Period poverty: the nurse’s role?

Rebecca Gilroy discusses what nurses can do to help address this healthcare concern and reduce anxiety.

Nurses are ideally placed to help girls through sex education at school, says Plan International UK

One in ten girls in the UK (aged 14-21) are unable to afford sanitary products
in short supply. Data published by NHS Digital in August 2017 showed 550 school nurses have left the profession since 2010, which is 19% of the total school nurse workforce in England. Without a nurse present in schools, many young girls will not have anyone medically trained to go to talk to about their healthcare needs.

When speaking about school nurse shortages, the Royal College of Nursing (RCN) emphasised the vital role they play in the safety and wellbeing of children, and this includes the impacts of period poverty.

‘It is time the Government wakes up and realises the hugely detrimental impact these cuts are having to our children and our society,’ said Fiona Smith, RCN professional lead for children and young people’s nursing.

‘School nursing is a critical service and it needs to be treated as such.’

**Sex education**

Girls are not always aware of what to expect from their first periods, which are often irregular for the first few years, nor what abnormalities they should be looking out for. This means that they are often uninformed and therefore feel unable to come forward with related mental health concerns, such as anxiety.

While a significant factor of period poverty is the inability to afford sanitary products – the lifetime cost of a period is approximately £18,450, making the average annual cost £492 – another is a lack of open conversation about periods in sex education, so that from a young age, boys and girls think of periods as a taboo subject.

‘It’s clear that education is an issue. It’s really disheartening to hear from young people that they don’t know the names of their body parts, in sex education lessons young boys are told that this (menstruation education) is not for you,’ said Lucy Russell, from Plan International UK.

However, changes in education are on the horizon. The Department for Education has carried out an open consultation on sex and relationship education (PSHE) and changes are planned to be started in schools by 2019.

‘We have been campaigning for statutory sex and relationship education and we were really delighted to hear it’s being introduced. However, improvements need to be made to menstruation education,’ continued Ms Russell.

School nurses are better equipped to teach students PSHE, but current staff shortages can make that education difficult for many girls to acquire.

‘The majority of school nurses at the moment contributing to PHSE is decreasing. We are less active in PHSE than ever before. It will be interesting to see how statutory PHSE affects this issue,’ said Sharon White.

‘Many teachers don’t know, or they can’t or don’t want to teach PSHE, and we should not really expect them to.’

Without starting the conversation early, young women won’t know the basic facts about menstruation nor will they feel able to talk about it – which will go on to affect the perceptions of their healthcare needs.

**Tackling the stigma**

However, talking openly about periods, in healthcare and education, is being held back by the stigma that surrounds the subject.

‘Negative messages’ in the media are impacting women’s health, said Ms Russell. Even sanitary products, called Whisper for example, emphasise that periods must be dealt with secretly and not be talked about.

‘Girls are told to be discreet, that they must be in control of their own bodies and this is a concern. In fact, menstruation shows that things are working just as they should be,’ added Ms Russell.

Nurses can engage in discussions with women and girls and change the dialogue that surrounds periods, informing women so that they are aware of their physical and mental health needs.

‘Health professionals can help talking about periods by using slightly different language – by that, I mean that we need to teach young girls that we should be proud to have our periods,’ said Ms George.

‘Education for boys as well, we can’t eradicate the stigma without men and young boys taking part in the conversation,’ said Ms Polar.

**Conclusion**

As long as women living in poverty are forced into circumstances which compromise their mental and physical health, period poverty will remain an issue for nurses. But raising it has led to some simple practical solutions. Scotland’s first minister, Nicola Sturgeon, announced in September that free sanitary products will be provided in schools, colleges and universities across Scotland, and a pilot scheme in Aberdeen will continue to offer free products to low-income households.

Could this be rolled out more broadly across the NHS? After all, if we can provide free condoms to young men, surely we can do better for these young women.

Rebecca Gilroy is the editorial assistant for Journal of Paramedic Practice

For more information on period poverty in the UK, visit Free Periods website at [https://www.freeperiods.org](https://www.freeperiods.org) and Periodical Diary at [https://periodicaldiary.wordpress.com](https://periodicaldiary.wordpress.com)

**Fact file**

- 550 school nurses have been lost between 2010-2017, which is 19% of the total workforce in England.
- Of those who left in this time, none have been replaced.
- The number of health visitors fell by 1000 between 2015-2017.
- Between 2010-2017, the number of school pupils increased by 450,000.
- School nurse shortages leave pupils without necessary support and those with health conditions may be unable to attend mainstream school.

**References**


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