Reproductive health conditions: girls and young women

Inquiry

The Women and Equalities Committee is following up its previous work on women's reproductive health, with a focus on better meeting the needs of girls and young women. It is assessing progress in diagnoses, treatments and pain management of conditions including endometriosis, adenomyosis and heavy menstrual bleeding.

Link to call for evidence:

- Call for Evidence - Committees - UK Parliament
- Reproductive health conditions: girls and young women - Committees - UK Parliament

FPH SRH SIG Response

The Faculty of Public Health (FPH) is a membership organisation for around 6,000 public health professionals across the United Kingdom (UK) and around the world, as well as a registered charity. The role of the FPH is to improve the health and wellbeing of local communities and national populations. This response to the call for evidence has been supported by the Sexual and Reproductive Health (SRH) SIG which aims to provide leadership in sexual and reproductive public health, and to influence and advocate for improving SRH for all, and reducing inequalities.

Health inequalities are systematic differences in health between groups of people. They result from the intersection of wider factors which influence our health and wellbeing, including the environments in which we live, work and make relationships. These differences are unfair and not inevitable, and as a health system we should always seek to tackle these disparities in health. It is recognised by research that although women have a longer average life expectancy than men, they often live more of their lives in poor health, often delaying seeking medical health due to caring or other responsibilities at home. Women-specific health conditions have also historically received less research funding, and has led to underdeveloped treatment pathways for many common conditions. It is also important to note that as well as

inequalities in health between women and men, there are also inequalities between different groups of women and girls. Those living in areas of deprivation suffer worse health than their affluent counterparts, and women from ethnic minority communities often also suffer disproportionately worse outcomes. This was underlined by the recent findings of the MBRACE-UK report into black maternal mortality, where women from black ethnic backgrounds were found to be almost four times more likely to die as a result of pregnancy-related complications than white women.

Women and girls have different sexual and reproductive health needs throughout their lives, and a life course approach to women's health is required to adequately meet these varying needs. A focus therefore on the specific SRH needs of girls and young women is welcomed, as it was felt by some that this was not given enough focus by the previously published Women's Health Strategy for England.

This statement takes a selection of the proposed terms of reference in the call and other appropriate headings, and provides a response based on the following:

- Key public health principles which guide the work of the FPH and its members
- The professional experiences and knowledge of the SRH SIG membership and chairs
- The current literature and policy on the topic
- Experiences of patients and communities as related to health and local authority colleagues during public engagement exercises

The call asks about progress and further improvements required in the following areas:

Provision of effective education and quality information for girls and women on what constitutes a normal period, awareness of female reproductive health conditions and when and how to seek support

Many women and girls are extremely motivated and interested to learn about their health, particularly their menstrual cycles and related conditions. This is shown by the popularity of social media content on the issue. However, this raises concerns over policing of content and moderation of potential misinformation.

During engagement work, individuals described perceived knowledge gaps around normal menstrual cycles, hormonal health and irregular cycles. Particularly around what is a 'normal' period and what warrants medical attention. Many girls and young women will describe disabling symptoms around the time of their periods which can keep them from school, friends or hobbies and sporting activities but which are just dismissed as a normal part of menstruation. This then leads to delays in seeking care and receiving treatment.

There is emphasis from communities too on the need for appropriate, accessible and culturally acceptable information on the health of women and girls. Marginalised communities such as ethnic minorities, refugees, girls or women with learning disabilities often lack accessible information. Many resources aren't translated or have medical jargon, and digital exclusion prevents women from accessing guidance online or from the NHS app. There is also great enthusiasm from many community and voluntary organisations, however, to be a part of the solution, and to get involved with helping to deliver awareness raising and educational activities in their particular areas. This aligns with the direction of the NHS 10-year plan towards neighbourhood health models and the importance of locally-designed co-produced solutions.

Women's experiences of care when seeking help for SRH issues, and concerns regarding delays and waiting times

During a recent piece of engagement, many women, particularly those seeking help for painful periods, irregular cycles, or hormonal issues, reported feeling dismissed or not taken seriously. However positive experiences occurred empathetic, patient and knowledgeable, particularly when appointments were face to face and with female practitioners, allowing women to communicate their symptoms effectively. Timely access to care was a significant concern. GP and specialist appointments for menstrual issues were often difficult to book, with long waiting times for gynaecology and hospital referrals. Some participants stated hospital waiting lists exceeded 10 months for related assessments, especially for those with learning disabilities. Delays in accessing care contributed to anxiety, frustration, and negative mental health outcomes, especially for women experiencing severe period pain, heavy bleeding or other menstrual issues.

Inequalities in treatment

Ethnic minorities face language barriers, cultural misunderstandings and discomfort with male healthcare professionals. These barriers prevent women from accessing care or from fully communicating their menstrual health concerns. Women with learning disabilities experienced diagnostic overshadowing while women and girls from lower socio-economic backgrounds struggle to access period products. These marginalized groups have also faced difficulties in getting appointments, cultural and religious factors not being recognised and a lack of support navigating the health system.

Adequate pain relief for women and girls during treatment

Again, there has been a welcome to see change in what is considered acceptable by way of analgesia for invasive gynae procedures. This has been driven in large part by public conversations and a change in expectations from patients combined with the advocacy of many HCPs working in SRH services. Many sexual health services have for example added better analgesic options for coil fittings in their clinics such as topical analgesic sprays or cervical blocks. Early evidence shows these have significantly improved patient experience of having these devices fitted, which is vital if we are to increase uptake of LARC in the population. However, this call would ask the government to recognise that adding in this important element of care does increase the amount of time and resource required per appointment and therefore the overall demand on the service. Commissioners have had in many places had to increase the financial envelope offered for each fit in recognition of this, which has put even more strain on limited sexual health budgets. The uplift in the public health grant is welcome, but it will require more than this to reverse the years of attrition of real terms investment in sexual health services.

The adequacy of funding for Women's Health Hubs and the broader Women's Health Strategy for England

Whilst the government's focus on women's health and the creation of the women's health hubs work programme was definitely welcomed by the public health and SRH communities, it is clear that the initial funding allocated which was both limited in quantity and non-recurrent was far from enough to address the clear disparities that exist in the treatment of women's health conditions. The strategy is an excellent

starting point, but in order to begin to tackle the clear differences that exist in health for women and girls, what is required is not only sustained investment but also a clear change in the way that women's health research, services and treatments are regarded and prioritised by the health system. Prioritising the health of women and girls has positive knock-on effects for the overall health of the population, since the inequalities in health that exist before birth persist throughout the life course.

NHS change, the 10-year plan and a focus on prevention

It is a time of great change in the health service which, as always, brings both challenges and opportunities. It is also true that any disruptions to the normal functioning of systems such as that which can occur in times of financial constraint and uncertainty, are likely to disproportionately affect those in society who are already most vulnerable. Care must therefore be taken by those making decisions to have regard to how these changes might affect health inequalities.

The NHS 10-year plan, and the new model ICB both emphasise a welcome focus on population health management principles and the importance of prevention, plus the movement of more care out of hospitals and into communities. Tackling inequalities in health requires a population health approach that not only takes into account the wider determinants of health, but also has a focus on prevention, a strategic approach to data and intelligence and commitment to system integration. All of these factors have the potential to be beneficial for the health of women and girls. When asked about where they prefer to access contraceptive services for instance, many women will indicate that their preference is to remain near their home, attending pharmacies or GP surgeries- a move supported by the neighbourhood health movement and women's health hubs. Others have fully embraced the flexibility offered by online services and therefore the shift towards more digital offers will be well received by this cohort. An important caveat here is that this should always be done with an eye on digital equity.

Many sexual and reproductive health interventions for girls and young women are by their nature preventative- preventing unwanted pregnancies, sexually transmitted infections, time lost from school or hobbies to painful periods and increasing confidence and wellbeing in relationships. They are interventions which are relatively low cost but with high technical, personal and social value and therefore should be regarded as essential priorities for a functioning health system.

A move towards strategic commissioning for outcomes and a population health approach is welcomed to continue to improve the health of women and girls, and tackle existing inequalities.

In summary, we welcome the move towards a greater focus on the health of girls and women and the commitment to addressing the disparities therein. However, this must be a sustained commitment on the part of national policy makers, rather than a 'one and done' approach to fixing the problem. The small amount of funding offered for the women's health hubs to date is only a start. There are ingrained systemic and societal factors which are currently contributing to health inequality for women and girls, and these too must be considered as a part of the response. Sexual and reproductive health services offer significant value for money and are of huge personal value to those who need them as well as of significant population health benefit. Looking after the health of women and girls should be a population health priority, and this needs to start right from the beginning of the life course and entail a holistic view of a person's health and wellbeing. It should encompass the elements of education, advice and wellbeing support in relationships as well as the healthcare needs associated with the reproductive system and the changes experienced throughout a woman's life.