

Written evidence from the Scottish Women's Convention [WRH0003]

The Scottish Women's Convention (SWC)

The SWC is funded to engage with women across Scotland to ensure that their views are represented in policy and decision-making processes. The SWC uses the views of women to respond to a variety of parliamentary, governmental, and organisational consultation papers at Scottish, UK, and international levels.

The SWC gathers information using different methods, including roadshows, thematic conferences, surveys, and both in-person and online roundtable events. This submission presents the views of a range of women, reflecting their opinions, ideas and lived experience. Working together with many other equalities organisations and community groups, we use our broad network to ensure that women from a range of backgrounds are heard and acknowledged. We are continually reviewing innovative ways of engaging with women and developing our trauma-informed and culturally sensitive practice to support vital contributions from as many women as possible.

Our Response:

What constitutes healthy periods and reproductive health?

Unfortunately, due to poor education, many women and girls do not understand what a healthy period and reproductive health looks like. Women have explained that there is a lack of focus on healthy gynaecological care during sex education, and that this has an inevitable impact on women's overall health. By lacking knowledge on important aspects of their anatomy, women are more likely to suffer from poor health, and therefore it is vital that sex education is modified to adequately teach young women about red flags and unhealthy reproductive health.

- **"...when it comes to periods and stuff like that there is a total lack of understanding...This leads hugely into fundamental, important times in a girl's life as they're growing up"**
- **"Education in primary school...it felt very brief for us girls...I don't even remember them mentioning periods at all"**
- **"We need more complete sexual health education from primary school, it must include information about hormones and how this impacts on mood, health and wellbeing."**

What are women's experiences of being diagnosed with, undergoing procedures and being treated for gynae or urogynaecological conditions?

While speaking with women from rural locations in Scotland, it was clear that one issue was of vital importance: healthcare. They explained that through increased centralisation, many services had been moved to Inverness and taken out of the local community. Women explained that this was particularly prevalent across gynaecological cover with this not sufficient to maintain a healthy population. Women stated that their increased input, alongside a move back towards local services, could limit the detrimental impacts of centralisation. Centralisation has also made it more commonplace to travel long-distances to

receive healthcare. Women explained that they have, at times, had to travel these arduous journeys after surgery, further worsening their health and lengthening recovery times. This has also had an impact on newborn babies, with new mothers having to invest in specialised car-seats as it is not recommended for newborns to sit upright for longer than two hours.

- **“Our service has dramatically declined, and a lot of it is to with centralisation. Over the last six or seven years, we’ve lost a lot of local services and it’s having a massive impact.”**
- **“We’ve got women driving themselves home after a D&C for miscarriage... it’s just shocking!”**

What disparities exist in the treatment and diagnosis of gynaecological or urogynaecological conditions?

Women in rural communities struggle to access sufficient gynaecological or urogynaecological care, with issues such as poor transport contributing. The inevitable result of long journeys is overnight stays in cities, either due to appointment times or poor public transport links. Women stated that it was likely they would have to use annual leave to cover the number of days required for their treatment, which they felt was unfair and did not give them the same level of service as other parts of Scotland. They highlighted that annual leave is given to allow workers to rest and recuperate, not receive, potentially stressful, medical care. This was of particular concern to women with pre-existing gynaecological conditions, such as endometrioses, with return visits to a gynaecologist being an unavoidable aspect of life. They did not feel properly catered for, and expressed worry that their wellbeing was being significantly impacted by poor transport links.

- **“That time off is supposed to be a time for yourself, to recuperate, to recover, to actually take time off to enjoy your life. It shouldn’t be, and it’s not supposed to be used to constantly access healthcare.”**
- **“Annual leave is meant to be there for you to recover and rest...you know we work to live, not live to work.”**

This also has a major financial impact on women’s lives, with public transport costs, fuel and accommodation becoming major considerations for rural communities when accessing healthcare. Women explained that it was common to stay overnight prior to and/or after hospital appointments in cities, due to poor transport links and long distances. These costs are not always fully reimbursed, and women stated that if they didn’t have the funds before their appointment, they were unable to attend. Therefore, the lack of financial support and long journey times are a relatively unique issue facing rural communities, with urban areas better catered for with regards to healthcare. That is not to say however that women in urban areas have easy access to gynaecological services, with many still experiencing barriers.

- **“...you have to have that money in the bank to access transport, to book accommodation, and looking at the where the financial climate is just now, where is that money coming from for those families?”**
- **“I went down to Inverness for ultrasounds and bloods...We ended up spending £400 on accommodation...I think it was eight weeks before they sent the money over; well into two mortgage payments. It was a £200 repayment, because it’s £50 per head, per night...that’s us £200 out of pockets.”**

A further disparity women face when attempting to access gynaecological and urogynaecological healthcare, is the lack of widespread knowledge on these areas from

healthcare professionals. The level of understanding is dependent on NHS health board and university, with can result in a lack of consistency across the country. This is also hampered by the continued prioritisation of men's bodies and healthcare needs. Healthcare across the UK is dictated by a male-focused medical model, which can cause women's needs to be pushed aside or seen as less important. Recently, this was highlighted by clear differences in waiting times at Scottish A&Es, with women's pain being taken less seriously due to long-lasting stereotypes which see women as overly emotional¹. Proper, consistent training is therefore required, to ensure that women's bodies are not overlooked as well as movement to an equitable medical model.

What barriers exist in the treatment and diagnoses of gynaecological or urogynaecological conditions?

A barrier to women accessing treatment and diagnoses of gynaecological conditions was a feeling of not being believed and experiencing an increased likelihood of gaslighting. Many of the women we have spoken with explained that gaslighting has become more common, particularly during discussions with GPs when seeking guidance on women-centred health conditions. They stated that more education for medical professionals and more gynaecological services were key in reducing the possibility of these experiences.

- **"...from personal experience it's just not being believed with things at the doctors... I've had thyroid issues and there's a lot of dismissal"**
- **"...it can be difficult to be taken seriously for referrals. People are finding it very difficult, and coming away from appointments, feeling really let down"**
- **"It's nothing like it used to be, there's a lot of gaslighting, which never used to happen."**

Gaps in gynaecological healthcare were also raised by women, in relation to a lack of treatment options for menopause symptoms. Women explained that they had experienced poor knowledge from medical professionals around the menopause, alongside inappropriate prescribing of antidepressants as standard. Those who wanted to access hormone replacement therapy experienced push back from doctors, and as a result had to advocate for their own healthcare. We believe it is key that long-standing discrimination against menopausal women across healthcare settings should be better tackled by governments. Women believed that this could be achieved through informal discussions between women so that the stigma surrounding menopause was diminished, and that a women's health specialist should be assigned to individual areas, who could facilitate such conversations.

- **"A friend of my niece recently went in because she couldn't stop crying, and the doctors prescribed antidepressants, and we told her no! It was the menopause."**
- **"I think on the HRT thing, we don't have any special women's healthcare. Even if it was a nurse who could travel around because trying to get my testosterone was like drawing blood from a stone."**

Women have also highlighted that receiving care for menopause is hampered by stigma and discrimination. They spoke of humiliation at work and general misunderstandings around symptoms. Attendees explained that men would freely make jokes and comments, while also belittling the health condition as a 'woman's problem'. This had pushed some women

¹ Matijevic, P. (2023). Longer A&E Waits Disadvantage Women, Figures Show. The Ferret. Available at: <https://theferret.scot/longer-ae-waits-disadvantage-women-figures-show/>

out of paid employment, knocking their confidence and many felt that they had been improperly supported throughout their experience.

- **“People think it’s funny and that’s a big issue... you know they think it’s hilarious when you’re late for a meeting... it’s just awful and humiliating, and men in particular tend to make jokes about it and that can be really uncomfortable.”**
- **“My issue is that they say it’s a woman’s issue and so they’ll lock it away because no-one wants to talk about it.”**
- **“I’ve known a lot of women who have resigned because it has got too difficult for them to do their job.”**

Alongside issues within work, women regularly faced difficulties when dealing with healthcare professionals. We have been told regular stories of misdiagnoses and a lack of empathy from medical staff, with women struggling to get the help they required. This has forced some to turn to private medical services, rather than the NHS, as they were either refused treatment or put on incredibly long waiting lists. Women attributed this to poor gynaecological care across Scotland, particularly in rural areas, and a lack of education about women’s health problems. Women suggested that mandatory training for all medical staff was essential in creating a more menopause friendly healthcare environment.

- **“I have been unable to get the medical support I need. So much so, that I’ve had to do something that goes against my values, I’ve had to pay privately to get treatment. On visiting the NHS, I was given a bunch of holistic leaflets: go do yoga, go for a walk, take some time out, when I actually needed medicine.”**
- **“...for me it started with really horrific headaches, I thought I was dying... my GP told me it was migraines”**
- **“We need to make it compulsory for the medical profession to be trained in menopause.”**

Women also explained that their experience of menopause was worsened due to a lack of personal knowledge on the subject. They felt that the Scottish education system had not adequately prepared them for this period of their life, with a focus instead on pregnancy and puberty. Women stated that they had also noticed a pattern of ignorance within men, with most not fully understanding the health condition. Therefore, they highly recommended incorporating menopause into sex education for girls and boys, so that both could be properly informed and prepared for this natural process. They also wished for more emphasis to be placed upon menopause for those studying medicine at university, which would align with the mandatory training for healthcare staff discussed above.

- **“Something I’ve heard is that they don’t want to scare young women, so they don’t tell them the horrific stories about the menopause – but they have to be aware that there are a range of symptoms...it’s something they’re going to experience, whether that’s medically or naturally.”**
- **“We need to start with awareness training, and that’s through education... because I mean, how do you talk about something that you don’t even know?”**
- **“I think we need to have more conversations, open conversations, get men involved because they have a great part to play in it.”**

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