

## About WHEC

As Strategic Partners of the Department of Health, the Women's Health and Equality Consortium (WHEC) is a consortium of leading women's organisations<sup>1</sup> providing expertise on improving the health of all women and girls in England.

## Background

Women and girls across England face significant barriers to both good mental and physical health. Women face poorer health, not only as a result of a poor response to the physiological differences between them and men, but because of the economic disadvantage and discrimination they face, pregnancy and their caring roles, experiences of sexual violence and abuse and age. This has a detrimental impact on them as individuals but women's position in society as main care givers means their poor health will also have a detrimental impact on the lives of their families and their ability to function in wider society, in their community and in the labour market.

Women and girls have greater health and social care needs than men across their lives.<sup>2</sup> But based on the work WHEC has done with girls and women, we know that health and social care services fall short in meeting these needs. A gendered approach to the design and delivery of health and social care is needed if the health service is to meet the needs of all women and girls. This requires incorporating a definition of health that understands and reflects the diverse experiences of women's lives. It must be able to take a 'whole person' or holistic approach to ensure women's health and wellbeing is appropriately and effectively supported. It must also include an approach that can look at the prevention of poor health.

## A Snapshot of Women's Health in England

Women and girls face particular risks to their health:

- Whilst women live longer than men, they spend more years in poor health and with a disability.<sup>3</sup>
- One in three women die from cardiovascular disease (similar to men), yet they are less likely to think they are at risk, call for help or attend a cardio rehabilitation programme.<sup>4</sup>
- Women are more at risk of stroke than men and tend to be more seriously affected, needing long-term care.<sup>5</sup>

1 Partners include Platform 51 (lead partner), FORWARD, Imkaan, Maternity Action, Positively UK, Rape Crisis, and the Women's Resource Centre

2 As a result of longer life expectancy and longer durations of poor health - ONS (2010) 'Health Statistics Quarterly' 45 Spring 2010

3 ONS (2008) 'Focus on Gender'

4 British Heart Foundation (2010) 'Women and Heart Disease'

5 British Heart Foundation (2010) 'Women and Heart Disease'

- Women are much more likely than men to suffer arthritis and rheumatism - the most common types of chronic diseases in the UK.<sup>6</sup>
- In the last 20 years, the rates of smoking and lung cancer fell sharply for men, yet at the same time, rates increased and stabilised for women. More young women (age 16-19) smoke and so are at risk of lung cancer, compared to young men.<sup>7</sup>
- Women living in the most deprived areas have cervical cancer rates more than three times as high as those in the least deprived areas.<sup>8</sup>
- Women living in deprived areas have a lower survival rate for breast cancer<sup>9</sup> and inequalities in rates of breast cancer are increasing.<sup>10</sup>
- In 2009 2,204 women were diagnosed with HIV in the UK and 11 percent of all those diagnosed were black, African women.<sup>11</sup>
- Recorded rates of depression and anxiety are more than twice as high for women than for men.<sup>12</sup>
- Women and girls in the UK are more likely to have poor sexual health than their European counterparts.<sup>13</sup>

## Understanding women and girls' health

Women and girls' lives are shaped by biological factors as well as social experiences that negatively impact their physical and mental health, including:

### 1) Economic disadvantage

Women are at greater risk of poverty than men and are more likely to suffer recurrent and longer spells of poverty (22 percent of women have a persistent low income compared to 14 percent of men<sup>14</sup>), which negatively impacts their physical and mental health. Women are the main 'shock absorbers' of poverty of households<sup>15</sup> and feel the pressures of managing on a low budget most. Single parent families, the vast majority of whom are women, are more likely to be below the poverty line<sup>16</sup>, and women are more likely to be in minimum wage, low paid and insecure employment – two thirds of those in low paid work are women.<sup>17</sup>

6 ONS (2008) 'Focus on Gender'

7 ONS (2008) 'Focus on Gender'

8 Cancer Research Cervical Cancer Factsheet

<http://info.cancerresearchuk.org/cancerstats/types/cervix/riskfactors/>

9 Cancer Research UK <http://info.cancerresearchuk.org/cancerstats/types/breast/survival/>

10 The Cancer Research Campaign (1999) 'Reducing Inequalities in Breast Cancer: a guide for primary care'

11 <http://www.avert.org/uk-race-age-gender.htm>

12 World Health Organisation WHO (2004) 'Gender in mental health research' Geneva

13 Platform 51 <http://www.platform51.org/whatwedo/health>

14 The Fawcett Society <http://www.fawcettsociety.org.uk/index.asp?PageID=22>

15 WBG (2005) 'Women's and children's poverty: making the links'

16 Gingerbread <http://www.gingerbread.org.uk/content.aspx?CategoryID=368>

17 Millar, J and Gardiner, K (2004) 'Low Pay, Household Resources and Poverty'

## 2) Women's caring roles

Women's reproductive role can put their physical and mental health at risk including (but not restricted to) maternal mortality, anaemia, preeclampsia and depression in and after pregnancy.<sup>18</sup> Pregnant women also face discrimination at work and their health is put at risk where there is inadequate health and safety or well-paid parental leave.<sup>19</sup> Additionally, over 50 percent of women will have been carers before they are 60 and are more likely to give up paid work to care. The impact of caring can be detrimental to their physical and mental health, with carers twice as likely to have a mental health problem or be 'permanently sick or disabled'.<sup>20</sup>

## 3) Gender-based violence

Sexual violence and abuse puts women and girls' lives at risk and can have serious consequences on their health and wellbeing. More than one in four women (4.8 million) aged between 16 and 59 have been affected by domestic abuse<sup>21</sup>; 50 percent of women who have experienced domestic violence are raped within their abusive relationship;<sup>22</sup> 23 percent of women have been sexually assaulted as an adult<sup>23</sup> and up to 6,500 girls are at risk of female genital mutilation (FGM) in the UK every year.<sup>24</sup> There are direct physical health consequences of sexual violence and child sexual abuse including physical injury, sexually transmitted infections and unwanted pregnancy. Long-term consequences of sexual violence and child sexual abuse include post-traumatic stress disorder, anxiety and panic attacks, depression, social phobia, substance abuse, obesity, eating disorders, self harm and suicide. WHEC is concerned that violence in the home can normalise violence in future relationships for both boys and girls, whereby boys think it is normal to be violent and girls think that it is normal to accept it.

## Women and girls' diversity

Understanding the health inequalities women face demands an understanding of the ways in which different groups of women face specific barriers to good physical and mental health across their life course.

## Young women and girls

- Up to 13 percent of children experience sexual abuse, physical abuse or neglect, with higher figures for girls than boys.<sup>25</sup> Teenage girls and young women are at particular risk of traumatic experiences such as sexual abuse, rape and domestic violence<sup>26</sup> and research shows women aged 16-19 are at the highest

18 World Health Organization (2009) 'Women and Health: today's evidence, tomorrow's agenda'

19 WHEC (2011) 'Health and equality impacts of well paid parental leave'

20 Carers UK (2009) 'Facts about Carers'

21 British Crime Survey 2009/10

22 Martin, E K. Taft, C. T. and Resick, P. A. (2007) 'A review of marital rape.

Aggression and Violent Behavior' 12(3), 329-347

23 Home Office (2007) 'Cross government action plan on sexual violence and abuse'

24 FORWARD <http://www.forwarduk.org.uk/key-issues/fgm>

25 [www.nspcc.org.uk/inform](http://www.nspcc.org.uk/inform)

26 Department of Health (2002) 'Women's Mental Health: Into the mainstream'

risk of experiencing domestic violence and sexual assault, yet relevant services are rarely available.<sup>27</sup>

- Girls have higher rates of self-harm (nearly four times more than boys)<sup>28</sup>, body image issues (one in five are unhappy with how they look), eating disorders (one in every 20 women will experience some form of eating distress during her lifetime, with the majority of sufferers aged between 14 and 25).<sup>29</sup>

- Young women and girls suffer with high levels of low-level mental health problems - young women are twice as likely as young men to suffer a depressive disorder.<sup>30</sup>

- Girls' disengagement from school is often a hidden and invisible problem. Physical and emotional withdrawal problems among girls, including anxiety and depression, are more easily overlooked than 'acting out' among boys.<sup>31</sup>

- Teenage mothers are three times more likely to suffer from postnatal depression and other mental health problems than older mothers<sup>32</sup> and are more likely to delay seeking maternity care by up to five months or more.<sup>33</sup>

- The rate at which young women are drinking heavily has increased dramatically in the last 10 years. The proportion of girls who had five or more drinks on one occasion, three times or more in the past 30 days rose from 20 percent in 1995 to 29 percent in 2003 (compared to 24 percent to 26 percent for boys). Half of 15 year old girls reported being drunk in the past week compared to 37 percent of boys.<sup>34</sup> Heavy drinking puts women at risk of accidents, assault and 12 percent of girls reported having unprotected sex after drinking alcohol.<sup>35</sup>

## Adult women

- Poor mental health is a serious threat to women's wellbeing, with 63 percent of women having experienced some form of low-level mental health problem in their lifetime.<sup>36</sup> Women are more than twice as likely to become depressed as men and more likely to experience depression for longer periods of time.<sup>37</sup>

- Despite overall increases in midwife numbers over the last 10 years, the rising birth rate (particularly in inner-city areas), has meant maternity services do not respond to the needs to all women.<sup>38</sup> Women in disadvantaged areas do not receive the same quality in care, which negatively impacts their (and their

27 Keir Starmer (2011) 'Domestic Violence: the facts, the issues, the future' - Speech by the Director of Public Prosecutions, Keir Starmer QC. Accessed at: [http://www.cps.gov.uk/news/articles/domestic\\_violence\\_-\\_the\\_facts\\_the\\_issues\\_the\\_future](http://www.cps.gov.uk/news/articles/domestic_violence_-_the_facts_the_issues_the_future)

28 Samaritans (2001) 'Youth and self-harm: perspectives'

29 Floy, L (1988) 'Understanding eating distress' Mind

30 Notes from Young People and Gender - a Review of the Research. A report submitted to: the Women's Unit, Cabinet Office and the Family Policy Unit, Home Office (2001)

31 GenEd (2002) 'Gender Awareness in Education, Response to CEDAW from Gene'

32 DCSF (2008) 'Children and Young People in Mind - the final report of the National CAMHS review'

33 Platform 51 (2011) 'Health and wellbeing briefing' [http://www.platform51.org/downloads/resources/infosheets/P51themesheet\\_healthwellbeing.pdf](http://www.platform51.org/downloads/resources/infosheets/P51themesheet_healthwellbeing.pdf)

34 Platform 51 (formally YWCA) (2010) 'Young women and alcohol'

35 Platform 51 (formally YWCA) (2010) *ibid*

36 Platform 51 (2011) 'Women like me: Supporting wellbeing in girls and women'

37 Hansen and Joshi (2008) Millennium Cohort Study User's Guide to third survey

38 Healthcare Commission (2008) 'Toward better birth - a review of maternity services in England'

child's) health.<sup>39</sup>

- One in ten women reported significant depressive symptoms during pregnancy and a further 15 percent of mothers experience postnatal depression.<sup>40</sup>

## Older women

- Although women have a longer life expectancy than men, they spend more years of their lives suffering from physical ill health or longer-term disability leading to restrictions in mobility and inability to care for themselves.<sup>41</sup>

- Women in later life are often living with the cumulative impact of poverty, having had lower earnings throughout their lives and are more dependent on state pensions than older men.

- Older women are particularly vulnerable to the factors leading to poor mental health including poverty, social isolation, chronic illness, they are more likely to have to live in care, and deal with the loss of loved ones. Older women have higher rates of mental health problems than men - women aged 50 to 54 have the highest prevalence rates for any neurotic disorder (25 percent).<sup>42</sup>

## Marginalised and vulnerable women

Tackling the health inequalities women face requires a focus on the disparities between men and women, boys and girls, but also amongst different groups of women, some of whom face significant disadvantage and marginalisation. For example:

- **Women in prison:** over half the women in prison report having suffered domestic violence and one in three has experienced sexual abuse. Women in prison have high levels of mental distress – over half have severe and enduring mental illness and 47 percent a major depressive disorder. A staggering 37 percent of women in prisons said they had attempted suicide in their life and worryingly almost a third have had a previous psychiatric admission before they came into prison. Women in prison report high levels of sickness and poor health - 83 percent of women in prison stated that they had long-standing illness compared with 32 percent of the general female population and three quarters were on medication on arrival at prison.<sup>43</sup>

- **Women in prostitution:** women in prostitution suffer range of complex issues that can lead to high levels of drug misuse (87 percent of women in street-based prostitution use heroin).<sup>44</sup> These women have high levels of poor mental health<sup>45</sup> and have a significant history of sexual and domestic violence -

39 Department of Health (2009) 'Tackling Health Inequalities: 10 years on. A review of developments in tackling health inequality in England over the last ten years'

40 <http://www.womensmentalhealth.org/posts/depression-during-pregnancy-is-often-not-treated/>

41 National Mental Health Development Unit (2010) 'Equalities in Mental Health:' <http://www.nmhd.org.uk/silo/files/nmhd-factfile-5.pdf>

42 Office for National Statistics (2000) 'Psychiatric morbidity among adults living in private households in Great Britain'

43 Prison Reform Trust (2011) 'Bromley Briefing Prison Factfile'

44 Home Office (2004) 'Paying the price: a public consultation paper on prostitution'

45 Department for Health (2002) 'Women's mental health: into the mainstream, Strategic development of mental healthcare for women'

85 percent

reported sexual abuse in the family and domestic violence.

- **Asylum Seekers and Refugee women:** women asylum seeker and refugees face significant barriers to good wellbeing. They can be vulnerable to high levels of depression and anxiety as a result of experiences of trauma, violence, lost social support, discrimination and racist abuse and harassment in the UK. Women face significant barriers to healthcare as a result of a lack of accessible information, language barriers, a lack of clarity of entitlement to services, low incomes and vulnerability to domestic violence and abuse.<sup>46</sup> Asylum seeker and refugee women make up 12 percent of all maternal deaths and 0.03 percent of the population.<sup>47</sup>

- **Black, Minority Ethnic and Refugee Women (BMER):** BMER women face double discrimination of both ethnicity and gender. Black African women face a rate of maternal deaths six times that of white women.<sup>48</sup> Black women over 65 face higher risk of cervical cancer than white women. Additionally women with no recourse to public funds are doubly disadvantaged and are at particular risk of poor maternal and infant health.<sup>49</sup> Women from some South Asian communities face higher rates of Cardio Vascular Disease<sup>50</sup> and significantly higher rates of cervical and mouth cancer.<sup>51</sup> Gypsy and Irish Traveller women live twelve years less than women in the general population (compared to ten years less for Gypsy and Irish Traveller men).<sup>52</sup>

- **Lesbians and bisexual women:** lesbians and bisexual women report high levels of dissatisfaction with the health system and discrimination by healthcare professionals. They face barriers to accessing breast screening and have higher rates of breast cancer.<sup>53</sup> They also face barriers to appropriate sexual health services and being open about their sexual orientation with GPs.<sup>54</sup> Lesbians and bisexual women have higher incidents of alcohol use and report higher rates of depression, anxiety, as well as and suicide and suicidal thoughts.<sup>55</sup>

- **Disabled women:** disabled women face significant barriers to good health and discrimination. They face barriers to accessing birth control and family planning and in having control over care and treatment. Disabled women face a high risk of violence and

46 Refugee Council (2005) 'Refugee and Asylum Seeking Women: challenges, changes, choices'

47 Lewis, G (2007) 'The Confidential Enquiry into maternal and child health (CEMACH). Saving mothers lives: reviewing maternal deaths to make motherhood safer 2003-2005. The seventh report on confidential enquiries into maternal deaths in the UK' London.

48 Knight, M (2009) 'Inequalities in maternal health: national cohort study of ethnic variation in severe maternal morbidities' British Medical Journal

49 Lewis, G (ed) (2007) 'The Confidential Enquiry into Maternal and Child Health (CEMACH) 'Saving Mothers' Lives: reviewing maternal deaths to make motherhood safer - 2003-2005. The Seventh Report on Confidential Enquiries into Maternal Deaths in the United Kingdom' London: CEMACH

50 British Heart Foundation (2010) 'Women and Heart Disease'

51 Cancer Research (2009) 'Cancer incidence and survival by major ethnic group, England, 2002 – 2006'

52 NEP (2010) 'An anatomy of economic inequality in the UK': Report by the National Equality Panel, p81

53 Breast Cancer Care (2011) 'Breast Cancer and inequalities: a review of the evidence'

54 Stonewall (2008) 'Prescription for Change: Lesbian and bisexual women's health check'

55 Stonewall (2008) *ibid*

spend longer periods of time in institutions than disabled men as they are less likely to be cared for by a partner.<sup>56</sup>

## Barriers to Health Services

Women face many barriers to accessing health and social care, which can delay treatment and make health worse.

- Women often have time constraints as a result of caring for others which may mean they do not receive the care they need. Women often put others health before their own.
- Women who are suffering domestic violence and sexual abuse may face barriers to accessing health and social care services.
- Many women (in particular young, BMER and/or women who are experiencing poverty) report being judged or having received inappropriate responses from healthcare professionals. Experiences of discrimination means women do not receive the service they need and their health is put at risk.<sup>57</sup>
- Black, Minority Ethnic and Refugee (BMER) women are less likely to receive appropriate and useful information about services and experience less continuity of care as a result. Women who are less proficient in English face language barriers and receive inadequate translation services that limit their ability access care.<sup>58</sup>
- Another barrier to accessing care is some health professionals' lack of cultural competence and effective engagement in terms of responding to the health needs of BMER communities, which affect overall attitudes to women's care. For example, a lack of competence can include making cultural assumptions or being over sensitive about culture which can lead to professionals not knowing how to intervene appropriately or not intervening at all. Women may also find it difficult to disclose health problems associated with FGM due to fears of being judged and embarrassment.<sup>59</sup>

## Policy issues and response

Health policies that take gender into consideration will improve outcomes for everyone<sup>60</sup> and provide an effective health system that is fit for purpose. It is central to the NHS Constitution and legal obligations (the Equality Act 2010 and Human Rights Act 1998) of health organisations to ensure everyone receives quality care and that inequality and discrimination is eliminated. This must be done at national and local level.

Equal access to high quality services is needed to tackle the health inequalities women and girls face in

56 Independent Living Institute (1998) 'Violence and disabled women'

57 Imkaan (2010) 'Dispelling myths, Speaking Truths'

58 Bharij, K et al (2008) 'Addressing ethnic inequalities in maternity service experiences and outcomes: Responding to women's needs and preferences'

59 FORWARD (2009) 'FGM is Always with Us: Experiences, Perceptions and Beliefs of Women Affected by Female Genital Mutilation in London: Results from a PEER Study'

60 WHO (2004) 'Gender in mental health research' Geneva, World Health Organisation

relation to their mental, physical and sexual health. High quality maternal health care for pregnant women and mothers is crucial for the life chances of women and future generations, but must respond to all women's needs and in particular target support to more vulnerable and disadvantaged families.

Appropriate care that can meet the needs of all women must include the women's voluntary and community sector, who are integral to the delivery of health and social care services and are able to provide the services women want and use (such as women-only services).<sup>61</sup>

Greater public investment must be directed towards prevention to tackle the root causes of poor mental and physical health. For example, violence against women, both intimate partner violence and sexual violence, are major public health problems and violations of women's human rights.<sup>62</sup> Without early intervention, they present significant social and economic costs (domestic violence costs £5.8 billion a year)<sup>63</sup> and seriously depress women's ability to contribute to society and the economy. There must be more support early on and measures to improve gaps in services - for example over 20 percent of homelessness women surveyed in 2006 were fleeing violence and abuse.<sup>64</sup>

Effectively tackling the health issues women and girl face must take into account the diverse experiences of women's lives, including poverty, sexual violence and abuse, reproduction, and understand how these experiences impact on women's health and wellbeing. This must include a cross-government approach to address the issues that impact on women across their lives.

61 87 percent of women though it was important to see a female health professional and some would not use a service unless it was female-only. The consequence of which could be deteriorating health. Women's Resource Centre (2011) 'Women-only services: making the case: a guide for women's organisations'

62 World Health Organisation (2011) 'Violence Against Women: Intimate partner and sexual violence against women Factsheet 239'

63 The Guardian, Tuesday 25 November, 2008 Article: Domestic Violence Costs £5.8 bn a year.

64 Crisis (2006) 'Homeless Women: still being failed yet striving to survive'