

WOMEN'S HEALTH



**LET'S TALK
ABOUT IT**

Survey Findings 2022



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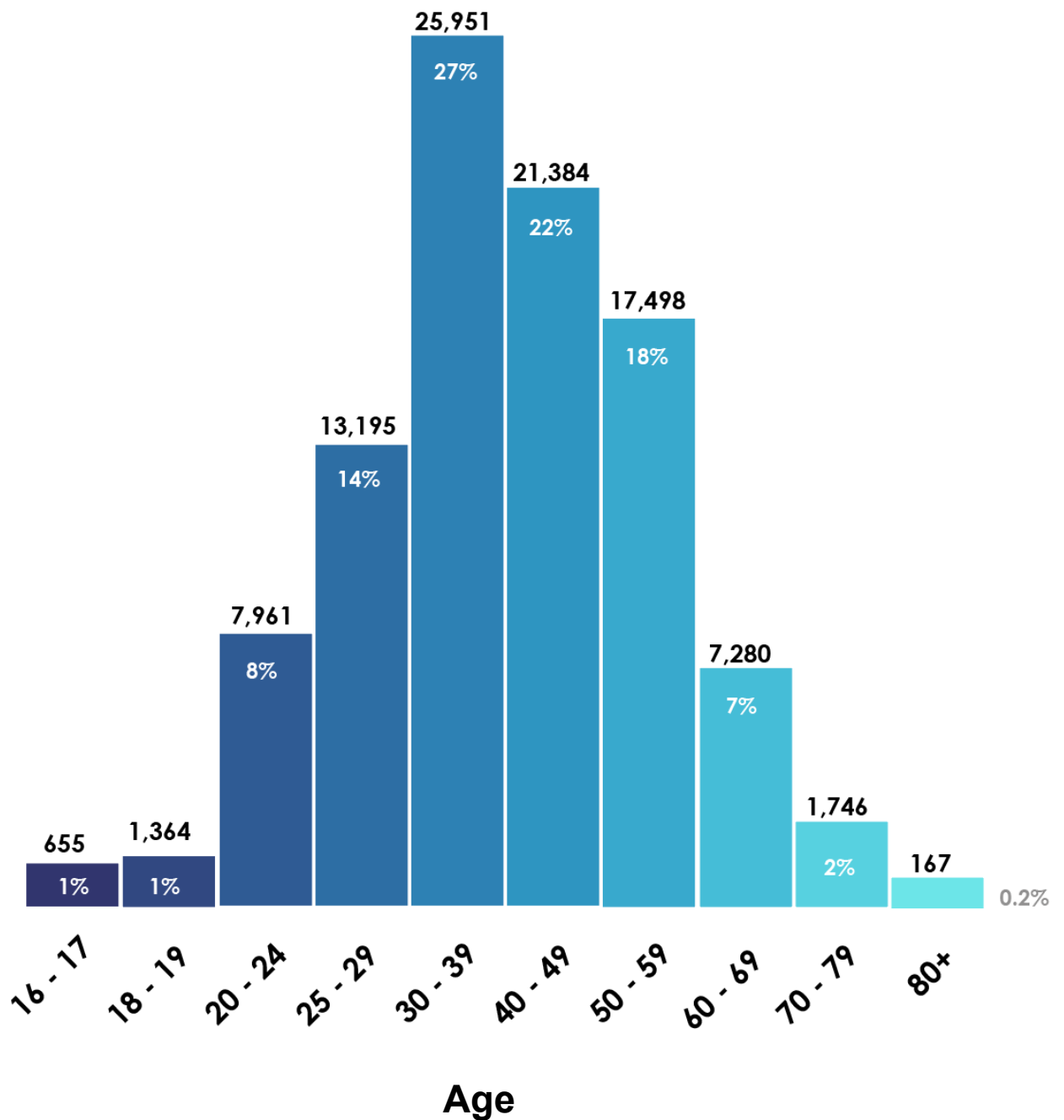
‘Women’s Health: Let’s Talk About it’ Survey

In March 2021, The Department for Health and Social Care (DHCS) launched a survey to gain insight into women’s health in England.

Nearly 100,000 people responded to the survey to share personal views, including experiences as a woman, reflections as self-identified health or care professional, and family member to a woman.

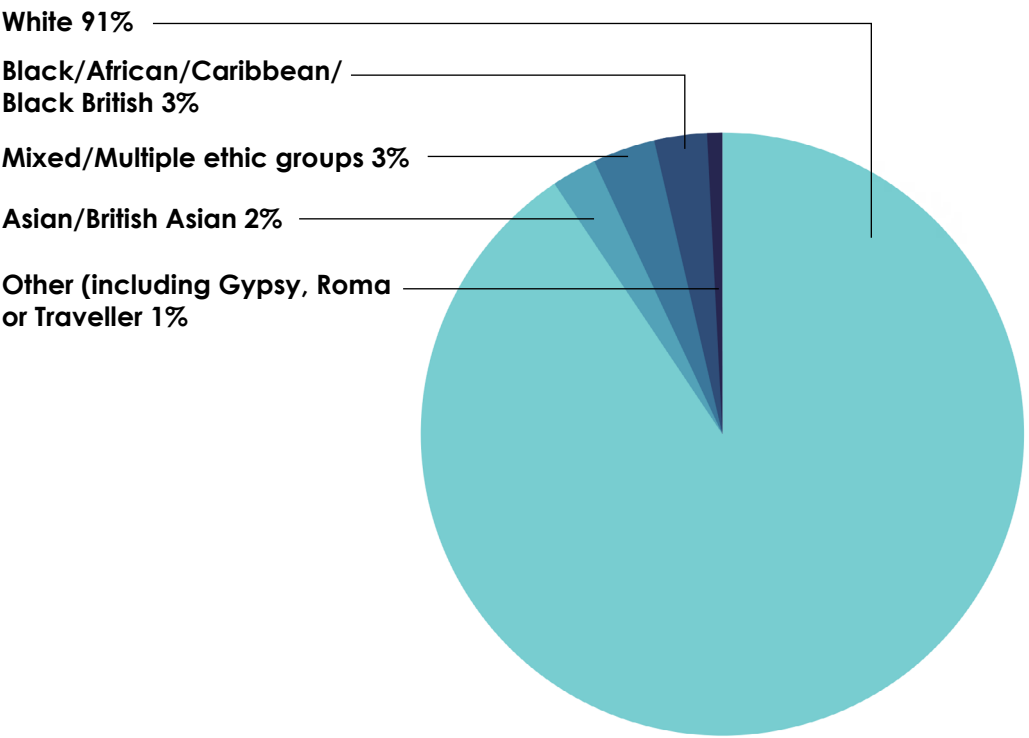
The results of this survey will inform the first Government-led Women’s Health Strategy for England, to be launched in Spring 2022.

1. Survey demographics

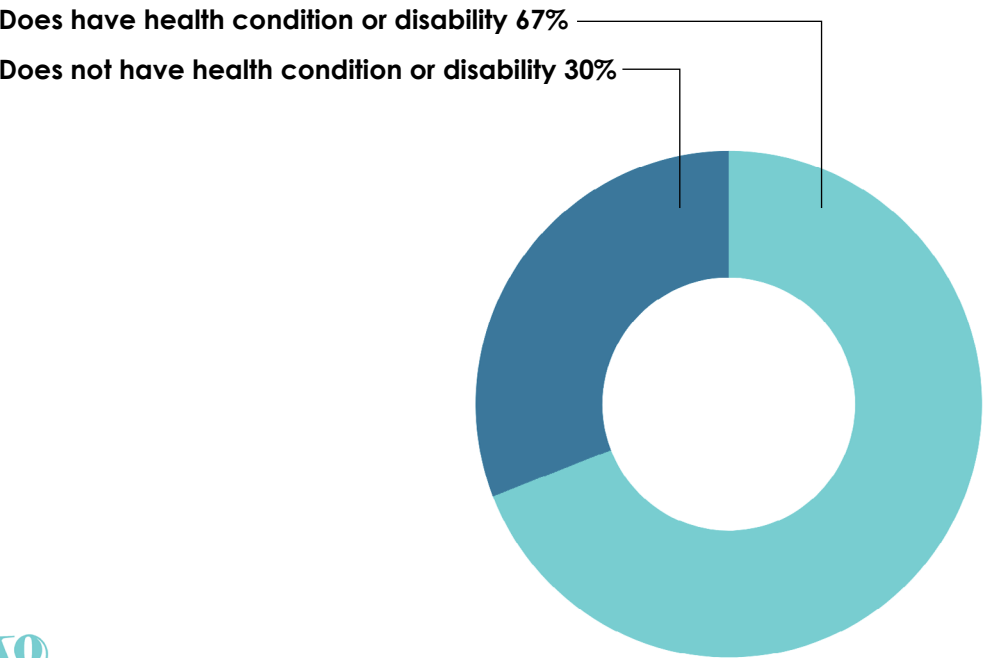


Survey demographics

Ethnicity



Health status

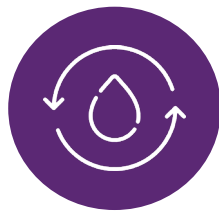


2. Priority topics

DHCS asked respondents to choose up to 5 topics they would most like to be prioritized for inclusion in the Health Strategy from a list of 23 options.

The top 5 topics selected were:

- Gynecological conditions (63%)
- Fertility, pregnancy, pregnancy loss and postnatal support (55%)
- The menopause (48%)
- Menstrual health (47%)
- Mental health (39%)



These top 5 topics were selected by respondents who identified as white, Asian or black.

However, mixed or multiple ethnic respondents chose the health impacts of violence against women and girls as a priority over the menopause.

Other topics suggested by respondents not already given in the 23 options included:

- Breastfeeding
- Breast cancer
- Pain
- Urinary tract infections (UTIs)
- Gender disparities
- Racism
- Poverty

3. Women's Voices

The survey identifies more than 4 in 5 women (85%) feel comfortable talking to healthcare professionals about general physical health concerns.

This falls to 59% (less than 3 in 5 women) when discussing mental health conditions.

However, the same number of women (over 4 out of 5) have faced multiple experiences of not being listened to by healthcare professionals.

This includes:

- Symptoms not being taken seriously or being dismissed upon first contact with healthcare professionals
- Persistently having to advocate for themselves to secure a diagnosis, often over multiple visits, months and years
- If a diagnosis was secured, there were limited opportunities to discuss or ask questions about treatment options and preferences were often ignored



“I have a chronic pain condition. The doctor told me pain relief was not for ‘people like me’. When I asked what he meant, he said that young women do not need pain relief, pain relief is only for people in ‘proper pain’.”

Respondent aged 25-29

“trying to discuss possible menopause symptoms, including hot flushes, told I was too young, so it was just the weather. No one cared about the effect on my life.”

Respondent aged 40-59



4. Health Information and Education

The top 5 sources respondents rely upon for health information were selected as:

- Friends and family (74%)
- Google search (71%)
- Other online search engines and blogs (69%)
- GPs/other healthcare professionals (59%)
- The NHS, including non-emergency helpline and NHS website (54%).



The sources relied upon for health information varied drastically by age and ethnicity.

- 16-17 year olds are much more likely to rely on social media platforms for information.
- Black respondents are much less likely to rely on GP/other healthcare professionals than all other ethnic groups.

5. Lack of Health Services and Information

The survey reported women to be experiencing a lack of access to health services and information.

In terms of access to Health Services:

- 3 in 4 respondents (74%) thought women's access to healthcare services had been negatively impacted by COVID-19
- 2 in 5 women (40%) can conveniently access services needed in terms of location, and 1 in 4 (24%) in terms of timing.

In terms of access to Health Information:

- Less than 1 in 5 women (17%) felt they have enough information on menstrual wellbeing
- 1 in 7 women (14%) have enough information on gynecological cancers
- Less than 1 in 10 (9%) have enough information on the menopause, female genital mutilation, and sexual assault centres.

Solutions suggested by respondents to tackle lack of health services and information include:

- **Improve quality and dissemination of information available to the public**
- **Improve and expand the education of healthcare professionals**
- **Join up services through the use of women's health hubs and drop-in centres**
- **Diversify the current relationships, sex, and health education curriculum.**

6. Impacts of COVID-19 on women's health

Women and their health have been detrimentally impacted throughout the pandemic.

- 2 in 3 (64%) respondents thought COVID-19 has had a negative impact on women's health
- 3 in 4 respondents (74%) thought women's access to healthcare services had been negatively impacted by COVID-19.



The survey reported women to be facing barriers to general and specific healthcare services due to COVID-19.

This includes lack of face-to-face GP appointments and routine check-ups and blood tests, as well as access to:

- Screening services for female-specific/predominant cancers
- Maternity services
- Postnatal services
- Fertility treatments for women
- Mental health services
- Sexual health services
- Dental appointments

7. Health in the Workplace



The majority of respondents (65%) were not comfortable talking about their health issues in the workplace.

Over half (53%) stated they felt supported by their current or previous workplace in regard to health issues.

3 out of 5 (62%) women felt their health condition or disability has impacted their experience in the workplace.

This included:

- 76% felt it had increased their stress levels
- 67% felt it has impacted their mental health
- 26% said it had impacted their earnings
- 25% said it affected their opportunities for promotion.



“I was signed off with work-related stress during a high-risk pregnancy. When I tried to explain my stress was not just work related, but pregnancy related, they struggled to understand why I had an issue.”

Respondent aged 25-39

“Although the support is available at my work (NHS) there is a taboo around accepting or asking for it.”

Respondent aged 25-39



Solutions suggested by respondents to improve women's health experience in the workplace include:

- Encourage open discussion of women's health issues
- Continue and increase promotion of existing policies such as flexible working
- Create new policies and packages to better support women in work such as paid leave for miscarriages and menstrual health, and support packages for women returning or wanting to progress in their careers after maternity leave or long-term health related leave.

8. Gaps in Data and Research

Historically, women have been underrepresented, and sometimes excluded from clinical trials and studies, meaning we are often not able to identify how symptoms may manifest specifically for women. This means our understanding of health services and information can be biased towards men, having a knock-on effect to the access and treatment for women.

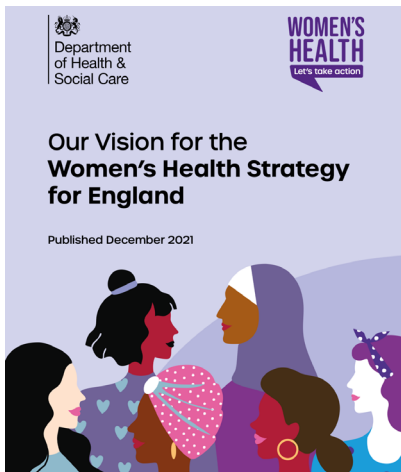
Whilst this report and its findings are appreciated, respondents reflected that much more can and needs to be done to improve research, evidence, and data on women's health.

Suggestions by respondents to tackle the data gap include:

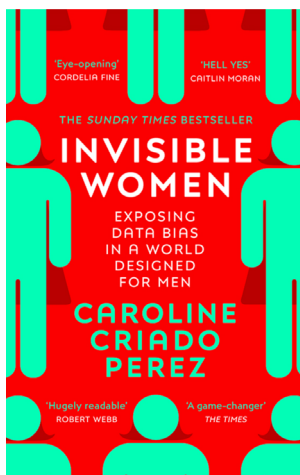
- **Ensure women, and women with various protected characteristics, are represented in clinical trials and studies**
- **Initiate new research into health issues specific to women, such as the menopause**
- **Improve access and dissemination of research and data on women's health for the public.**



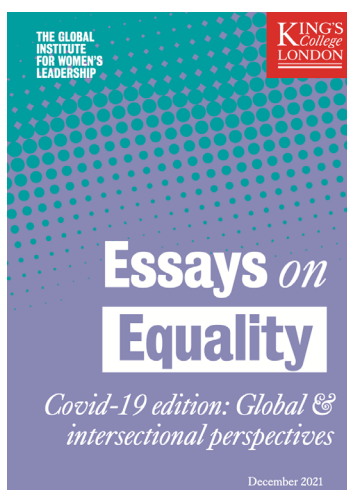
9. Further information and Recommendations



- Read the initial vision for the Women's Health Strategy for England published in March 2021 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1042631/dhsc-our-vision-for-the-womens-health-strategy-for-england.pdf
- Look out for the Women's Health Strategy for England to be published in Spring 2022



- For more information on how the biased data in Government Policy, medical research, technology, workplaces and many more excludes women, read Invisible Women by Caroline Criado Perez <https://carolinecriadoperez.com/book/invisible-women/>



- Explore Global and Intersectional perspectives of how COVID-19 has impacted gender equality by The Global Institute for Women's Leadership and King's College London <https://www.kcl.ac.uk/giwl/assets/essays-on-equality-december-2021.pdf>

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