



**First Minister's National Advisory
Council on Women and Girls**

Website Summary

March-April 2019 Spotlight: Gender and Health

**CREATING A FUTURE WHERE
GENDER INEQUALITY
IS A HISTORICAL
CURIOSITY**

**#GENERATION
EQUAL**



YOU SAID – WE LISTENED

In March and April 2019 we invited public feedback on the Spotlight topic of gender equality and health. We'd like to give a huge thank you to everyone who shared their experiences and ideas.

A full report has been given to the NACWG, and a summary version is shared below.

Please note: these reports summarise the responses received to this open call for submissions. They do not represent the views of the National Advisory Council on Women and Girls (we are seeking feedback to gain more insight) nor do they represent a majority view or the view of the Scottish population. They represent the views of those organisations or individuals who have chosen, proactively, to respond.

Who did we hear from?

We had a great response and heard from both individuals and 'Wee Circle' discussions.

We heard from a range of genders, sexual orientations, ethnicities, religions, ages, as well as from people with a disability.

WE ASKED THREE QUESTIONS:

Q1 IN SCOTLAND, WHAT ARE THE BIGGEST EQUALITY ISSUES AROUND HEALTH, FOR WOMEN AND GIRLS?

Q2 IN SCOTLAND, WHAT NEEDS TO CHANGE TO IMPROVE HEALTH EXPERIENCES AND OUTCOMES FOR WOMEN AND GIRLS?

Q3 WHAT ACTIONS SHOULD NACWG RECOMMEND TO IMPROVE GENDER EQUALITY IN HEALTH?



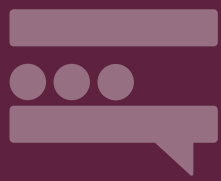
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WHAT DID WE LEARN?

Feedback was extremely wide-ranging, reflecting the diverse and individual nature of people's health experiences. Overall, there were dominant themes around women's health not being taken seriously, periods, menopause, access to services and transgender-related issues.

Feedback was grouped under 14 main themes as summarised below. Of these, the highest volume of response was around: women's health not being taken seriously, periods, menopause, access to services and transgender-related issues.



MAIN ISSUES



1.

WOMEN'S HEALTH NOT BEING TAKEN SERIOUSLY ENOUGH

There was recurring feedback that women's health issues are taken less seriously, or not seriously enough. This included: health professionals dismissing or underestimating women's symptoms and pain; insufficient emphasis on women's health within medical training; lack of female representation with clinical trials, medical research, and data; lack of 'interest' researching women's health problems (including endometriosis, fibromyalgia, thyroid disease and pelvic health) and lack of recognition of how women and girls experience some health conditions (including neuro-development, autism and heart problems).

Feedback on potential actions mirrored the issues above e.g. improved training, guidance, trauma-informed healthcare; funding of treatment and services around women's health; and more gender equality in research and trials.



2. HEALTH SERVICES, ACCESS AND ACCESSIBILITY

Feedback raised issues around: the proximity of health services (e.g. sexual health services, and specialist medical support), including the particular problems this causes for both patients and carers in remote and rural areas. Feedback also included concerns around pressures on maternity, and peri-natal services; and concerns around access to health services for people with a disability.

Feedback on potential actions included: research to understand the barriers women face to accessing health care; ensuring gender-appropriate options within social prescribing; exploring a return to 'well woman' clinics with more holistic expertise in women's health; increased local/island provision of services (including psychiatric bedded care, and paediatric care); increased opportunity to be seen by a female practitioner; safe spaces within schools for girls to talk about health concerns; improving GP practice accessibility for people with a disability (equipment, training etc.); increased use of e-health/virtual health/'pop-up'/drop-in services; extending new standards around local examination of victims of sexual assault to children; and addressing GP shortages.



3.

BODY IMAGE

Feedback from young people highlighted the way unrealistic body images, social media, and everyday sexism/harassment within schools could be damaging to mental and physical health. Other feedback highlighted the way women's health (including period and menopause) are still treated as jokes, and taboos by society, preventing women and girls from receiving the support they need to 'manage' these well (including schools and employment).

Feedback on suggested action included: regulation around quick-fix diet products; challenging taboos; making sex education compulsory in all schools; more emphasis on body positivity and positive mental health in schools; involving boys in discussions about periods; ensuring lesbians feel supported within the healthcare system; and taking action to counter-balance harmful 'old-wives' tales from older generations.



4. PERIODS

Feedback called for increased understanding of periods and associated symptoms (including amongst boys and men) and practices that reflect this (e.g. toilet access / work breaks / affordable period products).

Suggested actions included: greater education, understanding and supportive provisions (including for associated symptoms); education by teachers rather than period product brands; extending free provision of period products; greater action to support homeless women's needs; and helping women know when associated symptoms require medical advice (e.g. endometriosis).



5. CONTRACEPTION

Feedback raised a number of issues including: the feeling that doctors prioritise 'organising contraception' over the mental health of women, or their wider reproductive health. Feedback also included concerns around the physical and mental side-effects of contraception; frustration that women can't choose to be sterilised; and a wish to see men take greater shared responsibility for contraception.



6. PREGNANCY AND MATERNITY

Feedback included: concerns around levels of maternity services; inadequate post-natal care and pelvic health, with feedback highlighting the life-long impact of failing to support these adequately. Feedback also included concern at the harassment of women attending abortion clinics.

Suggested feedback mirrored the point above but also included: using the Baby Box to deliver pelvic health and post-natal health messages; increasing post-natal access to physiotherapy; providing free counselling and support around miscarriage; ensuring women and girls are not exploited as surrogate mothers; and enabling single women to access NHS fertility treatment.



7.

MENOPAUSE

Feedback highlighted a number of issues including: a lack of support from health professionals; limited options other than HRT; jokes, taboos and shame preventing women from understanding the menopause and leading to a lack of support from employers.

Suggested actions included: identifying groups who could open up better conversations (e.g. Girl Guiding, menopause cafes, Women's Guild and workplace unions). People also suggested specialist menopause nurses within each community and improved employer arrangements to reduce the risk of women 'dropping-out' of work, or being discriminated against at this time of life.



8. SCREENING

Feedback focused on a call for improved access to appointments that reflect modern lives; fewer taboos; greater trauma-informed practices; and improved support for women with a disability (e.g. height adjustable beds). Suggestions also included crèche facilities and women's health evening to promote uptake of mammograms and cervical screening.



9. SPECIFIC HEALTH CONDITIONS/TREATMENTS

Feedback highlighted issues around a wide range of specific conditions including: autism in girls; endometriosis; fibroids; fibromyalgia; thyroid problems; heart attacks; pelvic health; and access to sexual health services and tests. Suggestions included: increased research, funding and treatment options; and banning vaginal mesh tape (and finding better alternatives).



10.

HEALTH PROMOTION/ PREVENTION

Feedback included a desire to see action to increase women and girls' participation in sport and physical activity, calling for greater emphasis on: enjoying being active, feeling good and remaining active throughout life. Feedback also suggested improved education around childhood obesity and weight changed during puberty. It also highlighted problems accessing fresh fruit and vegetables in less affluent areas; and how school dining room arrangements can create stigma around free school meals. Feedback included concerns around drug use by young people.

Suggested actions included: support for more women sports coaches and leaders; more women-friendly spaces for exercise; and understanding the extent that concerns around trans-issues and gender neutral changing spaces are effecting women's participation in sport.



11.

MENTAL HEALTH

Feedback suggested the links between physical and mental health can be under-acknowledged. In particular, feedback highlighted the 'mental toll' of living with undiagnosed, or poorly managed illness, of caring responsibilities, and of living in poverty. Feedback noted the impact some contraceptives can have on emotions and mental health.



12.

POVERTY AND HEALTH

Feedback highlighted that connection between poverty and health, including concern that poverty can be medicalised, rather than dealing with underlying causes such as poor housing, stress and domestic abuse.



13.

WOMEN AS UNPAID CARERS

Feedback included points around social expectations that women will care for family members, and the toll this can have on their own physical and mental health. Feedback included concerns that situation will worsen if Brexit leads to a reduction of EU-citizen NHS staff in Scotland, with the burden falling to women family members.

Suggested actions included: greater consideration of the distances travelled by unpaid carers (mostly women), when planning health services, including people caring for family in different health board areas.



14.

TRANSGENDER-RELATED ISSUES

Feedback included a wide range of points connected to transgender inclusion policies and gender self-identification. These included: girls developing health problems as a result of avoiding use of gender neutral toilet facilities; concerns around the long-term effects of giving hormone treatments and major surgery to teenagers and young people; concerns around how gender is captured in health data systems and the consequences of this in terms of test invitations, and health-care planning. Feedback also included concerns that gender neutral language e.g. 'menstruators' and 'people with a cervix') may be a barrier to comprehension for non-native English speakers and people with low-literacy. Concerns were also shared that if women are unable to request a biological-female health professional, this may put some off accessing health services. Frustration was shared that raising these issues can be deemed as 'hate speech'. Feedback also suggested that doctors should take the health experiences of trans women more seriously and that trans women should be reflected in health education materials.

Suggested actions largely mirrored the issues above, but also included: providing a safe forum for concerns to be raised and discussed; creating a new, sensitive policy around trans women working in medicine and the right of women to request treatment or care by a biological-female; reviewing how gender is best recorded in health data (e.g. recording sex, with a secondary data point around gender identity); and increased free counselling for girls to explore why they feel they'd prefer to be male, including discussion of the long-term effects of hormone treatments and surgical procedures.

This is a summary of the response and can't highlight every individual point raised. However full feedback has been shared with the NACWG.



THANK YOU

Thank you to everyone who took the time to share their feedback – it is valuable.

We'd love as many people as possible to share their ideas on our next Spotlight topics. We have a new one every two months.