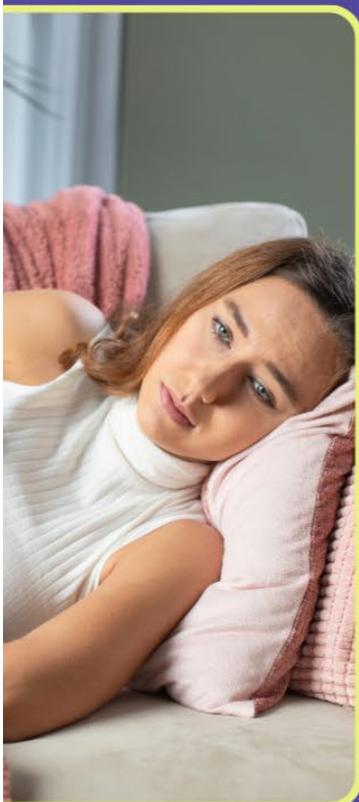# 28X:

Shaping the future of menstrual health tracking

Prepared by Isabel Clark,
Strategic Community Partnerships and Insight Lead,
Health Innovation Kent Surrey Sussex

Contents

Executive Summary

28X, a menstrual health tracking App backed by the Philips Foundation, commissioned Health Innovation Kent Surrey Sussex (KSS) to conduct focus groups with women from global majority communities and women who are neurodivergent in January 2026 to ensure their lived experiences directly informed the future development of the 28X App.

Context

Women experience longstanding inequalities in menstrual and reproductive healthcare. These disparities are worse for women from global majority backgrounds and for neurodivergent women, who frequently face delayed diagnoses, misinformation, cultural barriers and dismissal within the healthcare system. There is also unequal access to menstrual-health information and digital tools, particularly where period-tracking apps require payment.

Current ways women access menstrual health support

Many women rely on a range of resources, including the NHS website, Google, social media, period-tracking apps, books and friends and family. Most prefer an internet-first approach because of long wait times for healthcare, inconsistent advice   or prior experiences of being dismissed.

Global majority women emphasised the importance of community networks, while women who are neurodivergent relied on pharmacists for contraception-related guidance.

Key challenges in accessing menstrual health information

Participants described numerous barriers that influence how they seek care such as: cultural taboos, dismissal of symptoms, digital challenges, postpartum confusion and contradictory advice.

Concerns about data sharing

There were strong concerns of commercial period-tracking apps due to unclear privacy policies, fears about data breaches and concerns about data being sold or used for targeted advertising.

Preferences for future menstrual health support

There was support for holistic, personalised menstrual-health information that reflects a women's life stage, symptoms, contraception, cultural context, and health conditions. Being believed, reassured and treated with respect was key.

Overall Impressions of 28X

Participants responded strongly positively to 28X, describing it as a calm, friendly, intuitive and supportive App. Many said it helped them feel more in control and less alone, with one calling it *"a little friend in my pocket."* They particularly valued the butterfly visualisation, the clarity of educational content and the advertisement free environment. The transparent approach to data privacy was also commended.

However, participants identified several improvements, including labels for navigation icons, a searchable, filterable article library and more personalisation at onboarding. To note, participants viewed 28X in its current minimum viable product (MVP) stage and these features are part of the planned roll out over the next six months.

Summary

The insights show a strong appetite for an accessible, inclusive menstrual-health app underpinned by trust, personalisation and NHS alignment.

Participants want a digital tool that reflects their lived experience, supports them through the different life stages of menstrual health (i.e. from starting periods, pre and post pregnancy, and peri-menopause), and provides clear, compassionate, culturally competent information that has too often been missing in their experiences with the healthcare system.

Shaping the Future of Menstrual Health Tracking

Context and Background

Women's health has become a significant national priority within the NHS due to long-standing inequalities, systemic gaps in care, and historic under-investment in women-specific health needs.

The *Women's Health Strategy* (2022) for England acknowledges that although women make up 51% of the population, they face persistent barriers in accessing the care they need, and often spend a greater proportion of their lives in ill health and disability compared to men.[1]

In the UK, 17% of people do not have access to the menstrual health information that they need.[2] Many menstrual health tracking Apps are not free – making them difficult for some communities to access.

Women from global majority communities, and women who are neurodivergent experience greater disparities, and differences in menstrual and reproductive healthcare and information.[3] Global majority communities tend to experience disparities in menstrual health:

- Fibroids: Black women are diagnosed more frequently, often at younger ages and with more severe symptoms, yet face significant delays in assessment and treatment.
- Endometriosis: Commonly missed or misdiagnosed in Black, South Asian and Middle Eastern women, contributing to prolonged pain and late-stage detection.
- PCOS: Underdiagnosed in some global majority groups, partly due to inconsistent screening, atypical presentations, or cultural barriers to care.

Women who are neurodivergent - including those with autism, ADHD, dyslexia, dyspraxia, Tourette's and other neurodevelopmental differences - experience distinctive menstrual health challenges[4]:

[1] UK Government (2022), Women's Health Strategy for England. Available at: https://www.gov.uk/government/publications/womens-health-strategy-for-england (Accessed: 11 February 2026).

[2] UK Government (2022), Results of the Women's Health "Let's Talk About It" Survey. Available at: https://www.gov.uk/government/calls-for-evidence/womens-health-strategy-call-for-evidence/outcome/results-of-the-womens-health-lets-talk-about-it-survey (Accessed: 9 February 2026).

[3] NHS Race and Health Observatory (2025), Evidence for the Women and Equalities Select Committee. Available at: https://committees.parliament.uk/writtenevidence/149029/pdf/ (Accessed: 11 February 2026).

[4] Cambridgeshire Community Services NHS Trust, Children and Young People's Health Services Website Page. Available at: https://www.justonenorfolk.nhs.uk/nd-digital-library/growing-up/periods/ (Accessed 11 February

- More intense or variable physical symptoms, including severe cramps, heavy bleeding, and marked premenstrual mood changes.
- Heightened sensory sensitivities, making period products, smells, textures and cramps particularly distressing.
- Overlapping symptoms with conditions such as ADHD or autism, which can mask or confuse menstrual health patterns.
- Higher risk of dismissal or minimisation by healthcare professionals, leading to delayed diagnosis for endometriosis, PCOS and PMDD.

There is a need to ensure menstrual health information is accessible for all communities. Cultural taboos, stigma, and mistrust of healthcare systems result in the need for culturally sensitive, linguistically accessible, and clinically accurate information for global majority communities. Menstrual health information that does not result in cognitive overload, or inaccessible design features is essential for women who are neurodivergent.

28X, a menstrual health technology organisation backed by the Philips Foundation, aims to rectify this.[5] By aiming to provide a free, accessible and inclusive menstrual health tracking app that enables all people to be able to access and navigate information on menstrual health.

In November 2025, Health Innovation Kent Surrey Sussex (KSS) was commissioned by 28X to seek the views, experiences and needs of global majority women, and women who are neurodivergent to shape the development of the App. The aim was to:

- Understand how these women currently access **menstrual health information**, and how they would like to **access information** on menstrual health in the **future**.

- Ensure the **app** meets the **needs of people** with **diverse experiences**, and **backgrounds**.

The insight captured would feed directly into the design of the app.

2026); National Autistic Society, Menstruation Website Page. Available at: https://www.autism.org.uk/advice-and-guidance/physical-health/menstruation (Accessed 11 February 2026).

[5] 28X App Platform. Available at: https://www.my28x.com/ (Accessed: 11 February 2026).

Methodology

Two 90-minute focus groups were held on 14th January 2026, and 22nd January 2026, comprised of 20 women.

Participants were recruited by developing accessible and inclusive communications which were shared through:

- Voluntary, Community and Social Enterprise organisations including: Surrey Minority Ethnic Forum, Sussex Interpreting Services, Trust for Developing Communities, Possability People, and Motivational Mums Club.
- Social Media.
- NHS patient stakeholder bulletins.

300 participants expressed an interest in being involved. Everyone who expressed an interest was invited to complete an Equalities Monitoring Form to determine the final group layout.

30 participants were invited to join the focus groups: 20 people participated (10 on 14th January 2026, and 10 on 22nd January 2026).

Accessible and inclusive methods were used to ensure all participants were able to be meaningfully involved. A stimulus pack, voice note, and link to the App was shared in advance of the session. Clear ground rules, and value behaviours were set at the beginning of each focus group. All participants were treated as equal partners in shaping the design of the app, and received a £25 One4All voucher as a result of their involvement.
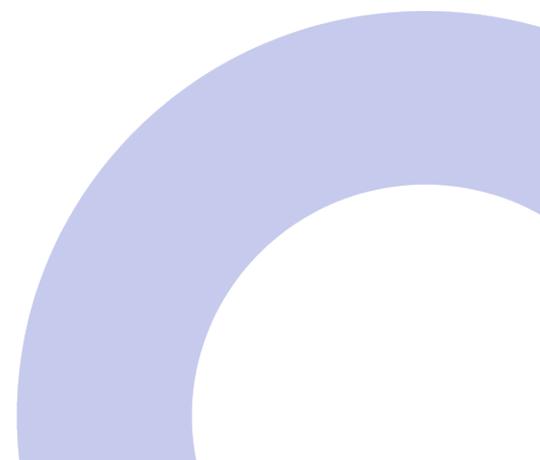
Demographic details of participants

The demographic questions were optional. 17 participants fully answered each question, with 3 participants not fully completing the form other than the questions on gender and ethnicity.

Of the data captured:

● 47% of participants lived in Kent, 41% of participants lived in Sussex and 12% of participants lived in Surrey.

● 100% of participants identified as "Female".

● 6% of participants were aged 18 – 25 years, 65% of participants were aged 26 – 35 years, 23% of participants were aged 36 – 45 years, and 6% of participants were aged 46 – 55 years old.

● 40% of participants identified as "English, Welsh, Scottish, Northern Irish, British", 55% of participants identified as "African", and 5% identified as "Asian and White".

● 59% of participants identified as "Christian", 29% of participants identified as having "No Religion", 6% identified as being "Muslim", and 6% identified as being "Atheist".

● 76% of participants identified as being "Heterosexual/Straight", 12% of participants identified as being "Lesbian/Gay Woman", 6% of participants identified as "Bisexual", and 6% of participants "Preferred Not to Say".

● 18% of participants identified as having a health problem/disability which has impacted on daily activities over the last 12 months. Disabilities listed: mental health condition (1 participant) neurodivergence (1 participant) and physical impairment (1 participant).

● 35% of participants identified as a "Carer". Carer responsibilities listed: child with special needs (3 participants), parent (1 participant), and spouse/partner (1 participant). 1 participant identified as a carer but did not list their caring responsibilities.
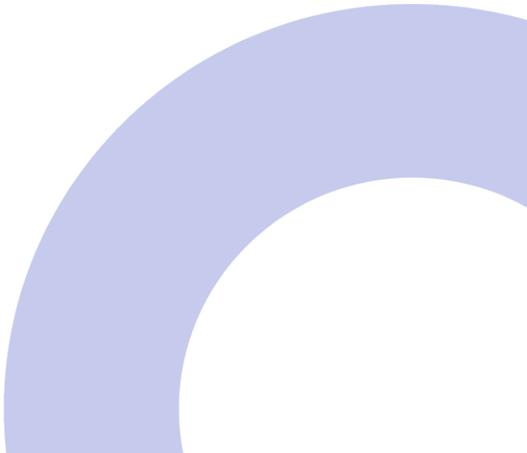
Insight from people and communities
How do you currently access menstrual health support?

- A wide range of methods are used to access menstrual health support, combining formal healthcare, digital tools, and informal sources: Google searches, ChatGPT, the NHS website, books, friends and family members, YouTube, Period Tracking Apps such as Flow or Clue and social platforms such as Reddit, Facebook groups, TikTok, and Twitter.

- Most participants adopt an internet-first approach to accessing menstrual health information, with self-directed online research undertaken before seeking healthcare from a clinician. This approach is largely driven by long waiting times to access healthcare in the GP Practice, challenges booking appointments, and previous experiences with healthcare professionals that felt unhelpful or dismissive of people's experiences.

- Some participants use tools such as ChatGPT to gain quick information, better understand symptoms, and sense-check concerns while waiting to access a healthcare professional. Artificial Intelligence tools are perceived as faster and more validating than traditional routes, although they are not seen as a replacement for clinicians.

- There was a mixture of use of Period Tracking Apps. Most participants did not pay for accessing the App and only shared minimal information for pragmatic reasons, and due to concerns about data security. A minority of participants relied on pen-and-paper or phone notes, and some not tracking at all if their cycles were irregular. This was mainly due to irregular periods, and/or concerns about the security and safety of Apps.

- Participants from global majority communities placed a strong emphasis on the value of books, peers, and community networks, including friends, family members, and online peer communities. These community-based sources provide emotional validation, shared experience, and reassurance, particularly when medical advice feels inaccessible, inconsistent, or dismissive.

- Some participants seek menstrual and contraception-related support from community pharmacists, especially for pill changes and specific medication queries. Pharmacists are often perceived as more accessible and more responsive than GPs for focused, practical questions.
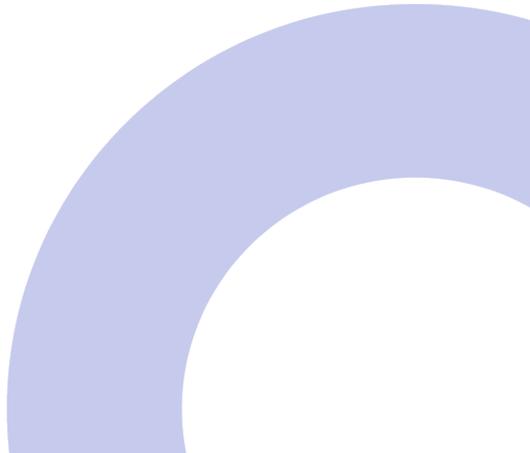
What challenges have you faced accessing menstrual health information?
Difficulties Accessing Healthcare

There were a number of major barriers participants experienced when trying to see a GP or other clinician. These included:

- Long waiting times, difficulty booking appointments, and very short consultation slots, often leaving no space for proper discussion.

- Appointments felt transactional and rushed, described by several participants as "one in, one out".

- Poor continuity of care, with people seeing different GPs and midwives who gave varying advice.

- Requests to see female clinicians were often not accommodated, creating discomfort for some women.

- Many were uncertain where to go for help (GP, sexual health clinic, pharmacist), leaving them unsure how to navigate the system.

Some participants said these barriers made them hesitant to seek care at all, because they did not want to "bother" the GP or felt their issue would not be taken seriously.

Conflicting and Inconsistent Advice

A major challenge highlighted was contradictory guidance from different healthcare professionals on menstrual health:

- Different midwives gave conflicting explanations about postpartum bleeding, cycle return after breastfeeding, or heavy flow.

- GPs and nurses shared mixed or incorrect information about what hormonal contraception (implant, pill, coil) should or should not do. Several women were told entirely different things by each clinician they saw.

> **I feel like throughout the NHS — the clinic, the GP, the midwives — none of them knew just basic information… You're literally just going round in circles.**

- Advice was often overly generic, such as "try diet and exercise," even when symptoms were severe or long-standing.

This inconsistency made people feel unsafe, mistrustful, and unsure how to interpret their symptoms.

Dismissal and Not Being Believed

- Many participants described feeling dismissed, not believed, rushed, or embarrassed during healthcare interactions, especially around postpartum changes or contraception concerns.

- Some reported that cultural or family taboos around menstruation increased their reluctance to seek professional care.

- Participants reported that clinicians assumed their symptoms were "normal" without assessing their full menstrual health information.

- These interactions left people feeling isolated and undermined confidence in seeking future care.

> " I was told I was overreacting… I just wanted to understand what was going on with my body, but the healthcare provider made me feel like I was bothering them. "

Postpartum Challenges

A significant insight was the lack of reliable postpartum guidance:

- Several participants experienced unexpected bleeding patterns, very heavy flows, or irregularities after childbirth.

- Midwives and GPs provided conflicting explanations, causing fear and confusion.

> " After breastfeeding, the amount of blood I was losing was so heavy I actually thought something was wrong… and every midwife gave me a different reason. "

- Some described feeling unsafe due to the lack of coherent clinical information on what was normal versus concerning.

Contraception-related challenges

Across both focus groups, contraception was one of the most problematic areas:

- Women reported misinformation about implants, pills, and their expected effects.

- Some were given multiple methods over time without clear explanation of side effects or alternatives.

- Changes in cycle length, flow, or pain were often not taken seriously or not explained.

Digital challenges

- Inaccurate period predictions in the Period Tracking Apps were reported to cause anxiety and embarrassment, especially for those with irregular cycles. As a result,

some participants carried menstrual supplies "just in case," even when predictions suggested they were not needed.

- Concerns about data privacy, data breaches, tracking, and targeted advertisements led many to limit what information they entered into Period Tracking Apps.

- Cost was a challenge for most, as many Apps locked essential information behind "premium" paywalls, which felt inequitable.

- Technical problems, such as certain devices (e.g., Google phones, some Android models) being unable to download specific Apps at all.

Emotional and lived experience challenges

Many women described a heavy personal burden associated with their menstrual health:

- Persistent pain, heavy bleeding, and unpredictable cycles affecting daily life.

- Anxiety about planning work, study, childcare, or travel around unpredictable symptoms.

- Lack of early education, particularly among global majority women, due to cultural taboos that prevented open conversations.

- Feelings of loneliness and frustration when symptoms were dismissed or unexplained.

- Reliance on family, friends, online communities, or social media stories to validate their experiences because healthcare support was lacking.

> " I got on well with [an another] app, but I read in the news recently about a data breach, so I became reluctant to go back… information like that shouldn't be shared. "

Do you have concerns about sharing health information and data?

- There was strong distrust of commercial Period Tracking Apps, largely due to the widely reported data breaches and lack of clear explanations in privacy policies about where data goes, who accesses it, and whether it is sold or used for targeted advertisement. Many participants were unsure whether the Apps would notify users of breaches in data.

> " I didn't actually think about the data with the apps I've used in the past, but now it makes me think… what will they do with that data if there is a breach? "

- Because of these concerns, several participants said they deliberately limit what they enter, often recording only basic period dates and avoiding more sensitive information such as symptoms, mood, sexual activity, contraception, or fertility-related details.

- Participants from global majority communities described additional sensitivity due to cultural taboos around menstruation, making privacy feel even more critical and influencing how much information they were comfortable entering into apps

- Neurodivergent women who rely on structure and tracking said they would only use an app if it felt **"safe enough"**, reinforcing how trust heavily shapes digital engagement.

- A separate concern was the risk of losing data entirely, since some Apps store information only on the device; participants worried that losing a phone, upgrading, technical failure, or App closure would erase years of menstrual history. They called for secure backup and restore options.

- Many participants preferred Apps that offer data export functions, allowing them to save their history or share it with clinicians when needed.

- There was significantly greater trust in NHS systems compared with commercial apps. Participants said they were more comfortable sharing detailed menstrual health data if it remained within NHS governance, where transparency and accountability felt stronger.

- Participants want to use digital tools for menstrual health information, but only if they are free of advertisements, transparent about data usage, securely governed, and capable of preserving access to their information over time. Without this, they will continue to limit or avoid using menstrual tracking apps altogether.

How would you prefer to access menstrual health information/support in future?

- Menstrual health information should be holistic, personalised and takes account of age, stress, lifestyle factors, pregnancy, birth, breastfeeding, postpartum changes, contraception, and conditions such as PCOS, PMDD, perimenopause and menopause. The support should include information on wider lifestyle factors such as nutrition, sleep, exercise, with personalised recommendations that evolve across life stages.

- There is a strong desire for clear clinical and red-flagged information to understand what is normal, and when medical support is needed.

- Many participants strongly valued the idea of human support within Period Tracking Apps, especially real-time conversation with a women's health professional to access quick, reassuring advice while waiting for clinical appointments.

- Digital tools (including Period Tracking Apps) should be embedded within the NHS, with integration into the NHS App, trusted governance, and continuity of care across appointments and life stages.
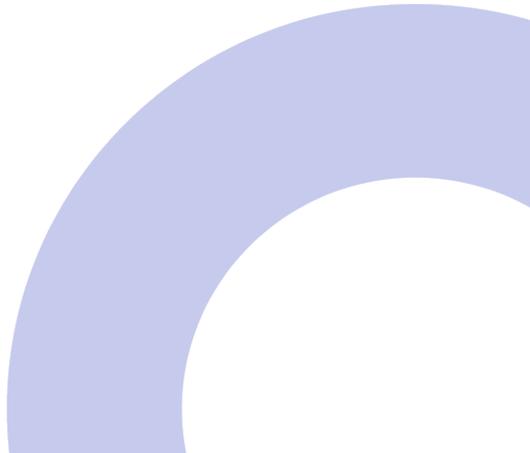
What matters most when seeking help or guidance on menstrual health information?

- Trust, safety and confidentiality were core values for participants. They wanted reassurance that any menstrual health support – including digital tools – would keep their information secure, respect their privacy and treat their experiences sensitively.

> " I want information and support that's actually about me… clear, simple to understand, and not just the generic answers they give everyone. "

- Being believed and listened to was essential. Participants emphasised the need for clinicians and support tools to validate their symptoms rather than minimise them, and to use language that feels respectful, non-judgmental, and empowering.

- People strongly preferred personalised information tailored to their own menstrual patterns, history, contraceptive use, symptoms, and health conditions. Generic advice on diet and exercise was viewed as unhelpful and dismissive.

- Cultural competence mattered greatly, especially for women from global majority communities. They valued support that acknowledges cultural norms, respects lived experiences, and uses inclusive language and visuals that do not make assumptions about gender, ethnicity, or background.

- To reduce experiences of dismissal, participants with PCOS, PMDD, or irregular cycles wanted personalised insights about their condition, along with clearer explanations of NHS pathways, referral criteria, and what "normal" looks like for different bodies.

- There was strong support for data integration with NHS systems, so that menstrual-health information could be shared easily, securely, and meaningfully with clinicians — improving continuity of care and helping clinicians make better-informed decisions.

- Practicality tools such as checklists, scripts, and information could be useful in preparing for a healthcare appointment. Pre-visit summaries, structured symptom histories, and the ability to generate one-tap downloadable exports of their menstrual health information was also seen as valuable.

What are your overall impressions of 28X?

- There was a strong positive response to 28X. The App was described as calm, friendly, and supportive.

> "It feels like a little friend in my pocket… it helps me feel more in control and less alone."

Emotional impact

- Participants reported feeling more in control of their menstrual health, less alone, and better informed when using the App.

- The App also helped participants feel more confident when speaking with healthcare professionals.

Features that worked well

Design and usability

- The App's clean and calm aesthetic was appreciated.

- Participants liked that it was not overly "girly" and used an inclusive tone; although one participant did not value the prominent pictures of women in the App.

- The butterfly cycle visualisation was highlighted as unique and intuitive.

Content

- Educational articles were described as clear, scientifically sound, and helpful for teens and parents as a teaching resource.

> "It helps me feel more in control of my menstrual health and more confident when I speak to healthcare"

- Strong appreciation for the short and long content toggle, letting users choose how much detail they wanted.

Trust and privacy

- The clear data protection message during onboarding reassured participants.

- The ability to delete all data was seen as a major benefit compared to other Apps.

- Users appreciated that the app was free and ad-free.

What was missing or could be improved?

Navigation and clarity

- Bottom navigation icons needed labels – some participants found it hard to navigate the App without knowing what the icons meant.

- The articles library required improvements, including search, filters, and a "save for later" option.

- The term "Courses" felt work-like, and participants preferred alternatives such as "Guides" or "Learning."

Personalisation gaps

- An onboarding questionnaire was needed to capture age, life stage, contraception, medical conditions, and goals to ensure the App was truly personalised.

Tracking and features

- Desire for more explicit daily flow-intensity tracking.

- More comprehensive contraception tracking (pill schedules, implant, coil, side-effects).

- Requests for condition-specific modules for PCOS and PMDD.

- Users wanted to log life-history details (pregnancies, births, breastfeeding, surgeries).

> " I liked the articles, but it needs a proper search and a way to save things… I couldn't find what I'd looked at before. "

Accessibility and technology

- Some participants experienced Android download issues.

- FAQ content sometimes appeared in the wrong language.

- Users wanted more nutrition and lifestyle content.

- Menopause symptom tracking was requested.

Must-haves for the future

- Include red-flag alerts explaining when to seek medical help.

> " We need rock solid privacy… I want to know my data is safe. That's a must for me. "

- Expand content for young people and parents, including early-period information.

- Add more nutrition and lifestyle information (stress, cravings, exercise, sleep).

- Provide clear, simple privacy explanations about how data is protected.

- Offer secure backup and restore options to prevent data loss.

- Keep the app free and ad-free to build trust.

- Allow users to easily export data for healthcare appointments.

- Work towards NHS App integration for continuity of care and increased trust.

- Offer optional access to women's-health professionals for rapid advice.

- Provide clear care-pathway information (when to contact GP vs sexual health vs specialist).

- Use inclusive language and visuals that reflect diverse users.

- Support users across the full reproductive journey – from the first period to menopause.
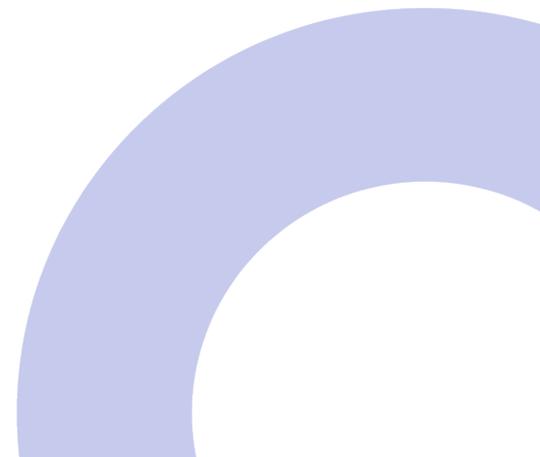
Recommendations

The strong message from participants was that people want to feel more **trusted, in control and supported** in their menstrual health journey.

Recommendations to achieve this:

Data Privacy and Security

Provide **clear, accessible information** on how 28X manages user data across the entire journey (onboarding, logging, storage, transfer, and sharing with the NHS and health systems) to build trust in data integrity, privacy, and security.

Expand health literacy support

Expand health literacy support through a wider range of evidence based articles and bite sized learning - to help users understand symptoms, cycles, and next steps across the life journey of menstrual health, including:

- ○ Early period information for young people and parents, with digestible content that addresses stigma and taboos.
- ○ A shift in framing from "courses" to "learning/understanding" about menstrual health.
- ○ Education on what is "normal" for different bodies and cultural backgrounds (e.g. higher prevalence of fibroids in Black women; endometriosis more common in South Asian and Black women), including signs and symptoms to look out for.
- ○ Awareness of red flags and when to seek professional advice.
- ○ Practical information on navigating the health system – signposting on where and how to seek help.
- ○ Support around milestone changes (pre/post-pregnancy, contraception, peri-menopause, menopause).
- ○ Content on optimal menstrual health, including nutrition, lifestyle, and exercise.

Increase personalisation

Increase personalisation at onboarding and throughout the user journey so that information, prompts and resources are tailored to the user's context and needs, including creating a personalised health review to help monitor and tailor for optimal menstrual health.

Enhance data capture

Enhance data capture to include flow heaviness, pain patterns and intensity, and life history details (pregnancies, births, breastfeeding, surgeries). Offer an option for exportable summaries of user generated data that could be shared with healthcare providers. These features would support users in **validating their symptoms**, enable better understanding and navigation between onset, diagnosis, referrals and management, and drive i**nformed, confident shared decision-making** with clinicians.

NHS App integration

Clarify if NHS App integration is part of the long-term roadmap for 28X and define what this could look like.