



# Women's Health Strategy 2021 Call for Evidence: IARS response

**IARS International Institute**

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## Open Letter to Rt Hon Matt Hancock MP, Secretary for Health and Social Care

Dear Mr Hancock,

We are writing in response to your call for evidence to help inform the development of the government's Women's Health Strategy. We welcome this commitment to contribute to this important piece of work, and we aim to support you in the next steps by way of this response.

The IARS International Institute is a user-led NGO, which emphasises the need for users' voices to be heard in matters that impact them directly. As part of our commitment to engaging with our stakeholders we have a standing Women's Advisory Board, who scrutinise our work from a women's perspective, co-design research projects, and carry out research on issues affecting young people. We are specialists in several areas of research, including preventing violence and discrimination against women and girls. Earlier this year we submitted evidence to the review of the [VAWG strategy](#), and we are pleased to see this next step in the Government's commitment to ensure that the systems and institutions in the UK do not fail women and girls.

Almost half of women who took part in our research said that they did not feel listened to, or were given the support that they needed from healthcare professionals. Respondents felt that they were being rushed, not listened to, or treated as if they were "intellectually challenged" (see figure 2.1). This was particularly the case for women of ethnic minorities, those with disabilities, migrants, and LGBT+ women.

Our research has also found that there is a clear, negative correlation between COVID-19 and the access women have to health services. 69.2% of the women respondents said that COVID-19 impacted their access to their health services (see figure 2.5). 90% of those individuals also stated that the access was impacted negatively due to the virus (see figure 2.6).

We have also conducted extensive research on the need for understanding and prevention of gender-based violence, which disproportionately affects women and girls and has impacts on the health and social care systems. We believe that prevention through awareness raising, education and talking about the taboos that still exist around such issues are key to reducing violence against women and girls.

Our findings suggest that we need to:

- Raise awareness of women's health issues through an intersectional lens, which takes into consideration the cultural, social, and economic factors that can affect it.
- Support educators in developing educational tools, training materials, and cultivating holistic curricula to inform young people (of all genders) on issues relating to women's health. These tools should represent the diversity of the classroom and be as accessible as possible.
- Ensure that NHS resources are high quality and accessible to all.



- More and better-funded research into women's reproductive health.
- Expand research into the effects of Long-COVID in women.
- Training for businesses to help them understand what reasonable allowances could be made for women's health.
- Allocate research and funding specifically to understanding and supporting women's mental health.
- Recognise gender-based violence as a health issue.
- Support employers in implementing strategies to prevent and reduce gender-based violence in the workplace and creating support systems and specialised healthcare for those affected.
- Support employees in accessing support systems.

[The IARS International Institute](#) are at your disposal should you require clarifications or further evidence. As a membership organisation, we will also share this submission with our members and database subscribers, and we would also be happy to disseminate any response that you might have to our proposals.

**Dr. Claire Bonham**  
**Chief Executive, The IARS International Institute**

**June 2021**



## About IARS

The IARS International Institute has a charitable mission to give everyone a chance to forge a safer, fairer and more inclusive society. We achieve our charitable aims by producing evidence-based solutions to current social problems, sharing best practice and by supporting young people and the community to shape decision-making. We aspire to be a leader in creating new knowledge and forming public and expert opinion internationally. Over 85% of the Institute's work takes the form of world-class academic inputs (e.g. peer reviewed articles, eBooks, reports, consultation responses, policy papers, conference presentations, conference papers). We deliver our charitable mission by:

- *Empowering marginalised individuals* of our society through accredited training, educational programmes, mentoring and one-to-one support;
- *Acting as an international network of NGOs* bringing together people and ideas to share best practice and engage in debates on current social problems
- *Carrying out action research and evaluation* that is independent, credible, peer-reviewed, user-led, focused and current
- Supporting individuals and grass roots organisations to carry out their own initiatives to shape decision-making and society, and by helping them to maximise their social impact
- Being an authoritative, independent and evidence-based voice on current social policy matters.

## WOMEN'S HEALTH STRATEGY RESPONSE

### Understanding the Problem & Scope of Research

There has been on-going research and evidence in the United Kingdom that highlights the need for a larger focus on women's health and the disparities that women face in the health and care system. Women experience a system that is designed by and for men and that does not focus on the needs of women. Despite on-going research, it is vital that we continue to improve the health and care system by listening to women and focusing on essential aspects of their health.

As part of IARS' public policy work, we monitor governmental policies and strategies that impact our beneficiaries and the public. The Women's Health Strategy is a key step that will have significant implications for those we aim to serve. We strongly believe that this strategy also represents an important opportunity for civil society and our organisation to engage with government efforts and work with relevant stakeholders in identifying gaps and solutions.

This report aims to summarise the joint response of IARS' and its User Groups to the UK government's Women's Health Strategy. Our response is based on the analysis of relevant research, consultations with our Women's Advisory Board and our past and current work on gender-based violence.

### Methodology

We used a mixed methodology to reach the conclusions and recommendations of this report. First, we carried out desk-based research and an analysis of existing documents and relevant projects including the ones that we have been carrying out at IARS. Our desk-based research also consisted of relevant academic and grey literature sources, previous consultations and policy responses conducted by IARS, and our project reports.

Subsequently, we carried out a survey with our Women's Advisory Boards and volunteers. The survey consisted of both multiple choice and open-ended questions, which tried to capture demographic data and gain an insight into the respondents' experiences with the health and care system and professionals in the UK (See Appendix I & II for questions and results).

## 1. Women's Voices

It is clear that women's voices are not being listened to within the health and care system. As reported by the Society for Women's Health Research (SWHR), women's claims of chronic pain are often ignored by health providers because women are assumed to be "overreacting" or "hysterical".<sup>1</sup> The silencing of

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<sup>1</sup> Chinnappan, Shivani. "Long COVID: The Impact on Women and Ongoing Research". Society for Women's Health Research, March 18, 2021. <https://swhr.org/long-covid-the-impact-on-women-and-ongoing-research/>



women's voices impacts the quality of treatment they receive. IARS found concrete statistics to support these claims. In the survey that we conducted, 46.7% of the women who responded felt that doctors and other healthcare staff did not listen or do enough to help them. The respondents felt that they were being rushed, not listened to, or treated as if they were "intellectually challenged", as demonstrated by the quotes below (see figure 2.1):

*"To feel listened to and not rushed or that I'm wasting their time. Generally, I'd hope GPs would show kindness, care and attentiveness in their practice."*

*"I'm not sure if it's about women or patients in general but doctors tend to talk to me as if I were intellectually challenged."*

Women who belong to ethnic minorities, those with disabilities and those who identify as LGBT+ face increased difficulties when it comes to being listened to within the health and care system. Medical staff are trained to treat all patients equally, regardless of their gender, sex, sexuality, etc. but the statistical evidence shows that this does not always happen. This is evident in the findings from Stonewall:

- 1 in 7 LGBT+ women avoid seeking healthcare due to the fear of being discriminated against by medical staff.
- 1 in 8 of these individuals have experienced some form of unfair treatment from medical staff because they are LGBT+.<sup>2</sup>

The results of our survey back up this data, with multiple respondents having been or knowing someone who had been discriminated against by medical staff for having a disability, being of an ethnic minority or being a member of the LGBT+ community. When asked if there is anything else about how health and care staff listen to women and what needs to change, one respondent said:

*"[They] should not discriminate against ethnic minorities and need to take their symptoms as seriously as they do for others. Should be more receptive to the ways in which symptoms of some illnesses for women can differ to men."*

Patients are not the only ones whose voices are being silenced, with many health and care system female workers experiencing similar stigma and even violence in the workplace. Our survey found that only 42.3% of respondents feel comfortable talking about their health in the workplace (see figure 2.4). Not only is feeling unable to discuss your health likely to cause stress, it also shows that, for many, the workplace is not a safe space. IARS work on many gender-based violence projects and campaigns, such as [Children First](#) and [FREE from Gender Based Discrimination](#). While conducting research for the Children First project, we found that gender-based violence is far more prevalent in the workplace than thought, and that far more women reported violence in their workplace in comparison to men.

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<sup>2</sup> "LGBT in Britain - Health." Stonewall, April 17, 2019. <https://www.stonewall.org.uk/lgbt-britain-health>

## 2. Impacts of COVID-19 on women's health

The COVID-19 pandemic has impacted individuals around the world. Although much research is still ongoing, we found multiple instances where the impacts of the COVID-19 have disproportionately affected women's health and their access to health services. A recent report by SWHR about post-COVID syndrome found that:

- At one Mayo clinic, about 60-80% of long-COVID-19 patients were women.
- A study contacted by King's College London found that women aged between 50 and 60 were most at risk of long-Covid symptoms.
- Not only do women experience the virus at a higher rate, but they also face a wider range of symptoms, including menstrual health issues, as a result of contracting the virus.<sup>3</sup>

In the research we gathered through the survey, 69.2% of the women respondents said that COVID-19 has impacted their access to their health services (see figure 2.5). 90% of those individuals stated that their access was impacted negatively (see figure 2.6). These findings indicate that there is a clear, negative correlation between COVID-19 and women's access to health services. We believe that it is essential to women's health that they are able to access essential services at all times.

Not only is there an association between women and COVID, there is also an association between ethnicity and COVID-19 diagnoses. A report compiled by IARS on the impact of Covid-19 on BAME communities found that:

- 35% of the most critically ill Covid patients were BAME.
- BAME people account for 68% of all NHS staff fatalities from Covid to date.<sup>4</sup>

Women of ethnic minorities already face unequal mortality rates. Existing disparities in healthcare were worsened by the pandemic.<sup>5</sup> Furthermore, specific guidance and policies on healthcare for vulnerable migrant women were not created, leaving them especially vulnerable and often unable to access

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<sup>3</sup> Chinnappan, Shivani. "Long COVID: The Impact on Women and Ongoing Research". Society for Women's Health Research, March 18, 2021. <https://swhr.org/long-covid-the-impact-on-women-and-ongoing-research/>

<sup>4</sup> Gore, Ellie. "COVID-19 and racial capitalism in the UK: why race and class matter for understanding the coronavirus pandemic. Sheffield Political Economy Research Institute, May 1, 2020. <http://speri.dept.shef.ac.uk/2020/05/01/covid-19-and-racial-capitalism-in-the-uk-why-race-and-class-matter-for-understanding-the-coronavirus-pandemic/>

<sup>5</sup> Limb, Matthew. "Disparity in Maternal Deaths Because of Ethnicity Is 'Unacceptable.'" The BMJ. British Medical Journal Publishing Group, January 18, 2021. <https://www.bmj.com/content/372/bmj.n152>

information and care.<sup>6</sup> As well as causing a significant number of negative impacts on women's health in general, COVID-19 has had additional negative impacts for women who are part of minority groups.

Finally, IARS delivers research and training on combating gender-based violence. In light of the global pandemic, we have found a rise in gender-based violence in the form of domestic violence and intimate partner violence, likely because women are trapped at home with their abuser. Thus, one of the impacts of COVID-19 on women's health has been the increase in domestic violence, which has significant consequences for both mental and physical health. As women are disproportionately affected by gender-based violence, any new health strategy, which aims to foster gender equality needs to recognise and provide solutions to this problem.

### 3. Research, Evidence and Data

Throughout history, women have been excluded from the production of medical and scientific knowledge. Medical treatment, procedures and research have been based upon male-dominated statistics and as a result omitted much of the female population. Lack of research compromises the quality of both the health information that is accessible to women and the level of care they receive. When reviewing multiple literatures and studies, we found evidence to support this. Currently:

- 1 in 3 women in the UK will suffer from a reproductive health problem, but less than 2.5% of publicly funded research is dedicated to reproductive health.
- Erectile dysfunction, which affects 19% of men, receives five times more research than premenstrual syndrome, which affects 90% of women.<sup>7</sup>

The lack of research that includes women who belong to ethnic minorities and those with disabilities is even more concerning. Numerous statistics prove that these women experience more health issues, but there is limited research on the causes of and solutions to this. In the UK:

- Black women are four times more likely than white women to die in pregnancy or childbirth. Women from Asian ethnic backgrounds face a twofold risk.
- Women living in deprived areas of the UK are three times more likely to die than those in affluent

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<sup>6</sup> Germain, Sabrina, and Adrienne Yong. "COVID-19 Highlighting Inequalities in Access to Healthcare in England: A Case Study of Ethnic Minority and Migrant Women." *Feminist Legal Studies*. Springer Netherlands, October 12, 2020. <https://link.springer.com/article/10.1007/s10691-020-09437-z>

<sup>7</sup> Slawson, Nicola. "'Women Have Been Woefully Neglected': Does Medical Science Have a Gender Problem?" *The Guardian*. Guardian News and Media, December 18, 2019. <https://www.theguardian.com/education/2019/dec/18/women-have-been-woefully-neglected-does-medical-science-have-a-gender-problem>

areas.<sup>8</sup>

As a user-led organisation, IARS International Institute recognises the importance of ensuring that people’s voices get heard on issues that impact them. To this end we have two Advisory Boards that advise and evaluate our research. They also guide the direction of our projects by bringing awareness to the issues that impact their communities. As a result, we have extensive experience advocating for those who are under-represented. Research that centers *all* women is essential to providing them with adequate levels of healthcare. More awareness within the health and care system of this problem and more accessible research can improve the quality of life for women.

#### 4. Information and education on women’s health

In our survey, 69.2% of the respondents felt that they have not been given enough information about women’s health issues (see figure 2.3). Moreover, most of these respondents got their information from the internet, doctors/ health care professionals and the NHS (see figure 2.2). This suggests that the accessibility and/or the quality of the information provided by the NHS is not sufficient.

Additional studies have shown that people from ethnic minorities are more likely to have weaker health outcomes and face difficulties accessing healthcare than other members of the population. These women may experience language barriers or live-in areas that do not offer adequate education. If equality is a serious aim, it is vital that everyone has equal access to high-quality health information. Making this more accessible will help to reduce inequality in healthcare (and thereby reduce inequality more widely).

Faced with the problem of informing and engaging those who have less access to information, IARS took action and are currently working on the Children First project to help combat gender-based violence from the bottom up, starting with education for children. We created an accessible e-game that can be used on any device to facilitate a user-based approach to increasing awareness. Allowing information to be more accessible can help break down barriers for minority groups and those who struggle to access resources. It also empowers and teaches individuals to prevent and intervene in situations themselves where appropriate. The feedback we have received on this approach has been positive, and it would be interesting to investigate whether this kind of approach can be applied more widely to health issues.

#### Conclusion and Recommendations

The findings from the survey and our research indicate the strong importance of education and the need to expand knowledge on women’s health to address these issues. As our survey indicated:

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<sup>8</sup> Limb, Matthew. “Disparity in Maternal Deaths Because of Ethnicity Is ‘Unacceptable.’” The BMJ. British Medical Journal Publishing Group, January 18, 2021. <https://www.bmj.com/content/372/bmj.n152>



- Many women feel like they are not being listened to by health and care providers.
- Individuals who belong to ethnic minorities, those with disabilities, or those who identify as LGBT+ are often discriminated against in the health and care system.
- COVID-19 has had a significant negative impact on women's health and women's health services. This includes an increase in gender-based violence.
- There is a lack of scientific research and information on women's health issues, especially as regards to under-represented communities.
- Many people struggle to gain access to information about women's health.
- Many women struggle to access the health information they need. This particularly affects under-represented communities, who also have worse health outcomes, but also reflects the situation of women more widely.

With this understanding, IARS suggests that the following recommendations are considered when developing the Women's Health Strategy:

- Raise awareness of women's health issues through an intersectional lens, which takes into consideration the cultural, social, and economic factors that can affect it.
- Support educators in developing educational tools, training materials, and cultivating holistic curricula to inform young people (of all genders) on issues relating to women's health. These tools should represent the diversity of the classroom and be as accessible as possible.
- Ensure that NHS resources are high quality and accessible to all.
- More and better-funded research into women's reproductive health.
- Expand research into the effects of Long-COVID in women.
- Training for businesses to help them understand what reasonable allowances could be made for women's health.
- Allocate research and funding specifically to understanding and supporting women's mental health.
- Recognise gender-based violence as a health issue.
- Support employers in implementing strategies to prevent and reduce gender-based violence in the workplace and creating support systems and specialised healthcare for those affected.
- Support employees in accessing support systems.



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## Appendix I: Survey Questions

1. What is your age?
2. What ethnic group are you from? (This is about things like where you and your family are from and the language you speak. Choose one group that feels most right for you.)
3. What is your gender?
4. Where in England do you live?
5. Do you feel comfortable talking about health issues with doctors, nurses, or other health and care staff?
6. Has there been a time when doctors or other health and care staff did not listen to you or do enough to help?
7. If you said yes, what were you trying to talk to health or care staff about?
8. Is there anything else about how health and care staff listen to women and what needs to change that you would like to share?
9. Where do you usually get health information from?
10. Have you been given enough information about women's health issues? (This could be health issues to do with periods, sex and having children. Or more general health issues.)
11. Can you get all the health or care services you need near to where you live?
12. Can you get all the health or care services you need at the right time for you?
13. Do you have any health conditions or disabilities?
14. If you said yes, what health conditions or disabilities do you have?
15. Do you get enough support from health services for your health condition or disability?
16. Do you feel comfortable talking about health issues at work?
17. Do you get enough support from work for your health or disability? (This could be your current workplace or the last place you worked.)
18. Has your work life changed at all because of a health condition or disability? (Please choose how your work life has changed.)
19. Has COVID-19 impacted your access to health services?
20. If you answered yes, has it impacted you positively or negatively?
21. Have you or anyone you know been discriminated against in the health and care system for having a disability, being a minority, being a member of LGBT+, etc.? (If so, please specify which)



**Appendix II: Survey Results**

Figure 2.1

Has there been a time when doctors or other health and care staff did not listen to you or do enough to help?  
13 responses

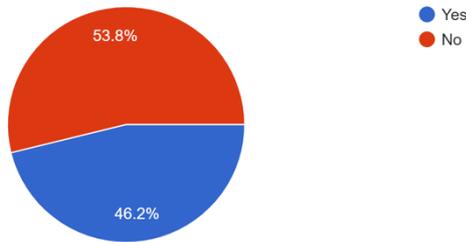


Figure 2.2

Where do you usually get health information from?  
13 responses

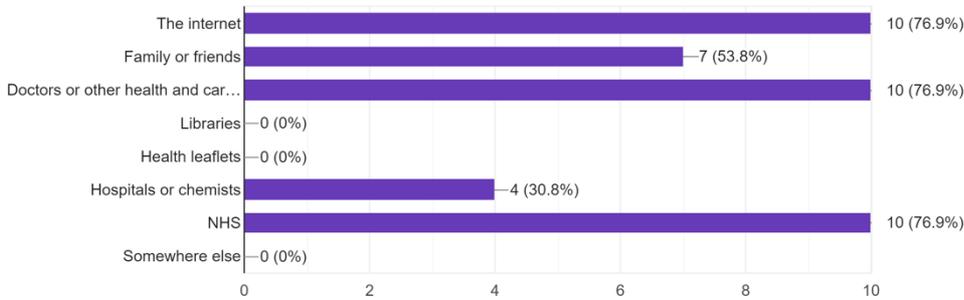




Figure 2.3

Have you been given enough information about women's health issues? (This could be health issues to do with periods, sex and having children. Or more general health issues.)

13 responses

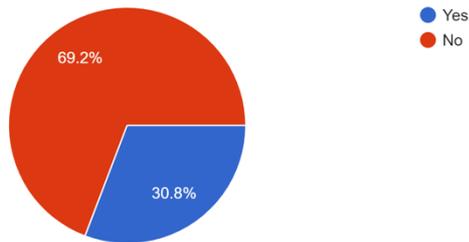


Figure 2.4

Do you feel comfortable talking about health issues at work?

13 responses

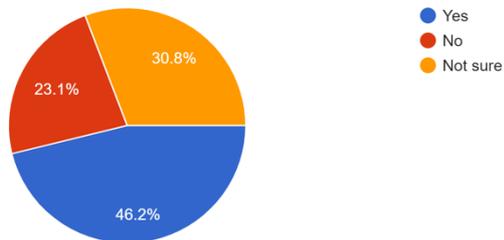




Figure 2.5

Has COVID-19 impacted your access to health services?  
13 responses

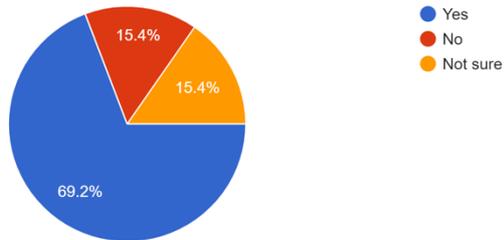


Figure 2.6

If you answered yes, has it impacted you positively or negatively?  
10 responses

