disparities in outcomes for women.

Menstrual health and gynaecological conditions are one of seven priority areas of action for the Women's Health Strategy for England. Menstrual health is often linked to increased health inequalities for women, with women experiencing pain, low mood, and menstrual disorders. This can lead to girls being absent from school affecting academic achievement and women being absent from work, or leaving work, with long term economic consequences.

The concept of menstrual health has been defined by Hennegan et al. (2021, p32) as a "state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, in relation to the menstrual cycle." Women and girls should be able to:

- Access appropriate information about menstruation through their life course and information related to self-care and hygiene.
- Care for their bodies during menstruation, including accessing sanitary products.
- Access timely diagnosis, treatment, and care for menstrual disorders
- Experience a positive and respectful environment in relation to menstruation.
- Decide whether and how to participate in all aspects of life in all phases of the menstrual cycle.

The average age of menarche in the UK is 12.9 years (Hamilton-Fairley, 2004). Most girls will be in their secondary school years when they start menstruation and learn to manage menstruation and access appropriate sanitary products. It may also be when girls first experience symptoms of menstrual disorders (Dessole et al., 2012).

Girls' experiences of menstrual health recently received political attention, with concern about the impact of managing menstrual health on girls' ability to engage in education. A Westminster Hall debate (Hansard 2017) focused on girls' experiences of period poverty, reflecting increased campaigning around access to sanitary products. This was followed by the introduction of the period product scheme for schools and colleges (UK Government, 2024) which ran through the academic year 2023/2024 and was extended until July 2025, providing free period products to girls and women at their school or college.

Literature review

School absence is a long-standing issue in the UK, particularly affecting children from socio-economically disadvantaged backgrounds. The overall absence rate in England has increased significantly from 4.3% in 2018 to 7.2% in 2024 (Klein et al., 2022, p6).

There is significant evidence that absence from school has an impact both on educational achievement and long-term earnings. Research by the UK Department for Education linked increases in overall absence levels with decreased achievement at the end of primary school and compulsory secondary education (UK Government, 2022).

Research has long found that as well as short term effects of school attendance in terms of educational outcomes, there are longer term affects including depression of lifetime earnings. Caspi et al (1998) in the American context conducted the first longitudinal study which found a lack of attachment to school led to higher unemployment rates, which remained even after controlling for educational outcomes. They suggested that regular attendance at school promoted behaviours which were predictive of success in the labour market.

Klein et al. (2022) reviewed the UK longitudinal data sets, including the Millennium Cohort Study and found that school absences significant harmed both short term school attainment and long-term education and labour market outcomes. The study also found that there was a more significant impact at specific stages in schooling, namely during the transition from primary to secondary school and the early to middle stages of secondary school. This coincides with the timeframe in which most girls will reach menarche and learn to manage their menstrual health. The research recommended systematic health screening and interventions due to the impact of health-related absence on future participation in education and employment.

The specific impact of menstrual health on school attendance is little studied in the UK context. Various studies in developing countries have established high rates of non-attendance of girls due to menstrual health and a link to girls leaving primary and secondary education. For example, a study by Shah et al. (2022) in rural Gambia found 27% of girls in a 561-sample reported missing at least one school day per month due to menses. A systematic review by Hennegan et al (2016) found a similar effect across a range of eight low- and middle-income countries, although it failed to find evidence to support the effectiveness of menstrual management interventions aimed at improving girls school attachment.

In the UK context there is limited research, with evidence more generally being collected for campaigning purposes. For example, Plan UK (2019) carried out a poll of one thousand UK girls aged 14-21 and found that 66 per cent reported missing a part day or full day of education because of their period. 39% reported this was due to concern about leaking and 28% due to anxiety or embarrassment about menstruation. There are significant methodological limitations to Plan UK's survey, with the survey respondents being self-selecting, and no time frame given for the period in which girls reported missing school.

The role of adults within school in supporting girls with menstrual health is also unexplored in the UK context. A research project gathered teachers views on menstrual cycle education and the support they received as professionals to deliver it (Brown et al., 2022). The research found that teachers believed that menstruation was affecting girls' participation in education with 88% of the 789 sample of UK teachers reporting that girls' menstrual cycle affected participation in PE, 88% pupil confidence, 82% school attendance and 82% attitude and behaviour. The research uncovered some views among teachers which suggested supporting girls with menstrual management was affected by cultural issues, with one teacher stating, "My school is located in a predominately Asian area where these matters are not discussed" and another "It's a Catholic school so that impacts upon decisions." The study did not look at the informal pastoral support providing by school staff to support girls with menstrual management.

Method

A logic model was developed to show how pastoral support can benefit girls' management of their menstrual health, promote engagement in education and consequently reduce the cumulative inequalities girls and women may face through their lifetime.

The focus of the project is on exploring the inputs into the logic model, namely the support provided by pastoral teams. Research questions were developed which allowed these inputs to be explored with a view to establishing the extent of the role of pastoral staff in supporting girls with menstrual health, the impact that pastoral staff felt menstrual health had on school attendance and engagement with education and skills and resources pastoral staff employed in supporting girls with menstrual health.

The following four research questions were developed:

1. How do pastoral staff assess the impact of menstrual health on girls' attendance and ability to engage with education?
2. How do pastoral staff support girls with their menstrual health?
3. What information do pastoral staff use to support girls with their menstrual health?
4. What further information and support would assist pastoral staff in support girls with menstrual health?

The nine state secondary schools within the City of York Council area were contacted with an invitation to pastoral team member to participate in interviews.

In person semi-structured interviews took place with pastoral team members at each school. These were recorded and each interview was transcribed.

Semi-structured interviews were chosen as the appropriate research methodology as they are suited to studying perceptions and opinions and complex and emotionally sensitive issues. There has been no previous research on the role of pastoral staff in supporting girls' mental health and this approach allowed for participants to focus on issues which are meaningful to them, allowing for diverse perceptions to be expressed. The methodology reflected the exploratory nature of the research.

An interview guide was developed based on the literature review and research questions (see appendix 1). The guide developed key questions aimed at exploring the research questions and follow-up questions, prompts and probes aimed at directing responses towards the research questions during the interview. Interview questions were designed to be open-ended but focused.

The interview guide was piloted in the first interview. Adjustments were then made to the interview guide for subsequent interviews. This involved changing the order of questions to follow the logical flow of the conversation in the first conversation. Prompts were also added for areas of menstruation management

Research interviews were recorded, and transcriptions created. For each research question key themes were identified.

Discussion

The discussion below is structured around the four research questions.

How do pastoral staff assess the impact of menstrual health on girls' attendance and ability to engage with education?

Pastoral teams reported being unable to quantify the impact of menstrual health on girls' attendance and ability to engage with education. Absence systems did not allow for coding of menstrual health, so absences related to menstrual health could not be monitored. Three schools reported good use of notes by administrative staff to record specific reasons for absence and referrals of pupils to pastoral support where they could help with a health issue.

Pastoral teams reported providing support to girls while they were in school, however the overall assessment was that for most girls, menstrual health did not have big impact on engagement with education in terms of impact on attendance. Several respondents compared this to support girls to manage moods and anxiety, which was felt to be a far more significant issue among the population.

All respondents identified a small number of girls (1 or 2 across the whole school population) where menstrual disorders were a barrier in accessing education and led to low attendance. All respondents reported that for these girls' diagnosis of a menstrual disorder had been received or girls and their families were seeking diagnosis.

All respondents reported that participation in PE among girls was significant affected by menstruation, with most girls missing a significant proportion of physical education classes. One school reported an initiative by PE staff to encourage girls' participation while menstruating and highlighting the importance of physical activity to managing period pains. This was felt to have had a positive impact on girls' participation.

Swimming was also mentioned by the school with a swimming pool as an area where girls' participation was very limited due to menstruation.

How do pastoral staff support girls with their menstrual health?

All respondents reported playing a range of roles in supporting girls with their menstrual health. Some respondents described how this role would vary as girls matured and became more confident managing their menstrual health. All schools reported providing support to older girls about managing symptoms of menstruation when taking public exams.

The first role all respondents identified was supporting girls to build resilience and skills in managing their menstrual health. Pastoral staff supported girls when they raised issues with menstruation. Pastoral staff reported providing advice on managing pain, what flow might be normal and which period products girls could try.

The second role which respondents at six of the nine schools identified was addressing health inequalities which girls may be experiencing in terms of menstrual health. All school provided period products for girls. Pastoral staff were reflective as to how best to provide products in a way which made them accessible to girls experiencing period poverty and reduced stigma around menstrual health. All schools had different approaches. Three schools provided products in girls toilets. The other six made products available in other areas of the school, including rooms used by pastoral team members, administrative offices and classrooms. All schools had designed process which allowed girls to access products discreetly. Pastoral staff reported positives and negatives to each approach. When products were placed in toilets, all schools reported that occasionally the products were misused. One school had switched because of this, instead providing products through the pastoral team.

Overall, all respondents felt there was a general lack of stigma around asking for sanitary products. One respondent who had thirty-year experience in secondary education reported that she felt stigma around menstruation had significantly reduced over the period she had been working.

Four schools reported the importance of girls in encouraging others to access period products. They described girls who were confident and social as supporting others to access period products and reduce the stigma overall within their peer groups about speaking about menstrual health and accessing products. They described how the influence of these girls had led to productive conversations with peers and to girls using new period products such as period pants. This was felt to be important as period pants are a low-cost choice.

Two respondents reported that girls from lower socio-economic backgrounds seemed to have less embarrassment about raising issues about menstruation, accessing sanitary supplies and talking about symptoms. One school reported that girls of a south Asian background did not access period products. This was a small minority of students, and the respondent was unsure whether this was chance or due to cultural stigma around accessing period products.

All respondents reported that younger girls were far more likely to access period products. They were more likely to report that they needed products as they had started menstruating unexpectedly. This would fit with girls increasing their skills in managing menstruation as they get older and reflect the face that menstruation may be more irregular at menarche.

Pastoral staff in schools which provided products in locations other than toilets were concerned that girls having to ask for products may reduce access due to stigma. Steps had been taken in all schools to overcome this, for example promoting the scheme and allowing girls to ask friends to collect products if they felt they could not. The school which had switched from providing products in bathrooms to within the pastoral room reported no increase or decrease in usage after the switch.

One respondent reported that recently they had felt less confident in supporting girls access health information because of concerns about the attitude of parents. They

were concerned that parents would interpret supporting girls with menstrual health as unnecessarily intrusive. Three respondents described difficult interactions with parents due to stigma around menstruation and the use of contraception to manage symptoms of menstruation.

What information does the pastoral team use to support girls with their menstrual health?

All respondents mentioned using the NHS website to support girls with information about menstruation. Two schools reported using Brook Advisory pages on menstruation, which include information on the biology of menstruation and a description of 'what is normal' which both respondents felt girls found very useful.

Eight schools reported girls using health technology to track menstruation. Girls regularly used health tracking apps. Two schools mentioned that girls were using mood tracking apps which also tracked menstruation. All reported that girls found these apps useful, particularly so they knew when they may need to bring period products to school with them.

Two respondents reported school nurses as a source of information and support. This was both general information for them to use with all girls and specific advice for girls who were experiencing significant pain or heavy bleeding when menstruating.

What further information and support would assist pastoral staff in support girls with menstrual health?

Pastoral staff raised issues around the structure of the school day and the rules around girls accessing bathrooms, which they felt had an impact on girls' ability to manage their menstrual health. Most respondents (seven) reported that girls said they sometimes felt uncomfortable asking for permission to visit the toilet, particularly when their teacher was male. In discussion, several mentioned that this was potentially driven by the discomfort of the teacher.

All schools reported that girls were expected to use toilets to change period products in between lessons. However, all also reported that lack of toilets and sufficient time between lessons meant that girls were often unable to access toilets between lessons. A school where the lack of toilets was particularly significant had introduced five minutes 'movement breaks' between lessons which had significantly reduce the numbers of all pupils asking to go to the toilet in lessons.

All schools had 'toilet passes' which could be issued to girls. These were coloured cards allowed girls to access the toilet whenever they needed to while menstruating. They also meant pupils did not have to explain to teachers why they needed to go to the toilet during lessons. Other pupils including boys could also have toilet passes for health reasons. It was felt by three respondents that there was stigma about these passes. Two reported that they felt they could be used inappropriately. There was some conflict as to whether the use girls made of these should be tracked. Respondents reported this would prevent misuse but could also be unnecessarily intrusive.

Two schools reported problems with girls' managing menstruation following the introduction of unisex toilets. More girls were reported to have sought support from

pastoral workers following heavy bleeding requiring changes of clothes. This was because the girls were avoiding using toilets during the school day. In both cases the fully unisex toilets had been reversed which had reduced the incidents of girls avoiding using the toilets.

Conclusion

The findings indicate that while menstrual health does not significantly impact overall school attendance, it negatively affects girls' participation in physical education. During adolescence, girls' levels of physical activity decrease, which can lead to increased health inequalities later in life. Physical activity is protective against the development of metabolic diseases such as diabetes, respiratory disease, and cardiovascular disease. Osteoporosis in older women is linked to bone density in early life, which is influenced by activity levels in childhood and adolescence. Encouraging girls to continue participating in physical activity while menstruating, through myth-busting communication and emphasising the positive health impacts of exercise during menstruation, can help mitigate these health inequalities

The research found that all pastoral staff are involved in playing a role supporting girls in York secondary schools to manage their menstrual health. All pastoral staff participating in the research sought to adopt an approach of building girls' skills in managing menstrual health and building their resilience in dealing negative aspects of menstruation. Pastoral team members sought out information to support girls and were thoughtful about reducing stigma around menstruation and ensuring all girls had access to period products and the information they needed.

The study highlights the importance of providing accessible sanitary products. All York secondary schools participate in the UK Period Products Scheme. All schools had considered how to administer the scheme, so all girls were able to access products and products were not misused or wasted.

A striking aspect of the research was that all schools reported a small number of girls experiencing significant pain and heavy bleeding. This reflects research which suggests conditions such as endometriosis start in adolescents (Dessole et al. 2012), even though diagnoses may only be made later.

School had identified that some groups of girls required additional support in learning how to manage their menstrual health. Girls with learning disabilities and behavioural problems required additional support from pastoral staff to learn how to manage their menstrual health so they could participate in education. Respondents saw this as part of the holistic approach they provide to support these girls. This underlines the unique role pastoral teams can provide with an in-depth knowledge of a girl and her strengths and needs and a holistic approach to support, considering education, behaviour, wellbeing and health promotion.

An interesting aspect of responses was the key role played by 'influential' girls within their peer groups in reducing stigma about menstruation and promoting menstrual health. In several schools a few girls were instrumental in encouraging take up of the period products scheme. In one school it was reported that a few influential girls had driven take up and positive review of period pants, which can be a od low-cost option

for girls from poor homes. This provides a public health opportunity within schools to use these girls to champion further health messages to peers.

The research pointed to different cultural attitudes to menstruation influencing girls' accessing support with menstrual health. One school reported that girls with a south Asian cultural background did not access the period products scheme. The school had attempted to remove any barriers which girls may face. Pastoral staff may wish to explore cultural attitudes to menstruation among pupils to further understand how to ensure the support they offer is accessible to all. The small number of girls from this cultural background meant it was unclear whether there were barriers, or simply that girls were confident managing menstrual health and had all the support they required form different sources.

Increasing numbers of girls are using technology to track their periods. This gave them increased confidence in managing their menstrual health and meant that girls were increasingly able to anticipate when their periods would start and come to school prepared with period products and painkillers. Girls were tracking their periods alongside tracking their moods, as part of activities to manage their moods and support their mental health.

Bibliography

Brown, N., Williams, R., Bruinvels, G., Plasecki, J., and Forrest, L.J., Teachers' Perceptions and Experiences of Menstrual Cycle education and Support in UK Schools, *Frontiers in Global Women's Health*, February 2022, vol3.

Caspi, A., Wright, B.R.E., Moffitt, T.E., Silva, P.A., Early Failure in the Labor market: Childhood and Adolescent Predictors of Unemployment in the Transition to Adulthood, *American Sociological Review* 1998 vol 63

Department of Health and Social Care (2022). *Women's Health Strategy for England.* [online] Available at: https://www.gov.uk/government/publications/womens-health-strategy-for-england

Dessole, M., Melis, G. B., & Angioni, S.. Endometriosis in adolescence. *Obstetrics and gynaecology international*, 2012. https://doi.org/10.1155/2012/869191
Dun EC, Kho KA, Morozov VV, Kearney S, Zurawin JL, Nezhat CH. Endometriosis in adolescents. JSLS. 2015 Apr-Jun;19(2):e2015.00019. doi: 10.4293/JSLS.2015.00019. PMID: 26005317; PMCID: PMC4432718.

Hamilton-Fairley, D. (2004) *Obstetrics and Gynaecology* Edition 2. Oxford: Blackwell.

Hansard, HC Deb. Vol.632 30 March 2017

Hennegan, J., & Montgomery, P. (2016). Do Menstrual Hygiene Management Interventions Improve Education and Psychosocial Outcomes for Women and Girls in Low and Middle Income Countries? A Systematic Review. *PloS one*, *11*(2), e0146985. https://doi.org/10.1371/journal.pone.0146985

Hennegan, J., Winkler, I. T., Bobel, C., Keiser, D., Hampton, J., Larsson, G., Chandra-Mouli, V., Plesons, M., & Mahon, T. (2021). Menstrual health: a definition for policy, practice, and research. *Sexual and reproductive health matters*, *29*(1), 1911618. https://doi.org/10.1080/26410397.2021.1911618

Klein, M., Edward, S., Draeger, J, Casoni, V.P, Understanding school attendance, educational attainment and labour market outcomes (2022) Nuffield Trust Understanding School Attendance, Educational Attainment, and Labour Market Outcomes (nuffieldfoundation.org)

Plan International UK. (2019). *One in five UK girls teased or bullied because of their period, new survey finds*. [online] Available at: https://plan-uk.org/press/one-in-five-uk-girls-teased-or-bullied-because-of-their-period [Accessed 20 Sep. 2024].

Shah, V., Phillips-Howard, P., Hennegan, J. *et al.* Puberty health intervention to improve menstrual health and school attendance among adolescent girls in The

Gambia: study methodology of a cluster-randomised controlled trial in rural Gambia (MEGAMBO TRIAL). *Emerging Themes in Epidemiology* 19, 6 (2022). https://doi.org/10.1186/s12982-022-00114-x

UK Government, *Period product scheme for schools and colleges.* [online] Available at: https://www.gov.uk/government/publications/period-products-in-schools-and-colleagues

UK Government (2022). *The link between absence and attainment at KS2 and KS4 Academic Year 2018/19.* [online] Available at https://explore-education-statistics.service.gov.uk/find-statistics/the-link-between-absence-and-attainment-at-ks2-and-ks4

World Health Organization, *85% of adolescent girls don't do enough physical activity: new WHO study calls for action*. [online] Available at 85% of adolescent girls don’t do enough physical activity: new WHO study calls for action

Appendix 1
Semi-structured interview questions

1. Can you tell me know you feel menstrual health affects girls' attendance?
2. Do girls at your school arrive later, leave early, miss school, or leave lessons due to menstruation?
3. Do you feel that menstrual health has an impact on girls' ability to engage in learning?
4. Can you estimate how often this is an issue you encounter?
5. What issues around menstrual health affect girls' ability to engage in learning the most?
6. How and when do girls ask the pastoral team for support for menstrual health?
7. Do girls seek support for their menstrual health from you (as pastoral team member)?
8. Are there any groups of girls who seek support (for example girls from ethnic minority communities, particular ages, girls from socio-economic backgrounds)?
9. If yes, do you know what might be motivating them? (Beliefs around menstruation, lack of family support, lack of resource for sanitary products)
10. What areas do all girls seek support with?

- Managing menstruation – understanding of menstruation
- Managing menstruation – accessing sanitary products
- Managing menstruation – experiencing pain
- Menstrual disorders – understanding what is normal
- Menstrual disorders – understanding when and how to access medical help

11. What support do the pastoral team offer?
12. What do you think are the most effective ways of support girls with menstrual health
13. Do you have specific training in menstrual health or trusted sources of information you use?
14. Have you encouraged girls to seek support and information elsewhere regarding menstrual health, for example from their GP or the school nurse?
15. What information, advice and resources do you think would most support girls in managing their menstrual health?
16. What information, advice and resources would help you most to support girls in managing their menstrual health?

For example:

- Hygiene products
- Pain relief
- Healthcare information (online/written)
- Signposting to healthcare
- Reassurance/support

Appendix 2

Dear XX

I would be grateful if you could send the message below on to your pastoral team. I am conducting some research into how girls can best be supported to manage their menstrual health so they can engage in school. I'd like to speak to pastoral team members about how girls are managing their menstrual health, what support the pastoral team are providing and what further information and support they think might be helpful.

Many thanks,
Jenny

Dear Pastoral Team member,

I am contacting you as I am conducting research into girls' management of their menstrual health and how this affects their participation in education. My research is focused on the role of pastoral teams in supporting girls in secondary school. This research is a Health Equalities Fellowship, supported by the Integrated Care Board, the NHS organisation responsible for planning healthcare services in Humber and North Yorkshire.

Would you be able to spend an hour with me answering some questions about pastoral team support? Please get in touch – it would be great to hear your views and experiences. Please don't hesitate to get in touch with me if you have any questions about the research.

Best wishes,
Jenny Allott