



Llywodraeth Cymru
Welsh Government

Number: WG45808

Welsh Government
Consultation – summary of response

Period Dignity Strategic Action Plan

February 2023

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

Overview

This document provides a full summary of the responses to the consultation on the Period Dignity Strategic Action Plan.

Action Required

This document is for information only.

Further information and related documents

Large print, Braille and alternative language versions of this document are available on request. Easy Read and Youth Friendly versions of the summary are available on the website.

Contact details

For further information:

Division
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

Email: EqualityBranch@gov.wales

Additional copies

This summary of response and copies of all the consultation documentation are published in electronic form only and can be accessed on the Welsh Government's website. Easy Read and Youth Friendly versions of the summary are also available on the website.

Link to the consultation documentation: [Period Dignity Strategic Action Plan](#)

Contents

Contents.....	3
Introduction	4
Summary of overarching themes	6
Question 1	8
Question 2	12
Question 3	16
Question 4	19
Question 5	24
Question 6	27
Question 7	28
Question 8	29
Annex A: List of organisations	32

Introduction

The Welsh Government published its Period Dignity Strategic Action Plan for consultation on 20 October 2021. The Action Plan was developed in partnership with partners and stakeholders from across Wales, including the Period Dignity roundtable, and is grounded in a commitment to work across Government, with stakeholders, the public and other agencies to develop and deliver a series of wide-ranging, holistic actions which deliver Welsh Government's vision for period dignity in Wales.

The plan has a focus on health, education, poverty, sport, culture and the environment. The vision to achieve period dignity in Wales involves ending any sense of stigma and shame associated with periods; normalising people's experience whilst also acknowledging the distress and pain suffered by those whose periods are not "normal". Period dignity considers the link between periods and broader health issues, the environmental impact of many disposable products, the impact on the workplace and on engagement in sport and culture. The Period Dignity Strategic Action Plan aims to be intersectional, in that it considers period dignity for those with protected characteristics and seeks to make provision for additional challenges or cultural requirements. Period dignity and period poverty are children's rights matters and the plan considers the ongoing work of schools and young people's services in relation to that.

The purpose of the consultation was to hear from a broad range of people in Wales in order to build on the work undertaken to date and further develop the actions. The consultation was launched on 20 October 2021 and closed on 12 January 2022. The full text of the consultation is available at:

[Consultation on the Period Dignity Strategic Action Plan \[HTML\] | GOV.WALES](#)

Welsh Government received a total of 250 unique responses to this consultation:

- 161 were submitted through the online response form;
- 64 were submitted through the simplified online form;
- In addition to the online form, there were 25 other written submissions. A full list of respondents can be seen in Annex A, where approval has been given. Some of these gave a general response to the consultation rather than answering specific questions. Where this was the case, responses have been included under the most appropriate question heading.

Not all respondents provided answers to every question. Respondent numbers are included alongside each question in this report.

This report was written by Arad Research who were commissioned by the Welsh Government to analyse the responses received during the consultation.

Analytical approach

A thematic analysis of the qualitative data (data based on open-ended questions) in the consultation responses was undertaken. The thematic analysis categorised the opinions, comments, statements and issues raised by respondents into overarching themes. The analysis aimed to identify the themes into which the consultation responses most frequently fall. The process for undertaking this analysis was as follows:

1. A random sample of responses for each question was reviewed by two researchers. The size of the sample was determined by the number of responses received to each question and comprised at least 30 per cent of the total responses per question.
2. The responses in the sample were coded thematically by the two researchers, to identify the themes arising most frequently. The researchers compared the themes identified and discussed and agreed on a set of codes to be utilised for the remaining responses.
3. One of the researchers then reviewed all the remaining responses to each question using the themes already identified in Step 2 and adding new themes as needed.
4. This process ensured that all consultation responses were reviewed during the analysis.

Limitations of the methodology

The responses received are indicative of the views of those respondents who elected to complete the consultation questionnaire. This means that the responses cannot be considered representative of the general population, or the stakeholders affected by this action plan.

The findings reflect the most frequent themes emerging from the comments made by respondents, including their comments on themes which they were not directly asked questions about. This means that some of the themes identified in the analysis go beyond the scope of the questions asked in the consultation.

Reporting findings

This report presents key themes arising frequently within consultation responses. Where more than a dozen respondents have made a similar point, these are described as 'main themes' and are explained in more detail. These themes are based on the evidence provided in the responses to the consultation. **Throughout the report, the themes and points presented are drawn from comments made by consultation respondents and do not represent the views of the report authors.**

Interspersed throughout the report is a selection of quotes to illustrate the points and themes raised.

Summary of overarching themes

This initial section presents overarching themes which arose frequently across the consultation in its entirety. Although the consultation questions focused on different elements of the plan, the analysis identified overarching or recurring themes which were raised across multiple questions.

Support for the vision

Most respondents agreed with the vision for period dignity and supported greater efforts to ensure period dignity in Wales and over two thirds of the respondents expressed their agreement (see answers to question 1).

Use of language

Many respondents had strong views on the use of language in the plan. The action plan uses the terms “woman” and “girl” but also states that ‘in order to be inclusive, the term “person who menstruates” will be used most frequently to encompass all affected by this plan’. Across all responses and questions, a third of respondents raised concerns about the use of language and the absence of references to women and girls and asked for the Welsh Government to specifically refer to women and girls in the plan. The points made included concerns that not naming women and girls was inaccurate, ‘dehumanising’ and risks creating ‘a new euphemism around menstruation’. Others raised concerns that the language used is vague and could be confusing and difficult to understand, especially in the easy-to-read version of the plan.

‘Please stop erasing women from our own health matters. It is not inclusive language if we are being pushed aside. Inclusive language would be “female” or “women, transmen and non-binary”. Women’s health is specific to women - not people. Not referring to us as women will lead to the message not getting out to women.’

(Individual respondent: online form)

Raising awareness: schools

A major theme across the answers to all consultation questions was the need to raise awareness and include period dignity as part of education for all and this was raised in just under a quarter of the responses. This theme included points made about what is taught in schools and the links with the curriculum in schools.

‘...more education in schools around periods is paramount to support girls who are unable to talk to adults at home about how to manage their periods.’

(Individual respondent: online form)

Raising awareness: health professionals

The training and professional development of health practitioners was raised by some ten per cent of respondents across the questions. Some respondents also

shared their experiences of dealing with health professionals, and instances of not receiving the advice or treatment that they needed. There were recommendations around access to expertise, more research into menstrual health and ensuring GPs are up to date in their understanding of women's health issues including periods.

'More education needed around what healthy periods look like and when to see a doctor. And more education for doctors on healthy periods.'
(Individual respondent: online form)

Raising awareness: general public, and reducing stigma

Across several of the questions, around a fifth of the respondents identified a need for actions to reduce the embarrassment and stigma associated with periods among the general population. A small number (some dozen respondents) felt that ensuring period dignity would benefit from employers being more informed and having more understanding of periods, and for more actions around changing workplace policy around periods.

'There needs to be more done about workplaces putting in policies about menstruating. Some managers are understanding, others are not. There should be policies in place for flexibility during menstruation. Employers (in most cases) will not do this unless it is mandated by the government.'
(Individual respondent: online form)

Access to products

A final theme—raised in connection to the question on period poverty but also more generally—was the importance of access to free products where needed. Respondents went on to request that any free products take into account cultural differences, individuals' product preference and plastic-free and/or reusable products as well as the needs of disabled people.

'It is also important to address the industry in relation to period products as our own feedback tells us that many learners who menstruate gravitate toward recognisable brands. If these brands were to commit to eco-friendly products then waste would be reduced and the impact on the environment would be reduced. The concern is that without brand recognition, freely available products will be under-utilised and de-valued by those who need them.'
(RCTBC education and inclusion service)

Question 1

Both the main consultation and the simplified online form asked whether respondents agreed with the vision outlined in the plan. The responses received from the main online form and the simplified online form are summarised in this section, as are the submissions received not using the online forms.

Question from main consultation: Do you agree with the vision for period dignity outlined in the plan? What suggestions would you make to improve it?

Most responses did not clearly state whether they agreed with the vision of the strategy or not as this was not a closed question. From analysing the responses, around 2 in 3 of those that responded to the main consultation appear to broadly agree with the vision (116 of 177), 6 appear to disagree and for the final 55 responses, it was not clear whether they agreed or disagreed from their response. All of the 25 other submissions received from organisations welcomed the vision.

Question from simplified online form: In their Period Dignity Strategic Action Plan the Welsh Government sets out a vision for period dignity? Do you agree with the vision?

In the simplified online form questions, the majority expressed agreement. In response to the question ‘...do you agree with the vision’, 47 of the 66 who responded to this question, agreed, 11 disagreed and 8 selected ‘don’t know’.

Main themes

A total of 172 respondents submitted written comments in response to this question in the main consultation and 26 respondents submitted written comments in the simplified online form. There were 198 comments in total and the most common themes emerging from these are set out below.

There were seven themes raised in 13 or more responses. These top themes were:

- An appeal to refer to women and girls: 62 out of 198;
- Comments related to the need for more education: 47 out of 198, either that education was required in general for everyone (31 out of 198), education of boys in particular (6 out of 198) or for health professionals (10 out of 198 comments);
- Access to products: 41 of 198 comments in total, of those 26 out of 198 mentioned access to products in general, 13 out of 198 mentioned sustainable products, and 2 out of 198 mentioned access to products for those with health issues;
- Embarrassment and Stigma around periods: 17 out of 198 comments;
- A more detailed plan needed: 14 out of 198 comments.

An appeal to refer to women and girls in the plan: An appeal to use the words ‘women’ and ‘girls’ rather than ‘people’ was by far the strongest theme of the responses. Respondents articulated this in various ways including the need for clarity in language and clear communication; health issues linked to biological sex;

and for ease of understanding for those who are not fluent in English/Welsh or have learning difficulties. Note that this is a main theme across most questions. While most respondents who raised the use of language as a suggestion for improvement for the strategy to use 'women and girls', there were also some respondents who stated that the plan should refer to women, girls and transmen and non-binary people (12 out of 198 responses).

*'... this action plan should be rooted in the experiences of women and girls and you should be using language which refers to women and girls. Be inclusive by all means, but don't erase women and girls because of your so called 'inclusivity.' Furthermore, by using the vague language you use in the easy read version, you run the risk of women and girls who have a learning disability not fully understanding their biological health.
(Individual respondent: online form)*

Access to products / Access to sustainable and plastic-free products: Another strong theme was access to products, which included suggestions about access to suitable products and emphasising that this was a priority. Within this theme there were comments about making available sustainable products including eco-friendly, reusable products and period clothing to help reduce waste and be more cost-effective. Other suggestions were that period products should be free for all, which was highlighted by some as a way to help end the stigma associated with holding a p-card for products. Some respondents would like the plan to be more explicit about whether it intends products to be free for all by 2026 or just affordable. Others also asked the question about how the general public will be made aware of where they can access products, especially those groups that are seldom heard, such as those that are not in education, employment or training (NEET), homeless, live in rural areas or do not have the internet.

*'It's a good plan on the whole, but young girls would feel embarrassed to hold a card for free period products, why not just make all products free to under 18s from schools, colleges, and supermarkets (not all u18 are still in full-time education) with a valid ID.'
(Individual respondent: online form)*

Education: Comments and suggestions were made related to education settings. Respondents commented on linking the plan to what is taught in schools; links with sex and relationships education; access to products and facilities in schools and a need to raise awareness generally. Some mentioned the need to also focus on those that do not have periods, such as boys and men, including how debilitating they can be, and more understanding of what girls go through. Others emphasised the importance of educating girls who feel unable to talk to adults at home about how to manage their periods.

Among the comments raised about education was also the need to educate health professionals, and the wider public in order to help raise the understanding of what are healthy periods and when to see a doctor. Some also believed that there is a need for more experts in the area of women's health. Others also emphasised the

need to educate employers and that more needs to be done to change work policies around periods and improve support.

'There should also be a commitment to better education for medical practitioners, educators, employers and people who have periods about what a healthy period is in comparison to chronic pain and mental health disorders which are regularly ignored as 'PMS' or normal period pain. This would enable better and faster diagnosis and support.

There should be a commitment to further research to understand [period health]'
(Individual respondent: online form)

Embarrassment and stigma: Tackling embarrassment and stigma around periods was another main theme in response to this question. Among the comments made was that it should be a priority and an important part of the vision. Some responders shared their own experiences including the embarrassment felt by girls in schools having to share same-sex toilets while on their period.

'Schools should ensure there are single sex bathrooms and changing rooms for girls. Embarrassment and harassment from peers from other sex does not help with dealing with menstruation symptoms. Menstruation usually means more time spent in toilets there should be additional facilities for girls because of this. Making the bathrooms more private and including period products in cubicles will certainly help reduce embarrassment.'

(Individual respondent: online form)

Among the topics raised around embarrassment and stigma, was that the language used in the strategy could itself contribute to a new form of taboo by not referring to women and girls, and that taking away the fact that menstruation is a sex-based women's rights issue is potentially harmful to women's reproductive health and would potentially 'de-humanise' and 'stigmatise' women and girls. The organisation, Fair Treatment for the Women of Wales expressed concerns about the use of the term 'period dignity' and the word's connotation that "people who menstruate to do so 'quietly' and without making a fuss, which may lead to the continuance of associated taboos and delayed help-seeking"; they suggest 'period positivity' instead.

Some respondents also noted that a large cultural shift is required to remove stigma, shame and embarrassment around periods, which they thought was a large undertaking in the timeframe to 2026.

A more detailed plan is needed: Another top theme to this question included the need for a more detailed plan. Suggestions included that the plan would benefit from greater clarity and more detail in how it will be actioned, how success is measured, and from where funding will come from.

'At this current time the plan is very generic. More work needs to be done to put these suggestions into actual practice. What funding will be put in place to help schools and businesses actually put these actions in place? What training will be provided to assist in implementing these promises?' (Individual respondent: online form)

Minor themes: There were other themes raised by up to a dozen respondents in answer to Question 1.

- A lack of adequate facilities and a general lack of public toilets was mentioned by some respondents as an important aspect to be addressed by the plan.
- The need for single-sex toilets to ensure that those on their period can have more privacy. This was thought to be especially important for school settings as it can affect confidence to attend school.
- Links with poverty and wider inequalities (covered in more detail in answers to later questions).
- An appeal for the plan to acknowledge how managing the pain of periods can affect day to day life and how schools and workplaces could be more accommodating.

Question 2

Question from main consultation: How achievable is the vision within the next five years? What will prevent achievement of the vision and what may help to realise the vision?

161 people responded to this question in the main consultation. As this was an open question it is difficult to quantify, however from analysing the responses, it appears as though about 1 in 3 agreed the vision was possible in the next five years (56 of 161 responses). For most responses (about half, 85 of 161) the answer wasn't clear whether they agreed the vision was achievable or not. 20 of the 161 responses appeared to disagree that the vision was possible in 5 years (about 1 in 10).

Question from simplified online form: Do you think we'll be able to reach this vision in five years? And What might stop us or help us? (Do you think we'll be able to reach this vision in five years?)

In the simplified online form, this question was closed, and we can see from the responses that of the 79 respondents, just over half agreed that the vision was achievable in the next 5 years (43 out of 79), about 1 in 5 disagreed (18 of 79) and 1 in 5 selected that they 'don't know' (18 of 79). Also, 56 respondents left a comment to this question using the simplified online form.

Main themes

There were seven themes which had 13 or more responses. These top themes were:

- An appeal to refer to women and girls: 56 out of 217 mentioned this;
- Education: 48 out of 217 in total referred to more education needed, of those, 34 out of 217 comments mentioned education needed more generally, nine out of 217 commented specifically on boys' education and five out of 217 mentioned a need for more education for health professionals;
- Embarrassment and Stigma: 24 out of 217 made a comment about this;
- Cost/Funding: 38 out of 217 respondents referred to this;
- Commitment from all stakeholders: 24 out of 217 mentioned this.

A number of the same themes emerged in the responses to the second question as were seen in Question 1, in terms of what would prevent the vision from being achieved in the timeframe. Again, the appeal to specifically refer to women and girls rather than people was a major theme, as well as education, cost, stigma and embarrassment, and a commitment required from all stakeholders.

An appeal to refer to women and girls in the plan: This was again the main theme and respondents talked about how the plan's use of language may make it harder for some groups to understand what is trying to be achieved and for whom, which will affect the vision being achieved in the timeframe.

*'Confusion could seriously hamper the achievement of the fine aims of the plan. For example - if starter packs were aimed at low-income groups - would they go out to all "people" even though the overwhelming majority who need them are girls?'
(Individual respondent: online form)*

Embarrassment, stigma and the need for education and awareness-raising:

Again embarrassment, stigma and the need for education came up as a strong theme in what may prevent the vision from being achieved. Some respondents mentioned that tackling the stigma around periods will be difficult to achieve in the timeframe and that education is key to achieving the vision, this includes sex education being a regular part of the curriculum up until age 16 and that education and awareness-raising needs to reach everyone, including parents, teachers and health professionals as well as those in school. The need to educate those that do not have periods was raised again as a barrier to achieving the vision in the timescale.

*'Removing stigma will require men to be educated. How will you reach older men? How will you reach men whose first language is not English or Welsh?'
(Individual respondent: online form)*

It was also highlighted by some once again that there is a lack of awareness around many gynaecological conditions and the debilitating impact they have. This would need to be tackled, and soon if the vision is to be achieved in 5 years' time.

Costs / Funding: Affordability of products and funding to support the policy was also a main theme with regards to achieving the vision in the timeframe. Some suggested that clarity on funding was also required in the plan and that information on long-term funding commitments would assist the vision. Others were concerned that budget cuts could jeopardise the vision, and pointed to competing priorities, programmes and projects for schools and demands on public bodies with reduced capacity following austerity measures. A few respondents also mentioned their concern that the plan would take funds away from general poverty as the two things are interlinked. Others also mentioned the need for collaboration and partnership and working with other key stakeholders to ensure the success of the strategy.

*'...As noted in our response to the recent LGBTQ+ Action Plan consultation, the key challenge will be finding the resources to support the ambition of the Action Plan. For social care, these challenges are heightened by the nature of the sector-complex, underfunded and a mixture of private, public sector and third sector provision. In addition, Covid-19 has only increased the challenge in respect of finding the resources to embed the ambitions of the plan.'
(Social Care Wales: online form)*

Not reaching everyone: Another barrier suggested to achieving the vision was not reaching everyone in Wales. It was mentioned by some that it needs to be available in many languages not just Welsh, it also needs to reach those seldom heard groups such as those in extreme poverty who might not see it. A few highlighted the fact that

some cultures will require a different approach which needs more thought and once again, some mentioned the issues around reaching and changing men's attitudes.

'Those in [domestic violence] situations will not be able to access anything. Those in extreme poverty may not see this. Minority barriers to the help. Some cultures simply do not accept anything like this openly discussed and no amount of campaign will help.'

(Individual respondent: online form).

Need for a commitment from all stakeholders: For the vision to be achieved in the timescale, it was mentioned that there was a need for various agencies and businesses to work together. Among the topics mentioned was the suggestion that what might prevent the plan is the manufacturers and sellers of period products who might not want to change their materials or packaging or lower their prices. Others mentioned that a lack of engagement from stakeholders could be a barrier.

'The visions are achievable within the timeframe. Lack of proper communication and adequate resources and materials to execute the plan are common factors that might affect achievement. Involving and ensuring the cooperation and commitment of all relevant stakeholders from the earliest stage, including the public, the civil society, relevant organisations, Youth services etc. in the planning and execution processes are possible factors that may assist in the realisation of the vision.'

(Individual respondent: online form)

Minor themes: There were other themes raised by up to a dozen respondents in answer to Question 2.

- Employers need to act and support the vision: This was highlighted by some as a barrier to achieving the vision in 5 years' time including how policies with regards to schools and workplaces needs to change to support achieving it.

More thought may be needed about how private sector employers can be encouraged to take action, and how they can be brought in to the discussion about period dignity and have ownership over actions

- *(Individual respondent: online form)*

- Timeframe could be shorter and more ambitious: Responses from the TUC and Unison mentioned that the timeframe was too long and not ambitious enough.

'Unions raised the timeline of the strategic plan and felt that 2026 seems like a long time away for something that does not have to be difficult and can be done sooner..... However, health unions raised how staff are overworked and diverted to other places due to covid. This may cause additional delays to implementing any strategic action Plan. However, it does not mean that it is less needed.'

(TUC response)

- Respondents reiterated points made in answer to Question 1 about the role of access to products in achieving the vision.
- Respondents made the link with poverty and wider inequalities (covered in more detail in answers to later questions)

Question 3

Question from main consultation: The Plan is structured by policy theme. Are there themes or specific actions missing from the plan? What are these and whose responsibility are they?

139 respondents provided comments with regards to this question in the main consultation.

Question from simplified online form: The Period Dignity plan has 9 themes: Leadership, Communications, Funding, the Workplace, Education, Sport and Culture, Tackling poverty, Environment and Health and Social Services. What have we missed?

23 respondents provided comments using the simplified online form.

Main themes

The main themes from this question were similar to those seen in previous questions:

There were two themes which had 13 or more responses, these were:

- Education: 40 out of 162 mentioned this either as general education required (25 out of 162), or with regards to health professionals (eight out of 162) or educating boys (seven out of 162);
- Appeal to refer to women and girls: 35 out of 162 mentioned this.

There were many minor themes in response to this question with 10 responses or less which included: access to products (11 out of 162), embarrassment and stigma (10 out of 162), a need for single-sex toilets (10 out of 162), wanting more detail in the plan (nine out of 162) and a plea for more research related to period health (eight out of 162 comments).

The theme of education was the most prominent in the responses. Points were made about the key role of school education but also more broadly, the education and awareness-raising among those who don't have periods and among health professionals.

'Menstrual Education on a regular basis in schools, up until the age of 16 (year 11). Menstrual Education to include PMDD, PCOS, Endometriosis, Menopause, Gynaecological Cancers. The responsibility of the Welsh Government to change/amend the curriculum to ensure that all pupils/staff are made aware of these conditions & know the warning signs, where to turn for help, how to track symptoms etc.'

(Individual respondent: online form)

An appeal to refer to women and girls in the plan: This was once again one of the main themes, where the use of language was raised as a theme missing from the plan.

*'What is missing from the plan is a focus on the female sex'
(Individual respondent: online form)*

Access to products was again a theme to this question, responders wanted more detail on how best to access the products or details on the location of products. It was mentioned that to ensure the dignity of individuals, it was important that the location of products is well thought through and that they can be accessed without the need to query with a member of staff at the venues. It was also mentioned that the provision of some products in schools is hindered by the fear of vandalism and that it would be useful to have an action to research and advise on best practice for the placement of free period products to help minimise the risk of this.

'Within the policy theme of Communication, we would welcome the inclusion of clear information on where and how to access free period products across all local authority areas in Wales....Provision for those children and young people with additional learning needs is not currently specifically cited within the Plan. The Plan provides actions for those children and young people in educational settings, but does not discuss access to products during school holidays. Whilst we do understand that the overarching aim is to provide reusable products, in the interim, young people will still need access to products and this is especially important to those living in poverty. We would encourage the inclusion of actions and information to address this within the Plan.'
(End Child Poverty Network response)

More research appeared as a minor theme in Question 3. This included more research into menstrual health and what is 'normal,' and more research to gain insight from young people and those in work of their experiences to ensure that the 'diverse' range of voices is heard to help inform and develop guidance for the strategy. Women in Sport also highlighted the need for more research into how the monthly cycle of hormones has an impact on activity.

'Recognising that there is a lack of period and menstrual cycle research and that a strong evidence base will underpin the success of actions across many other themes, we suggest that a research theme is a vital component missing from the Action Plan.'
(Frame CIC; main consultation)

Another minor theme that was raised was the **need for a more detailed plan** and who will deliver each aspect of it.

'I understand the themes, however from the plan I cannot see the links to policy. The delivery of this plan needs a dedicated team or program, how this is going to be

delivered is not clear. I would suggest a core team that would be formed from members from the regions and then they can decide on how to link with deliver to schools, work-places etc across each region. Some of the delivery could be done by the voluntary sector but a key worker would be needed to track delivery, language needs, accessibility etc'
(Individual respondent: online form)

Question 4

Question from main consultation: Does the Period Dignity Strategic Action plan adequately respond to the intersection between period dignity and period poverty with protected characteristics and the experience of socio economic disadvantage. If not, how can we improve this?

148 respondents left a comment in the main consultation, and as this was an open question there is not a closed response to quantify for part 1 of this question. From analysing the responses, it appears as though around 1 in 3 agreed that the plan did respond to the intersection between period dignity and period poverty (43 from 148 responses). For the majority of responses (about half, 71 of 148 responses) the answer was not clear whether they agreed or disagreed. 8 of the 148 respondents said they 'didn't know' and around 1 in 5 respondents (26 of the 148) disagreed that the plan adequately responded.

Question from simplified online form: Does the Period Dignity Action plan help deal with period poverty? What else might help?

The simplified online form asked the closed question 'Does the Period Dignity Action plan help deal with period poverty?' For the 61 respondents to this question, about half agreed that the plan did help deal with period poverty. About 1 in 5 (14 of the 61 respondents) said they disagreed and about 1 in 5 (14 of the 61 respondents) selected 'don't know'. 42 respondents also left comments using the simplified online form.

Main themes

There were six themes which had 13 or more responses. These top themes were:

- Access to products: 43 out of 190 responses, which included general comments about access, (34 out of 190), sustainable products, (eight out of 190), and access to a preferred product (one out of 190);
- An appeal to refer to women and girls: 32 out of 190 responses;
- Education in general: 17 out of 190 responses;
- Wider poverty/inequalities: 15 out of 190 responses;
- Embarrassment and stigma: 14 out of 190 responses;
- Inclusion of other groups: 13 out of 190 responses.

The main themes to this question were around access to products, an appeal to specifically refer to women and girls, wider poverty and inequality, education, embarrassment and stigma, and inclusion of other groups, which included those with physical and learning impairments, those with autism, religious and ethnic minorities, those that are homeless and those that are NEET. There were also some minor themes around the need for a more detailed plan (eight out of 190); the need to acknowledge cultural differences (seven out of 190) and single-sex toilets (7 out of 190).

Access to products was the strongest theme in response to the question on how the plan can be improved in terms of the intersection between period poverty and period dignity with protected characteristics and the experience of socioeconomic disadvantage. The comments were mostly associated with access to free products and how free access for all would take away the stigma and embarrassment of needing to ask for them. Some also spoke about the importance of there being a choice of product, associated with not fitting in and associated inequality with peers.

'It is not just the access to a period product, it is access to a period product that the person wishes to use. Access to a non-branded product may be adequate for some, but will still lead others to have feelings of not fitting in and inequality with their peers as the products they access are different to the products their peers may purchase. The range of products on offer is also central to this to ensure access is provided to suitable products that fit the person's needs (e.g. variations in how heavy the periods are will result in the need for a variety of products to be easily accessible).'
(Individual respondent: online form)

The Royal College of Nursing also raised the issue around disabled people not being able to benefit from reusable products.

'While the commitment to increasing the availability of reusable period products is commendable, single-use products must also remain available for those who need them. Poverty is given as an example in the Plan. Disabled people, too, may be able to manage independently with single use products but unable to benefit from reusable products without help. In shifting cultural norms around the use of reusable products, the Welsh Government should be careful not to create stigma around the use of single-use products or render them harder to access.'
(Royal College of Nursing; main consultation)

Others also mentioned that the types of available products need to be considered for different groups, for instance some groups may be uncomfortable talking about using tampons and inserting products, particularly talking to young girls who may not have had any sexual experience. Similar issues arise when promoting environmentally friendly products such as menstrual cups.

The appeal to refer to women and girls in the plan was again a strong theme in response to this question. Similar points that were raised in previous questions were raised again here, such as how the language used in the strategy may confuse some people. Care should be taken that the use of language is clear for all and three groups were mentioned in particular in these answers: different ethnic groups and religious affiliations; individuals with a learning difficulty and those whose first language may not be English (or Welsh).

'The Action plan fails to consider a number of the protected characteristics: women from religious or ethnic minority backgrounds for whom English/Welsh may not be their 1st language may not understand the terms referenced in the plan. They may not understand or consider themselves to be people who have periods or

menstruators but know that they are women and girls. Those who have limited education or special needs need clear, unambiguous language. It is not inclusive to exclude the majority.'

(Individual response: online form)

Others reiterated the point that they found the language confusing and that it is difficult to see how race, disability and poverty intersect when the protected characteristic of sex is ignored. Respondents suggested that the plan would be improved by understanding that sex matters and referring to this protected characteristic.

Wider poverty and inequalities: In the comments it was mentioned that period poverty is just part of the wider problem of poverty and that if someone cannot afford to buy period products then it is the wider issue of poverty that needs to be addressed, including how it highlights the increased effects of poverty on women and 'women's poverty' and how they experience poverty in different ways to men.

Frame CIC also highlighted the issues around 'data poverty' and that it was essential to provide offline support and information about the plan to ensure that it reaches those living in poverty that it could otherwise exclude who do not have access to the internet.

'Over the last two years, we have done extensive research with people experiencing a range of socio-economic disadvantages that have led to them experiencing poverty and not being able to meet their basic needs. For example, our 2021 research for Nesta identified that, In Wales, 1 in 7 people experiences data poverty. Recognising this, it is important to understand that internet-first approaches to period poverty interventions, period health information and guidance is likely to exclude some people who could benefit from free access to period products and need to access period and menstrual health information. Offline information sources must be made available and be well-promoted.'

(Frame CIC; main consultation)

Education, and tackling embarrassment and stigma: Similar themes arose as in previous questions with regards to the importance of education to support the plan. Respondents commented on the situation of those who cannot afford period products and have to ask for them. It was suggested that having more reusable products could help decrease the need to ask for them.

'Period poverty is a serious issue I have seen this with friends when I was in school, it's incredibly embarrassing for people who cannot simply afford sanitary products.

Our language surrounding the subject has to be much more inclusive where we accept all. There has to be a simple way of accessing sanitary products by not feeling ashamed.' (Individual respondent: online form)

It was also highlighted that due to stigma around period poverty, it can be a 'hidden issue', which means that some schools for instance may not realise they need to access available funding.

‘...disbelief that economic period poverty is a reality in UK communities is sometimes a barrier which can prevent organisations, such as schools, from accessing available funding. For example, a participant in our research stated that some schools “don’t see” economic period poverty because it is a “hidden problem” due to the shame that surrounds both menstruation and poverty: “Young people don’t ring up the school and say, ‘Yeah, I’m not coming to school because I can’t afford period products” It is crucial that every school and eligible organisation across Wales truly understands the issue and accesses the Period Dignity Grants.’ (Organisation - anonymous)

Inclusion of other groups: In the response to this question it was also mentioned that the plan needs to make sure it includes minority groups more and consider their needs, such as disabled people, those with autism and also those from different ethnicities and religions. The homeless, or those that suffer from domestic abuse were also highlighted.

Both the TUC and Unison thought that the intersectionality between period dignity and people with disabilities needs to be strengthened in the plan. This included issues around adequate facilities (especially in rural areas), the types of products that disabled people can use and, that information needed to be in a range of formats including British Sign Language, easy-read, and age-appropriate materials.

‘When consulting with Trade Unions, we found that the Period Dignity Strategy Plan could have a stronger intersectional focus, and although it commits to linking closely with the Disability Action Plan, LGBTQ+ Action Plan and the Race Equality Action Plan, it is important to recognise why this intersectional approach is so important. Disabled people are already disadvantaged in communities and in workplaces by a lack of accessible wash and toilet spaces, public facilities are often dirty, smelly, and inaccessible even when they are labelled as accessible. Particularly in regard to Disability, Wales TUC supports our Disabled union members who felt that further engagement work is required. Furthermore, certain period products may be inaccessible, with fiddly applicators or poor design or they may feel embarrassing to use if you rely on a carer. For neurodiverse people, there may be additional sensory issues with some period products, making using emergency or untried period products more difficult. (TUC response; main consultation)

Others, including Sport Wales, also highlighted that the plan can be strengthened in terms of cultural, religious and other barriers facing those that menstruate, suggesting that the plan could be limited if it does not focus on the availability of products and educational interventions in more detail with regards to these groups. Similarly, others stated a similar point around those with learning difficulties and autism and how standard menstrual education is inadequate. To improve the plan, it was suggested that existing schemes, such as the period dignity grants being rolled

out in Wales, and menstrual education, should consider how they are addressing additional barriers and whether schemes are reaching all girls and people who menstruate.

Question 5

Question from main consultation: What more should the Welsh Government do in relation to broader health-based issues such perimenopause, the menopause, endometriosis, polycystic ovary syndrome (PCOS), premenstrual dysphoric disorder (PMDD) and gynaecological cancers. Do you believe these actions should be included in the Period Dignity Strategic Action Plan or in other policy work?

Responses

162 respondents left a comment on whether these actions should be included in the plan or in other policy work. This question was not asked in the simplified online form.

This was an open question and from analysing the responses, it appears as though less than half agreed that the actions should be included in the plan (69 from 162 responses). For the majority of responses (about half, 80 of 162 responses) the answer was not clear whether they agreed or disagreed. This includes those who expressed an opinion that both agreed and disagreed that the actions should be included i.e., some health issues should be included in the plan but also should be included as a separate policy. 24 of the 162 respondents say they disagreed that the actions should be included in the plan.

Main themes

There were five themes which had 13 or more responses. These top themes were:

- An appeal to refer to women and girls in the plan: 34 out of 162 mentioned this;
- The need for a separate policy for other issues: 32 out of 162 mentioned this;
- Better training for health professionals: 19 out of 162 commented on this;
- Comments related to the need for more education: 25 out of 162 (education needed generally – 18 out of 162, education specifically through Personal and Social Education (PSE) – 7 out of 162);
- Accessible information needed: 16 out of 162 mentioned this.

The main themes from this question were again similar to those seen previously, with 'please use women and girls' as one of the main themes. The second main theme was to have the broader health-based issues included in its own/separate policy. The other main themes related to better training for healthcare professionals, education and having accessible information.

There were many minor themes (6-12 respondents) and these also covered some themes already seen including workplaces, system change for health, health issues not listed, funding and more research.

An appeal to refer to women and girls in the plan: Again, use of language was raised as something to consider in the plan. Some comments highlighted how these

broader health-based issues are specific to women and girls, and so the language in the plan should reflect this. This was the main theme in response to this question.

'Try and remember that it is women who suffer from these experiences and not ask us to erase ourselves by asking us not to refer to ourselves as women.'
(Individual respondent: online form)

Separate policy for other issues: There was a mix of views on whether these other health issues should be included in the plan, but among those who believed actions on other issues should and shouldn't be included, there were calls for separate, stand-alone policies. These calls related to the fact that these issues need their own separate platform, and their importance should not be lost within the period dignity plan. It was felt by some that the period dignity agenda is quite complex and so these other issues should be dealt with separately. There was also concern that including these issues could distract from the original purpose of the plan. Some felt that while these issues should be included in the plan to some extent, they also deserve to be included in other policy work and have merit in their own right.

'I agree that these are interlinked, however the initial plan needs to have a core focus delivery of overcoming period poverty. The listed health issues are very complex and need expert medical care. It can be addressed in another policy which has a wider scope for funding.'
(Individual respondent: online form)

Better training for health professionals: Another main theme related to how these broader health-based issues can be treated by health professionals, with calls for better training for health professionals to address these wider concerns. There were suggestions that health care professionals, and in particular GP's, should receive more training and education to become more aware of these types of issues. Some reflected on personal experiences of being misdiagnosed, or diagnosed late in life, in particular several examples related to endometriosis and the menopause. There also needs to be more support for those suffering with these health issues, which again relate to the diagnosis and awareness of health professionals. This was also seen as important in wider awareness of what counts as 'normal' in female health-issues and ensuring those who are experiencing issues seek medical help as soon as possible. Some articulated this as a need for systemic change in health and public health services.

'Women's health should not be brushed off by GPs as something they have to deal with as part of nature of having menstruation. Better training to spot signs of endometriosis etc. Plenty of women in stories in media have been told just heavy period when endometriosis has not been diagnosed early enough and have spent years suffering.'
(Individual respondent: online form)

Education: Similar to other questions, education again arose as one of the main themes. These comments called for more education centred around the broader health issues listed, with many suggesting this needs to be addressed in schools (with some proposing this should be taught during PSE). Some also suggested that

effort should be made to educate those beyond school-age as well as in the workplace and other settings about these health issues.

'Education for learners as part of their PSE will fit in with the Action Plan, as will providing facilities for learners who menstruate. It is welcomed for these broader health issues to be included, providing some focus on educating society on these issues to encourage a more knowledgeable and supportive approach. The approach should certainly link with and compliment other policy work.

Support should be given to extend this educational work to beyond school-age population for older people who have already missed out on this information.'
(Swansea Council response; main consultation)

Accessible information: The final main theme related to being able to access information on these broader health issues. There were suggestions that information around these health issues should be more readily available and promoted to the public. This could increase awareness of these issues, particularly for those who may be suffering from these issues without knowing.

'These should be covered in general information about periods, especially PCOS [Polycystic Ovary Syndrome] and endometriosis and cancers as these can effect women of any age. Diagnosis of endometriosis can take many years and arming women with information early on can only assist in identifying symptoms early. I do believe the broader female health issues should form part of a different plan/policy.'
(Individual respondent: online form)

Minor themes: There were other themes raised by up to a dozen respondents in answer to Question 5.

- **Employers / Workplaces:** There were calls for more awareness and training in workplaces for employers to become more aware of these health issues, and that policies and sick leave should reflect this. Responses from the unions provided a range of suggested actions to address this.
- **Health issues not listed:** Some referenced health issues not listed which they feel should be included in any plans. Some of these included Premenstrual syndrome (PMS), cervical cancer, miscarriages and fertility issues, Attention deficit disorder (ADHD) and its effects on menstrual health. There were a mix of calls for these to be looked at as part of this plan or as a separate plan/policy.
- **Funding:** Respondents felt that there needs to be increased funding in this area to help with awareness, education and training.
- **More research:** There were several calls for more research to be carried out in relation to women's health issues, such as those listed in Question 5. Some more specific examples included a need for more research into the impact of covid on menstrual cycles, and more research on women's health issues and sport.

Question 6

Question from main consultation: We would like to know your views on the effects that the Period Dignity Strategic Action Plan would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

98 respondents provided some feedback on this question in the main consultation form or in other submissions – fewer than the other questions. An additional 24 respondents wrote statements explaining that they had no comment, or that they did not know.

Question from simplified online form: Do you think this plan has considered the Welsh language enough?

The simplified online form asked a closed question. Of the 63 individuals who responded, 28 answered ‘don’t know’. Of the rest, 27 agreed and 8 disagreed.

Main themes

A total of 98 respondents submitted written comments in response to this question in the main consultation,

There were three themes which had 13 or more responses. These top themes were:

- Comments related to the need to make all materials bilingual – 29 out of 98 mentioned this
- Responses explaining that they believed there would be no effect, or that this was not a key focus - 29 out of 98 mentioned this.
- An appeal to refer to women and girls in the plan, in both English and Welsh materials: 22 out of 98 mentioned this.

Most respondents who provided comments on this question generally felt there were no specific issues or that the proposals would have no or a negligible effect on the Welsh language, provided that resources created as a result of the action plan give equal weighting to the Welsh language. Others remarked that they were not sure or did not know what the effects would be.

Some respondents repeated their concerns about the use of language and their dislike of the use of the term ‘people’ instead of women and girls regardless of whether the resources were in English or Welsh.

Other respondents (fewer than 12) highlighted opportunities and challenges around the use of Welsh in the context of period dignity. These included:

- putting language around sexual health and periods etc into Welsh learning programmes for adults
- support for individuals to discuss period health through the medium of Welsh

- acknowledging that few resources are available about this topic through the medium of Welsh and that translating materials adds to the cost for schools and local authorities.

Question 7

Question from main consultation: Please also explain how you believe the Period Dignity Strategic Action Plan could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language?

Question from simplified online form: What could we add to consider the Welsh language more?

Responses

73 respondents provided an answer to this question in the main consultation form. An additional 23 respondents wrote statements explaining that they had no comment, or wrote 'not applicable'. 11 respondents answered using the simplified online form.

Main themes

A total of 84 respondents submitted written comments in response to this question. The comments raised were very similar to those raised in answer to question 6. There were three themes which had 13 or more responses. These top themes were:

- Comments related to the need to make all materials bilingual – 30 out of 84
- An appeal to refer to women and girls in the plan, in both English and Welsh materials: 26 out of 84 mentioned this.
- Responses explaining that they believed there would be no effect, or that this was not a key focus - 18 out of 84 mentioned this.

Many of the comments provided were simply a general statement of 'I don't know' or similar. Where there was a more substantive response the most common theme was the importance of ensuring that all materials and resources are available in both English and Welsh.

I don't see it as the primary goal here and it is important not to lose sight of that. There will however be benefits to having a bilingual approach at every stage. Therefore ensuring equality of language use and of the speakers treatment in the process.

Question 8

Question from main consultation: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

89 respondents left a comment with regards to anything else they wanted to report on the consultation.

Question from simplified online form: Is there anything else you want to say about your experience of period dignity or period poverty?

27 respondents left a comment on this question using the simplified online form.

Main theme

There was only one main theme (classed as 13 or more responses) emerging from this question. Similar to other questions this main theme was again a plea to specifically refer to women and girls – raised in 40 out of 116 comments. There were no other main themes found in this question, but there were several minor themes (with around 6-7 respondents raising each point) and these also covered some themes already seen including; education, specific suggestions or criticisms of the consultation itself, access to products, other health conditions to be included in the plan, general positive comments on the plan/consultation, focus on different cultures/issues and suggestions for grants/funding.

An appeal to refer to women and girls in the plan was the single main theme and as in answers to previous questions points were raised as to as how the language used in the strategy may confuse some, and a concern about the absence of references to women and girls and the impact of this (i.e. erasing those affected by periods from the conversation).

'It feels that you are pandering to a minority of people rather than addressing the reality that only females have periods. It does not feel that you are really centring females in this action plan. It's really sad that you could miss an opportunity to really change this issue.'
(Individual respondent: online form)

Minor themes: There were other themes raised by 6-7 respondents in answer to Question 8.

- **Education** was raised as a minor theme, similar to other questions this was raised as a need to educate and have increased awareness around periods, their impact on people's lives and menstrual health in general. This was in relation to schools, as well as targeting health care professionals, workplaces and the general public.

- **Suggestions for further consultation and engagement** were made by some respondents. These ranged from suggestions that there should be focus groups of women from all ages and backgrounds to discuss their experiences, having a platform for ongoing feedback on the plans to be provided, suggestions to work with local authorities and other organisations, promoting the consultation in other languages, and looking at other examples of best practice.

‘There is further opportunity for the Welsh Government to work with the local authority leads for period dignity, now these have been identified and collated, and we are happy to continue facilitating these discussions to share best practice, create consistency where it is possible and assist in spreading the wider message to all. Whilst bilingual materials have been discussed, there is a need also for information and promotion in other languages to ensure everyone in our society can access.’

(Organisation response; main consultation)

- **Criticism of consultation** – some respondents raised concerns about the consultation, such as the unclear wording and Welsh translation errors.
- **Access to products was a theme raised again**, similar to other questions. This centred around ensuring people have access to products in schools, workplaces, other public places and ensuring free products to all who need them. There were also comments around access to plastic-free and sustainable products.
- **Other health conditions to be included in plan** – some specified other health conditions which should be included in the plan such as Adenomyosis and impacts of other health conditions on periods such as COVID 19, stress, ADHD and learning impairments.
- **General positive comments on the consultation/plan** – some took the opportunity in Question 8 to give positive feedback about the consultation or plan.

‘Thank you for addressing period dignity. This is a chance for the WG to make spaces safer for girls and it would be excellent to see facilities and information improved for Welsh girls and women.’

(Individual respondent: online form)

- **Focus on different cultures/issues** – several felt that there should be more of a focus on different cultures/issues surrounding periods and menstrual health and some recommended methods and organisations to engage with different groups. This included providing information in different languages, creating schemes such as the P-Card scheme with diverse lived experiences in mind, and working with charities who support the homeless and other hard to reach groups.

- **Suggestions relating to grants/funding** were made by some respondents. These included working with local authorities on grant allocation, flexibility around the grants to ensure no money/products go to waste and Sports Wales suggested a shared budget between health and sport to enhance any research and implementation of the plan.

Annex A: List of organisations

The following organisations responded to the consultation and agreed for their organisation to be named in this report. Responses were submitted either as part of the main online consultation, or by submitting a separate form or document via email.

- Addysg Oedolion Cymru | Adult Learning Wales, the National Community College and Voluntary Movement
- Aneurin Bevan University Health Board
- Angela Coates Consultancy LTD
- Association of Directors of Education in Wales (ADEW)
- Barry Days for Girls UK
- BASW Cymru
- Blaenau Gwent Council
- Caerphilly Council Period Dignity Steering Group
- Caerphilly young people
- Cardiff Council
- Chwarae Teg
- ColegauCymru
- Community health council
- Denbighshire County Council - Period Dignity Steering Group
- End Child Poverty Network (ECPN) Cymru
- Endometriosis UK
- Frame CIC
- FTWW: Fair Treatment for the Women of Wales
- Learning Disability Wales
- Merched Cymru
- MonLife at Monmouthshire County Council
- Newport City Council
- Parents Voices in Wales
- RCTCBC Education and Inclusion Services
- Royal College of Nursing Wales
- Social Care Wales
- Sports Wales
- Stopp
- Swansea and Gower ReSisters
- Swansea Council
- SwanseaMAD
- Trac Cymru
- Trans Aid Cymru
- UNISON Cymru Wales
- Vale of Glamorgan Council
- Waterless Limited
- Women In Sport
- Wrexham County Borough Council
- Welsh Local Government Association (WLGA)