



Consultation Response on behalf of Merched Cymru

Welsh Government Period Dignity Strategic Action Plan January 2022

Introduction

Merched Cymru welcomes the opportunity to contribute to this consultation at a critical point in the history of sex equality and women's rights in Wales.

The strategic action plan is a positive development. Period health and dignity needs to be addressed at a policy level, however the plan is unlikely to be successfully implemented if it is in denial about biological sex.

In the short term, initiatives to address 'period poverty' are a positive development, but 'period poverty' is a symptom of more general economic disadvantage, or even financial abuse, and such initiatives are no substitute for broader action by Welsh Government to address the underlying issues of poverty and domestic abuse.

The focus on more environmentally-friendly and reusable period products is also welcome, although the plan falls short in terms of making a commitment to safeguarding and maintaining safe, private, single-sex spaces to allow such products to be used safely and with dignity.

Who we are

Merched Cymru is a grassroots organisation of ordinary women from across Wales who wish to protect the sex-based rights of women and girls. We include women of all ages, ethnic backgrounds, sexual orientations, different religious faiths and none. In our working lives we have a broad range of professional and practical experience relevant to this consultation, as well as extensive relevant life experience. We are not aligned to any political party.

We recognise that everyone has human rights and support the protection offered to various protected or vulnerable groups through International Human Rights Treaties and, in the UK, the Equality Act 2010. Merched Cymru was launched in November 2020 in response to concerns that the whole range of feminist perspectives was not being reflected in the policy making process in Wales. In fact, women and girls have become invisible in several Welsh Government policy initiatives where biological sex is both relevant and significant.

Responses to consultation questions

1 Do you agree with the vision for period dignity outlined in the plan? What suggestions would you make to improve it?

The vision outlined in the strategic plan is ambitious and it is welcome that it covers aspects of menstrual health and dignity, health literacy, attitudinal change, improved access to period products (particularly for those in financial hardship) and encouraging the use of plastic free products and reducing the environmental impact of the widespread use of disposable items.

Our three main concerns about the vision are:

First, that while it is important to be optimistic and aspirational, many of the goals are unrealistic (see response to Q2 below). Despite claims in the plan that it aims to be culturally sensitive, the vision statement is unrealistic in the way it expects women and girls to cast off any feelings of stigma, taboo, fear, modesty or shame within just four years.

Second, and probably the biggest problem with the vision is a key flaw in the preamble and the Action Plan as a whole. It uses awkward and confusing language and does not centre the intended key beneficiaries – women and girls. Other governments and organisations have successfully ensured that women and girls are able to see themselves in the strategies and policy while also acknowledging that they also apply to women and girls who have adopted a different ‘gender identity’. Instead of being person-centred, the vision is bodily-function centred and this will be to the detriment of women and girls in a range of marginalised, hard to reach and vulnerable groups¹.

A commitment to safeguarding and promoting single-sex, female-only spaces, services and facilities is essential if Welsh Government is serious about embedding period dignity and making the use of reusable period products feasible. This is widely recognised in developing countries, but many seem to forget that it applies equally to most women and girls in Wales².

2 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?

Not very. To expect periods to be “fully understood, accepted and normalised” in Wales by 2026 shows a casual disregard for the profound reasons why these issues exist in the first place. Every woman’s and girl’s boundaries will be different and that may be due to lack of

¹ <https://pmj.bmj.com/content/97/1150/483>

² <https://www.independent.co.uk/news/world/single-sex-toilets-unesco-un-international-womens-day-period-a8244776.html>

knowledge, her culture, long term health condition or disability, ethnic background, experience of sexual violence, trauma or abuse, religious or other reasons.

The Strategic Action Plan takes a top-down approach and appears to want to impose a particular viewpoint on all women and girls, and also on wider society. It is unrealistic, culturally insensitive and ignores the role played by misogyny, patriarchal norms and sex-based discrimination in persistent negative attitudes to menstruation and women's reproductive health.

While aspiration is welcome, willfully ignoring barriers and undermining the Action Plan from the outset by ignoring the salience of biology and biological sex will severely affect its chances of success. More realistic goals, which acknowledge the complexity of the structural and social issues that need to be addressed would improve the vision significantly. Framing the strategy in such an impersonal way, that disadvantages huge numbers of women and girls, to prevent the discomfort that may or may not be caused to one small group is disproportionate, sexist and certainly not intersectional.

It is not helpful to have such a confusing approach. If it is acknowledged, for example, that all learners in Wales should receive consistent, evidence-based, high quality menstrual wellbeing education, Welsh Government must show leadership by using clear, scientifically accurate language³. Aspirational documents such as this Strategic Action Plan set the tone for how policy should be implemented and rolled out by services on the ground. Using awkward and factually misleading terminology is a serious barrier to the plan achieving its aims.

3 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?

We are broadly supportive of the structure used in the plan, but would like to see a greater emphasis on how an interdisciplinary approach can be maintained as the actions are implemented. The role and membership of the Ministerial Period Dignity Roundtable in this seems crucial and membership needs to be revisited in order to ensure that it is not dominated by organisations that are mainly focused on lobbying. Groups and services with less generous funding, perhaps primarily focused on service delivery, will not be able to engage with the process in the same way so efforts must be used to enable effective engagement with them. Organisations such as the Lesbian, Gay and Bisexual Alliance Cymru should be part of this discussion to ensure that the voices of lesbians and bisexual women are given fair representation. Merched Cymru would also be interested in engaging with the Ministerial Period Dignity Roundtable.

³ <https://menstrualcupcoalition.org/wp-content/uploads/2021/04/English-Menstrual-Language-Brief-22-04-21.pdf>

We have concerns regarding approach and language in relation to the Communication theme, where previous and existing work has been less than effective. The need for clear accurate language in public health education is well-known and reinforced by research and data on take-up of screening services⁴. The downsides of ‘gender-neutral’ approaches are experienced more by some groups than others⁵.

One example of such misguided ‘inclusive’ language is referred to in Action 35 of the Action Plan although it is part of the Communication theme. It does nothing to improve menstrual health literacy among most segments of the target audience. The Bloody Brilliant Wales – Mislif Fi website which was launched last year uses an embarrassing, edgy approach that appears not to be making much impact with women and girls in Wales. At the time of writing the Bloody Brilliant Instagram page has just 141 followers. The Facebook page created in September 2020 has just 113 page likes and 146 followers. Most Facebook posts have just three likes, usually from the same people and the greatest engagement with Bloody Brilliant was around the time of the launch when women questioned the project’s mission to “empower people who bleed”.

Despite some impressive medical expertise behind the initiative the self-conscious attempt to be ‘inclusive’ has been counter-productive. Welsh Government and NHS Wales should not disregard what is known about successful communication of public health messages. Other organisations are clear that having an honest and proportionate approach where sex is relevant does not mean that they are not inclusive. See, for example, recent work by the British Pregnancy Advisory Service⁶, and in relation to men, Prostate Cancer UK⁷.

The campaign for less impersonal, more woman-centred language in gynaecology and obstetrics and women’s health more generally had only recently been won. It is heart-breaking to see Welsh Government set those achievements aside - preferring to use “person who menstruates” - in an ill-advised attempt to be inclusive.

Women and girls need to see themselves in this plan and in the work that arises from it. To talk about body parts or processes without having the courage to name those who have them is not a logical approach to addressing lack of knowledge, stigma and shame. In relation to the RSE curriculum it’s essential that the information provided is scientifically accurate, free of ideology and age appropriate.

The list of people Welsh Government wants to ‘reach out to’ should be revisited as it appears tokenistic and performative and not based on any assessment of needs – especially if contact with existing services (whether medical, social or mental health) is taken into account.

⁴ <https://www.rcog.org.uk/en/blog/cervical-screening-awareness-week/>

⁵ <https://www.newstatesman.com/politics/uk-politics/2021/02/why-using-gender-neutral-language-risks-excluding-one-minority-group-include>

⁶ <https://www.bpas.org/media/3550/bpas-advocacy-values-vision-ambitions.pdf>

⁷ <https://prostatecanceruk.org/>

4 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?

There is insufficient information in the plan for us to answer this question with a 'yes' or 'no'.

While we are broadly supportive of work to improve access to period products for women and girls from a variety of backgrounds we are concerned that a focus on 'period poverty' may become a substitute for more cohesive and holistic work to address the reasons why access to products may be difficult. Welsh Government must do more to address the problem of poverty, which is often persistent and disproportionately affects women and children, in Wales. Period products are relatively inexpensive and if a woman or girl is unable to buy or to access the protection she needs, there is a bigger issue that must be addressed. As well as economic factors, the issues of neglect, coercive control or economic abuse within intimate relationships also come into play. A sticking plaster approach isn't the best way to address those issues.

In relation to protected characteristics, since no Equality Impact Assessment was published as part of this consultation it is not clear whether effects of either the plan or the use of terminology - which aims to be inclusive of those with one protected characteristic, gender reassignment – has detrimental impacts on those with other protected characteristics such as faith or belief, race, or disability, nor the intended target group (women and girls) who have the protected characteristic of sex.

A poor understanding of menstrual health, feelings of shame or stigma and a lack of dignity are prevalent among the female population generally and among certain marginalised groups specifically. The Integrated Impact Assessment doesn't indicate whether this has been fully considered. There are negative consequences for people with a variety of needs, including linguistic and cognitive ones. For example, the Easy Read version of the consultation does not recognise that women and girls with learning disabilities need to be able to understand information in order to have more choice and control over their own lives and to become more active and equal citizens. The approach and language used will not only confuse many women and girls with learning disabilities, but it will also confuse boys and men who will see themselves represented under the umbrella term 'people'. This applies in a similar way to other marginalised and vulnerable groups as well.

5 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?

Although the above issues are relevant to the promotion of menstrual dignity and well-being and should be included in how aspects of this Strategic Action Plan are implemented, we believe that a broader strategy is needed to address specific issues relating to women's health requiring urgent attention and improvement.

We support calls made by other women-centred organisations for a bespoke women's health strategy for Wales, overseen by Welsh Government partly through a long-term sustainable commitment to the Wales Women's Health Implementation Group (WHIG) and Programme (WHIP). A Women's Health Strategy for Wales should have a life-long focus on women's health and well-being with a consistent approach across Wales. While reproductive health, fertility and maternity and securing improvements, such as in healthcare for endometriosis, would be a key part of such a strategy, it should have a broader approach and cover women's health more generally, focusing on issues separate and distinct from obstetrics and gynaecology. This should include cardiovascular disease, auto-immune illnesses and chronic ill-health. Some of these issues are under-researched and poorly understood at present because of research on men being the norm. But they impact nevertheless on Welsh women's lives and place demands on NHS resources.

We welcome the Senedd Health and Social Care Committee's intention of focusing on Women's Health over the next 4+ years. Both the Committee and the Welsh Government would do well to consider both the scope and the language the Vision document for the Women's Health Strategy for England⁸ published in December 2021 which was developed following extensive consultation and evidence gathering.

6 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?

At present we do not believe that there are significant negative or positive effects on opportunities for people to use Welsh or on treating the Welsh language less favourably than English arising from this plan.

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1042631/dhs-c-our-vision-for-the-women-s-health-strategy-for-england.pdf

It is worth noting that the etymology of the word used for period in the Welsh version of the plan 'misliif' (monthly flow) is different from 'period' (a euphemism). This needs to be taken into account in any communication plan and simply translating an English language campaign is unlikely to work.

7 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.

See response to Q6.

8 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:

Single-sex services and facilities must be a priority

- It's essential that Welsh Government respects and promotes women and girls' legal rights to single-sex spaces, services and facilities under legislation including the Equality Act 2010 and schools' premises regulations. Single-sex provision is legal, normal and often absolutely necessary for reasons of privacy and dignity as well as safety. The importance of such facilities needs to be recognised in the Strategic Action Plan.
- Schools in Wales must be reminded of the requirement to ensure separate toilet facilities for male and female learners in line with the Education (School Premises) Regulations 1999. Unisex or mixed sex toilets and washrooms do not meet the regulatory standard and also do not provide the necessary privacy for girls to deal with their periods. Research by our predecessor organisation, Lleisiau Merched Cymru⁹, shows that there are a number of detrimental consequences for girls from the imposition of unisex and mixed sex facilities.
- Both the Strategic Action Plan and the Integrated Impact Assessment refer to work conducted by Plan International on the "tangible, negative impacts on girls' day-to-day lives", yet Welsh Government itself seems to be deliberately obscuring or ignoring the need for single-sex facilities.

⁹ <https://www.walesonline.co.uk/news/education/pupils-missing-school-because-dont-15839558>

- Suitable private and adequate washing facilities in girls' toilets and changing rooms is particularly important in relation to the use of reusable period products, such as mooncups and cloth pads, and this is not adequately reflected in the Action Plan.
- Access to safe and private spaces is not mentioned in the Easy Read version. Girls and women with learning disabilities are especially vulnerable to sexual abuse, and the protection of women- and girls-only spaces will be particularly important for this group.

Some of the language used in the plan is inaccurate and misleading

- The phrase "assigned female at birth" is used. This is a misleading and inaccurate term usually associated with a pseudo-scientific belief system and has no place in a Welsh Government document.
- Sex is determined at conception and often discerned by ultrasound at 20 weeks gestation or other prenatal screening during pregnancy. At birth, sex is observed and recorded by a midwife. In a tiny fraction of a percentage of cases diagnostic testing will be used to establish whether a baby is male or female. The use of the term 'assigned' implies that it is an arbitrary process which can be incorrect.
- The outdated and misleading term 'intersex' appears twice in the document in a way that implies it is an identity. This is offensive to people with Differences of Sexual Development (DSDs) or Variations of Sexual Development (VSCs). People with DSDs/VSCs who menstruate are quite simply women and girls, not some third sex or - as the misleading term 'intersex' implies - between the sexes. Welsh Government should consult with the charity DSD Families¹⁰ in order to clarify the implications of these medical conditions for the Period Dignity Strategic Action Plan. The messages from lobby groups who view 'intersex' as an identity are not helpful to sensitive treatment of children and young people in schools.
- The need for clear and accurate public health messaging and improving menstrual health literacy is well-established through research and analysis of the response to public health and screening campaigns. The adverse consequences of deliberately adapting language to be impersonal and 'gender-neutral' on an issue so clearly related to biological sex will be experienced by the very groups a Period Dignity Strategy needs to reach, including women and girls with limited English or Welsh, women and girls with disabilities, women and girls from some faith and cultural backgrounds.

¹⁰ <https://www.dsdamilies.org/charity>

- A Strategic Action Plan looking at the female-only experience of menstruation should be woman-centred and biologically accurate and have no need for confused language and vocabulary. The overwhelming majority of those who would benefit most from the actions listed are women and girls. It is disingenuous to claim that the choice of language is partly for the benefit of women and girls who do not have periods. It is perfectly possible to acknowledge that the Action Plan is also relevant to females who do not identify as women or girls and to include actions to target the needs of that particular group, without using impenetrable language that ignores reality throughout the Action Plan. To erase girls and women in this way is dehumanising and not compatible with the aim of improving dignity and reducing stigma.

The Action Plan's approach is divisive and fragmented

- The Welsh Government continues to misunderstand intersectionality and both the Action Plan and the Integrated Impact Assessment show this very clearly. Intersectionality is constitutive and about the *intersection* of different axes of oppression, not about different sections of the community or separate groups of people. When discussing menstrual well-being the relevant axes do not conform neatly to pre-existing groups. For example, the acronym LGBTQ+ is a broad grouping of people with very different characteristics and needs. The needs and best interests or oppression faced by lesbians or bisexual women are not the same as those of gay men. The needs of trans identified women and girls are different from those who identify as Q (whether 'questioning' or 'queer'). Faith communities are similarly diverse. Relying on such a fragmented approach, putting people into neat boxes that do not acknowledge a commonality of experience among women and girls from different groups, is exclusionary and divisive.
- In both the plan and the impact assessment 'Women and Girls' are listed as just one of 10 groups whose needs must be considered in consultation and in Guidance. In relation to menstrual health it is clear that biological sex is the primary axis, and the way additional disadvantage or protected characteristics intersect with sex should be the focus of targeted actions in the plan.