NARRATIVE REVIEW

Just a Bad Period?

Period pain, adolescent-onset endometriosis and the long road to diagnosis for young people in Australia.

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Period pain is so common that it is often treated as just part of growing up. But when does "a bad period" become a sign that something is wrong, and why do so many young people wait years for an answer? This report asks how period pain and adolescent-onset endometriosis are recognised, or missed, in young people, and what can be done to shorten the long road to diagnosis.

This report synthesises 20 academic and policy sources, including Australian national surveys, systematic reviews, qualitative studies and government reports. It is organised around two themes: how period pain becomes normalised and unspoken by families, schools, clinicians and young people themselves; and how education, health services and policy can move young people from silence to support.

AT A GLANCE

- 20 academic and grey-literature sources
- For young people, families, teachers, clinicians and policymakers

THEMES

- Normalised and Unspoken – How Period Pain Gets Missed
- From Silence to Support – Closing the Diagnostic Gap

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BACKGROUND

Why Period Pain Deserves Attention

Period pain (dysmenorrhoea) affects the majority of young people who menstruate, yet it receives little attention in classrooms, clinics or public conversation. The following points explain why the issue is urgent, particularly for adolescents.

Pain is the norm, not the exception

A systematic review and meta-analysis of 38 studies including 21,573 young women found that around 71% experience dysmenorrhoea, regardless of whether they live in high- or lower-income countries (Armour et al., 2019). In Australia, a national online survey of 4,202 young women aged 13–25 found that 92% reported period pain, with a median severity of 6 out of 10, and 55% reported non-cyclical pelvic pain at least once a month (Armour, Ferfolja, et al., 2020). Pain severity stayed relatively constant across ages, suggesting it is not something young people simply "grow out of".

RESEARCH

92% of 4,202 young Australian women aged 13–25 reported period pain, with median severity 6/10.

Armour, Ferfolja, et al., 2020

TERM

Dysmenorrhoea

The medical term for painful periods. "Primary" dysmenorrhoea has no underlying disease; "secondary" dysmenorrhoea is caused by a condition such as endometriosis.

Pain is costing young people their education

The same Australian survey found just under half of respondents had missed at least one class or lecture in the previous three cycles because of period symptoms, and 77% of school students reported difficulty concentrating in class during their period (Armour, Ferfolja, et al., 2020). Internationally, about 20% of young women report being absent from class and 41% report reduced concentration or performance (Armour et al., 2019). A large Australian school program survey of 13,078 students found 52.6% reported regular severe period pain and 22.9% regularly missed school or work because of their period (Tomsett et al., 2026).

RESEARCH

Over one in five students regularly missed school or work because of their period.

Tomsett et al., 2026

Endometriosis often begins in adolescence

Endometriosis is a chronic condition in which tissue similar to the lining of the uterus grows elsewhere in the body, causing pain and inflammation. The World Health Organization estimates it affects around 10% of reproductive-age women and girls globally and can begin from the first period (World Health Organization [WHO], 2025). In Australia, about 1 in 7 women born in 1973–78 had been diagnosed by age 44–49 (Australian Institute of Health and Welfare [AIHW], 2023). A large survey cited in clinical reviews found around two-thirds of women with surgically diagnosed endometriosis reported symptoms starting in adolescence (Dun et al., 2015).

TERM

Endometriosis

A chronic inflammatory condition where tissue similar to the uterine lining grows outside the uterus, often causing severe period pain, pelvic pain and fatigue.

The wait for a diagnosis is long

The Australian Government reports that people with endometriosis wait an average of 6–8 years for a diagnosis (Australian Government Department of Health, n.d.), and Australia's first National Action Plan for Endometriosis cited delays of seven to twelve years (Commonwealth of Australia, 2018). An Australian survey found a mean delay of eight years, although delays were shorter among those who had presented more recently (Armour, Sinclair, et al., 2020). Globally, the average time to diagnosis ranges from 4 to 12 years (WHO, 2025).

RESEARCH

Average wait for an endometriosis diagnosis in Australia: 6–8 years.

Australian Government Department of Health, n.d.

DIAGRAM

The "Normal Pain" Loop

The research reviewed points to a repeating cycle that keeps young people with severe period pain from timely care. Each stage reinforces the next, and the loop can repeat for years before a young person receives a diagnosis. Breaking the loop at any point, through education, open conversation or a clinician who takes pain seriously, can shorten the journey.

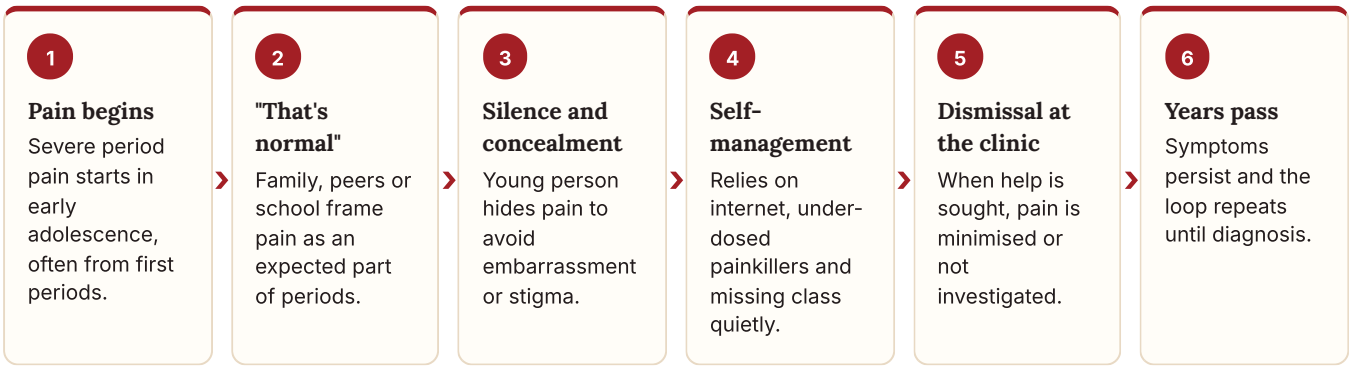


Figure – conceptual model developed from the literature reviewed in this report.

THEME 1

Normalised and Unspoken – How Period Pain Gets Missed

Period pain becomes invisible when the people around young people, and young people themselves, treat it as an unavoidable part of menstruation. This theme examines how normalisation, low menstrual health literacy and cultural taboos combine to delay recognition of conditions such as endometriosis.

Finding 1.1 – Families, schools and clinicians often treat severe pain as "normal"

NORMALISATION

Clinical reviews identify the normalisation of dysmenorrhoea as a key reason adolescents experience delays to diagnosis and treatment. Sachedin and Todd (2020) note that adolescents often present later, see multiple doctors and may suffer more than adults, partly because period pain is assumed to be normal. A focus group study of women with endometriosis found young age, normalisation of symptoms and limited general practitioner (GP) awareness were key barriers to referral, with most delay occurring before the first GP visit and between that visit and a gynaecology referral (van der Zanden et al., 2021).

The WHO (2025) similarly reports that many people, families and health workers do not recognise that chronic pelvic pain from endometriosis is not normal, and that social beliefs which downplay period pain worsen its impact. Victoria's Inquiry into Women's Pain heard from thousands of women and girls and found that dismissal and disrespect in healthcare were widespread, with reproductive conditions among those most often dismissed or undertreated (Department of Health, Victoria, 2025).

RESEARCH

"Due to normalization of dysmenorrhea, there is delay to diagnosis and treatment."

Sachedin & Todd, 2020

RESEARCH

Victoria's pain inquiry found "dismissal, disrespect, and inadequate treatment are widespread."

Department of Health, Victoria, 2025

Finding 1.2 – Young people conceal pain to avoid stigma

STIGMA AND SILENCE

Normalisation is not only something done to young people; it is also something they learn to perform. In interviews with Australian women diagnosed with endometriosis, Seear (2009) described a "menstrual etiquette" in which menstrual problems are strategically concealed because disclosure risks stigma. Seear argued that this reluctance to disclose was a significant and often overlooked contributor to diagnostic delay, alongside clinicians' normalisation of pain.

This silence is visible in schools. In the Australian national survey, 60% of school students said they would not talk to teaching staff about menstruation (Armour, Ferfolja, et al., 2020). Higher pain scores were linked to young people rating their periods as abnormal, but not to a

TERM

Menstrual etiquette

Unwritten social rules that periods, and any problems with them, should be hidden from others.

RESEARCH

60% of Australian school students would not talk to teachers about menstruation.

Armour, Ferfolja, et al., 2020

greater likelihood of speaking to a doctor (Armour et al., 2021). Knowing something is wrong does not automatically lead to help-seeking when talking about periods feels unsafe.

Finding 1.3 – Menstrual health literacy is low and lessons stop at biology

HEALTH LITERACY

Many young people are left to work out on their own whether their pain is normal. In the Australian survey, 49.8% used online information to decide this, only 31.1% had asked a doctor, and only 53% of school students had heard of endometriosis (Armour et al., 2021). Many reported taking common pain relievers at less than the recommended dose, suggesting that even self-care was not well informed.

School education is part of the problem. Qualitative analysis of young Australians' views of health and physical education lessons identified three themes: lessons were "all just biology", covered "the cause but not the effect" (avoiding pain and conditions like endometriosis), and often came "too little, too late", after periods had started (Curry et al., 2022). A later Western Sydney University report found that while over 60% of surveyed teachers taught menstrual health, only about 37% of those covered period-related pain (Western Sydney University, 2024).

RESEARCH

Only 53% of Australian school students had heard of endometriosis.

Armour et al., 2021

TERM

Menstrual health literacy

The ability to find, understand and use information about the menstrual cycle, including knowing what is typical and when to seek help.

Finding 1.4 – Cultural taboos can deepen silence for culturally diverse youth

CULTURE AND TABOO

For young people from culturally and linguistically diverse (CALD) backgrounds, cultural and religious meanings attached to menstruation can add another layer of silence. A qualitative study of 82 migrant and refugee women living in Sydney and Vancouver, from countries including Afghanistan, Iraq, Somalia, South Sudan and Sri Lanka, identified "cycles of shame" in which menstruation was described as shameful, polluting and unspeakable (Hawkey et al., 2017). Although the study involved adult women, its findings highlight family and community norms that young people may grow up with, and the authors argue these experiences must inform culturally safe health education.

Evidence on how young CALD people experience period pain and endometriosis remains thin. A systematic review of qualitative endometriosis research found an incomplete evidence base across ages, ethnicities and socioeconomic backgrounds, with participants largely recruited from high-income, English-speaking settings (Cunnington et al., 2024). This gap means the voices of culturally diverse adolescents are largely missing from the research shaping services.

RESEARCH

Migrant and refugee women described menstruation through "cycles of shame".

Hawkey et al., 2017

COMPOSITE CASE

Composite case: Amira, 15

Amira (a composite, not a real person) has had painful periods since she was 12. Her mother tells her the pain is something every woman bears and should not be discussed outside the family. At school, she misses one or two days each cycle but tells teachers she has a cold. When she finally sees a GP, she is told to take paracetamol and come back if it gets worse. Without language for what is happening, and with periods treated as private, Amira's journey sits at the start of the "normal pain" loop.

PROPOSED SOLUTIONS

Change the conversation

- **Name the red flags**
  Teach that pain causing missed school, or not relieved by usual medicine, is worth checking.
- **Normalise talking, not pain**
  Campaigns that make periods a speakable topic for families, peers and teachers.
- **Youth-led messaging**
  Young people co-design awareness content for social media and school assemblies.

Make it culturally safe

- **Bilingual resources**
  Period pain and endometriosis information translated and adapted with CALD communities.
- **Engage parents and elders**
  Community sessions that respect cultural values while addressing pain as a health issue.
- **Fund diverse research**
  Include CALD and LGBTQIA+ adolescents in endometriosis and period pain studies.

THEME 2

From Silence to Support – Closing the Diagnostic Gap

Shortening diagnostic delay requires action across schools, primary care and specialist services. This theme examines what the evidence says about adolescent endometriosis, and how national and Victorian responses are attempting to close the gap.

Finding 2.1 – Endometriosis is common among adolescents with persistent pain

ADOLESCENT ENDOMETRIOSIS

A systematic review of 19 studies including 1,243 adolescents with pelvic pain found that 64% of those who underwent laparoscopy had endometriosis, with individual studies ranging from 25% to 100% (Hirsch et al., 2020). Clinical reviews report endometriosis in roughly 62–75% of adolescents undergoing laparoscopy for chronic pelvic pain or dysmenorrhoea, and around 70% of those whose pain did not improve with standard medicines (Sachedin & Todd, 2020).

Adolescents also often present differently from adults, which can make the condition harder to recognise. Clinicians are encouraged to keep a high index of suspicion where severe period pain causes missed activities or does not respond to treatment (Sachedin & Todd, 2020). Australian data suggest diagnoses are increasingly being made earlier: women born in 1989–95 were more likely to have been diagnosed by age 31 than women born in 1973–78 at the same age, with peak diagnosis at age 22 in the younger group (AIHW, 2023).

RESEARCH

64% of adolescents with pelvic pain who had laparoscopy were found to have endometriosis.

Hirsch et al., 2020

TERM

Laparoscopy

"Keyhole" surgery in which a camera is inserted through a small cut in the abdomen to look for and sometimes remove endometriosis.

Finding 2.2 – School-based menstrual health education can rapidly raise awareness

SCHOOL EDUCATION

PPEP Talk (Periods, Pain and Endometriosis Program), delivered by the Pelvic Pain Foundation of Australia, is a clinician-led school session covering what is normal, pain, self-management and when to seek care. Analysis of surveys from 13,078 students found awareness of endometriosis rose from 47.8% before the session to 95.5% afterwards, and every participating school wanted the program to continue (Tomsett et al., 2026). The same data showed 21.5% of students had presented to a health professional for period pain and 5.7% to an emergency department, highlighting the scale of unmet need.

The National Action Plan for Endometriosis called for menstrual education resources in school puberty curricula and for educators to be equipped to recognise endometriosis symptoms (Commonwealth of Australia, 2018). In Victoria, the government funded free in-person pelvic pain education sessions for students in Years 5 to 10, alongside free

RESEARCH

Endometriosis awareness rose from 47.8% to 95.5% after a school education session.

Tomsett et al., 2026

period products in government schools (Premier of Victoria, 2024). However, the Australian curriculum does not directly mandate menstrual health, leaving content to individual teachers (Curry et al., 2022).

Response	Level	What it offers young people
National Action Plan for Endometriosis	National	Priorities in awareness, education, clinical care and research
Endometriosis and pelvic pain clinics	National	Multidisciplinary care aimed at faster diagnosis
PPEP Talk school sessions	School	Clinician-led education on normal periods, pain and help-seeking
Pelvic pain education and free period products	Victoria	Sessions for Years 5–10 and free products in government schools

Finding 2.3 – Specialist clinics and national action are promising but not yet youth-specific

HEALTH SYSTEM RESPONSE

Australia's National Action Plan for Endometriosis set priorities across awareness and education, clinical management and care, and research (Commonwealth of Australia, 2018). Building on this, the Australian Government has funded endometriosis and pelvic pain clinics through Primary Health Networks, with 22 clinics operating and a further 11 planned to bring the total to 33. They aim to deliver faster diagnosis, earlier treatment and better care pathways, with a focus on priority populations (Australian Government Department of Health, n.d.).

There are encouraging signs: Australian survey data show that diagnostic delay and the number of doctors seen before diagnosis were lower among people who had presented more recently (Armour, Sinclair, et al., 2020). Yet the clinic program does not specifically describe adolescent pathways, and Victoria's pain inquiry recommended system-wide changes in clinician training, models of care and affordable access (Department of Health, Victoria, 2025). Without youth-friendly, confidential and culturally safe entry points, many adolescents may still struggle to reach these services.

TERM

Multidisciplinary care

Care from a team of different health professionals, such as GPs, gynaecologists, pain specialists, physiotherapists and psychologists, working together.

RESEARCH

Diagnostic delay was shorter among people who presented more recently.

Armour, Sinclair, et al., 2020

PROPOSED SOLUTIONS

Strengthen schools

- **Mandate menstrual health**
  Make period pain and endometriosis explicit in the national health curriculum.
- **Teach before periods start**
  Deliver practical lessons in upper primary, not only after menarche.
- **Train teachers**
  Professional learning so staff respond supportively when students disclose pain.

- **Flexible school policies**
  Allow rest, bathroom access and catch-up support without stigma.

Improve clinical care

- **Believe young patients**
  GP training to take adolescent pain seriously and use structured symptom checks.
- **Youth pathways in clinics**
  Pelvic pain clinics to offer adolescent-friendly, confidential appointments.
- **Interpreters and cultural safety**
  Routine interpreter access and culturally responsive care for CALD families.

Hold the system accountable

- **Track youth outcomes**
  Report diagnostic delay and access data for under-25s and CALD groups.
- **Sustain funding**
  Secure ongoing funding for school programs proven to raise awareness.

SUMMARY

Key Findings of Report

1 **Period pain is common and disruptive**

Most young people who menstruate experience period pain, and many rate it as moderate to severe. It causes missed classes and poor concentration, affecting education at a critical stage of life.

2 **Endometriosis frequently begins in adolescence**

Around two-thirds of adolescents with pelvic pain who undergo laparoscopy have endometriosis. Many adults with endometriosis recall symptoms starting in their teenage years.

3 **Normalisation keeps young people waiting**

Families, schools and clinicians often treat severe period pain as normal. Combined with the diagnostic delay of six to eight years, this means many young people spend their teenage years without answers.

4 **Silence and stigma stop help-seeking**

Young people conceal pain to avoid embarrassment and rarely talk to teachers. Cultural taboos can deepen this silence for young people from culturally diverse backgrounds, who remain underrepresented in research.

5 **Education works when it covers pain**

Lessons focused only on biology leave young people unsure what is normal. Clinician-led school programs dramatically increase endometriosis awareness and are valued by schools.

6 Policy momentum needs a youth lens

The National Action Plan, pelvic pain clinics and Victorian school initiatives are important steps. They now need adolescent-specific pathways, culturally safe delivery and sustained funding.

WHERE TO GET HELP

Kids Helpline
free, confidential 24/7 counselling for young people aged 5–25
1800 55 1800 / kidshelpline.com.au

Pelvic Pain Foundation of Australia
information on period pain, pelvic pain and endometriosis
pelvicpain.org.au

Endometriosis and pelvic pain clinics
find a funded clinic near you
health.gov.au/our-work/endometriosis-and-pelvic-pain-clinics

healthdirect
free 24/7 health advice from a registered nurse
1800 022 222 / healthdirect.gov.au

Jean Hailes for Women's Health
evidence-based information on periods and endometriosis
jeanhailes.org.au

In an emergency, call 000. This report is health education, not medical advice.

METHOD

Research Method

This report is a narrative literature review of peer-reviewed literature and grey literature, including government policy documents, inquiry reports and organisational reports. Sources were identified through searches of PubMed, Google Scholar and relevant Australian government and health organisation websites, using terms related to dysmenorrhoea, period pain, endometriosis, adolescents, diagnostic delay, menstrual health literacy, menstrual education and culturally diverse populations. Priority was given to systematic reviews, large population surveys and Australian evidence, with international sources included where they added context. The review focused on English-language research relevant to young people aged approximately 10–24 years.

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