



## Women and Health

**“The right to health is a fundamental human right. It means the right of everyone to the highest attainable standard of physical and mental health.”**  
**NHS Health Scotland**

When we discuss health we often think of individual incidents of illness, long and short term. The media focus on the lifestyle choices made by individuals, as if these were open, uninfluenced choices, in turn leaves us feel responsible for the illness we experience. As we know health is much more complex than that. We now, for example, recognise the impact of living in poverty on our ability to keep ourselves healthy, but we rarely recognise the impact of being a woman on how health is analysed and treated.

Caroline Criado Perez in her book *Invisible Women*, highlights how women's life experiences and needs are often missed, e.g. increased death from heart attacks, as women's symptoms differ from men. Much of this is caused by how treatment is researched and organised, with women being under represented and men being used as the research subject, e.g. increased injury for women in car accidents. (*Invisible Women*, 2019).

In Scotland 900,000 people were prescribed anti-depressants in 2017/18. 75% of people prescribed were women, in particular those between the ages of 50 – 54 years. This potential overuse of anti-depressants can be seen in the treatment of women specific health issues, such as the menopause. A recent article in *The Independent* (Oct 2019) highlighted that women may be wrongly prescribed anti-depressants for menopause symptoms, potentially exacerbating their symptoms. When we introduce additional inequality conditions, such as poverty, and women's ability to access appropriate health care is reduced further than other areas, e.g. resulting in the fact that those in deprived areas being prescribed anti-depressants at a higher rate.

The NHS in Scotland recognises that the “fundamental causes of health inequalities are an unequal distribution in society of”; income; wealth and power. These are all areas women experience oppression. Although this can have a devastating impact on women's lives, it also impacts on the wider community.

While we know that women do live longer than men it is estimated that an average of one third of a women's life is spent with long term ill health, e.g “Women represent two thirds of all people with dementia”. Where there is dementia women are also more likely to experience depression. (Allen, J. Sesti, F. (2018) *Health Inequalities and women – addressing unmet needs*). As women are responsible for the majority of caring, particularly between the ages of 54 and 60, it is essential these health needs are recognised to provide adequate care for all. As Abel and Newbigging (2018) recognise “Gender neutral approaches to service provision fail to recognise the specific needs of women”, addressing the unmet needs in women's mental health). It is essential that women's right to health is recognised and responded to for the sake of everyone in society / our communities.

# EVENT RESULTS

**THEME:** Women are often very aware of others health needs while neglecting their own. How many times have we heard or said “I don’t have time to be sick” or “I just need to get on with it”?

This Summary outlines the discussion around issues affecting our health, explore some ideas and share information on what we can do to promote and sustain good all round health.

**PARTICIPANTS:** Total of 30 women from local communities, representing a wide range of backgrounds, convened 9 break-out groups on issues with 27 proposed actions. **(Aug 2012)**

## TOP FIVE PRIORITIES VOTED BY PARTICIPANTS (NUMBER OF VOTES)

- To teach our children to value themselves and not to be pressured to be something they are not. To celebrate themselves. **26 votes**
- Sharing information (all of us) generally (not just when people are in trouble) – formally and informally – about courses, support networks, what’s out there. **18 votes**
- Speak out about personal issues! Have the courage (when it’s safe) – stop it being invisible. **18 votes**
- Forgiveness – forgive ourselves, forgive others. **17 votes**
- Challenging stigma when we hear/see it ‘I can see why you say that but have you thought about how that might affect you....’ **16 votes**

## GENERAL OVERVIEW OF RESULTS

- Individual action/mindset change. **172 votes**
- Campaigning/Lobbying. **30 votes**
- Communication/making connections. **29 votes**
- Education/Awareness raising. **15 votes**

## DETAILED RESULTS FROM THE WORKING GROUPS

- To teach our children to value themselves and not to be pressured to be something they are not. To celebrate themselves. **26 votes**
- Sharing information (all of us) generally (not just when people are in trouble) – formally and More education within schools and colleges for teachers, around the issue of mental health – incorporate mental health issues into the curriculum. **23 votes**
- informally – about courses, support networks, what’s out there. **18 votes**
- Speak out about personal issues! Have the courage (when it’s safe) – stop it being invisible. **18 votes**
- Forgiveness – forgive ourselves, forgive others. **17 votes**
- Challenging stigma when we hear/see it ‘I can see why you say that but have you thought about how that might affect you....’ **16 votes**
- Accept change. Look after ourselves. You are precious. **14 votes**
- Doing something that relaxes you/energises. **14 votes**
- Ask NHS for patient committees in the community. **11 votes**
- Wise women to organise a session on the media and body image. **11 votes**