

# Women's priorities for women's health: a focus group study

“For generations, women in the UK have lived with a health and care system that has mostly been designed by men, for men.”<sup>1</sup>

To rectify that, the Government is developing a Women's Health Strategy for England.

In its Call for Evidence to help inform the Strategy, the Government noted: “In recent years, it has become clear that more could be done in terms of listening to women's voices. We also know that, when women do seek help for health problems, they do not always feel listened to or their concerns taken seriously. We are determined to place women's voices at the centre of their health and care at both at the level of individual patient–clinician interactions and at the system level.”

This report puts those voices centre stage. It enables the architects of the strategy to hear the voices of a diverse group of women and what they want to be incorporated into the emerging Women's Health Strategy for England.

In a powerful echo of the Call for Evidence, the focus group conversations reverberate with feelings of being ‘brushed off’; of not being listened to; of being ‘invisible’; of symptoms not always being treated seriously; of a lack of information for women's health issues; and of being ‘in the dark’ about the state of their health.

## Main findings

Our focus group analysis reveals the following priorities women have for women's health:

- Menstrual health and contraception (particularly the 18-24 age group)
- Fertility issues (particularly the 25-44 age group) including:
  - Ending of the unfair ‘postcode lottery’ for infertility treatment

<sup>1</sup> Hancock, M. Ministerial Foreword to the Call for Evidence for the Women's Health Strategy. June 2021.

<https://www.gov.uk/government/consultations/womens-health-strategy-call-for-evidence/womens-health-strategy-call-for-evidence>

- Support following miscarriage
- Access to information and education about reproductive disorders
- Perinatal care and improved support for postnatal mothers
- The menopause – access to clinical expertise, treatment and information (particularly the 45-65 age group)
- Diet and exercise information and support (particularly women aged over 65 and women of South Asian heritage)
- Managing long-term conditions and balancing caring responsibilities with health (age groups 25-44 and over 65).
- Changing a health culture where older women feel 'invisible' and younger women feel 'ignored' or 'fobbed-off'.

Women in all the age groups advocated:

- Increased NHS investment and greater support for mental health
- Reconsidering (or at least explaining better) the age thresholds for cervical and breast screening
- Increased access to health care, particularly primary care
- Primary care clinics dedicated to women's needs
- More frequent health checks and a greater focus on preventative care
- Increased education and awareness about women's health, for both genders, from school onwards.

The following were raised as ways to reduce the barriers to better women's health care:

- Women-specific services, such as women's drop-in clinics or local women's specialist practitioners
- A more holistic/whole body approach, including offering alternative therapies
- Female doctors for women's health-specific issues
- Individualised care
- Listening to and taking women seriously
- Overcoming stereotyping in healthcare
- Increasing NHS funding
- Improved access to health services.

Many of our participants felt their voices were not always heard by health professionals, they shared experiences of feeling 'brushed off' and felt that clinicians on occasion diminished their symptoms and concerns. There was a clear perception that women's health problems were not always taken seriously, and some had experienced significant delays to diagnosis of long-term conditions (such as endometriosis). Older women, aged 65 and over, remarked on feeling 'invisible.'

*"Going to the doctors isn't an enjoyable experience because they don't listen. That's the problem for me. I just don't go now."*  
45-year-old participant

*"Sometimes you go to the doctor and you just don't feel very believed. And you feel like you're just wasting their time, and they sometimes make you believe that there's actually nothing wrong with you, when you know your body best, and you know if something's wrong."*  
22 year-old participant

*"I think mental health... just day to day whatever a woman is going through. Because I know like just being a woman in general and having kids and working. There's a lot, just basic stuff that we could be going through that we end up suffering in silence as well. So, I think... just to be aware of the mental health support that's out there would be a good thing"*  
36 year-old participant.

## What we did

Using stratified sampling, we recruited 79 women into eleven focus groups across England in 2021 (two pilot groups, eight based on age group and area-level deprivation and one comprising women of South Asian heritage). We generated discussion and debate in four main areas aligned to the Call for Evidence:

- Women’s priorities for women’s health
- Barriers to accessing health and care services
- Being ‘heard’ by health care professionals – women’s voice.
- Sources of information about health conditions and treatment options.

## How we did it

Focus group methods were chosen as they provide rich qualitative data rapidly, enabling exchanges of views between participants, as well as being a useful method for conducting prioritisation exercises.

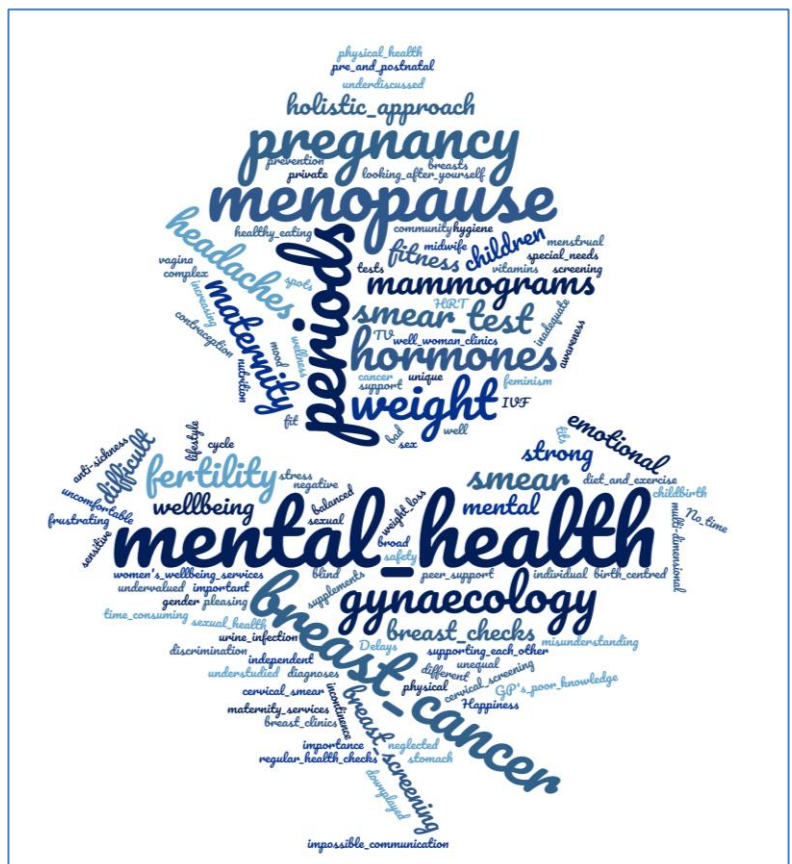
The discussions were carried out in 2021, during the COVID-19 pandemic. Although women spoke of experiences which pre-dated the pandemic, more recent experiences may have been influenced by the impact of COVID -19 on the health system, such as delays and disrupted treatment. This context should be taken into account when interpreting the study findings.

## The words women use to describe women’s health

As part of the ‘ice breaker’, allowing women to introduce themselves to the group and become more at ease speaking to one another, we asked each participant to write down three words that came to mind when they thought of the term ‘women’s health’.

These words, collated across the nine focus groups, are visually represented in the ‘word cloud’ opposite. The more times a word was mentioned, the larger it appears in the graphic representation.

Mental health was raised as a priority for women’s health in seven of the nine focus groups among women aged 18-65, although it was less of a focus among the youngest groups (18-24).



## Recommendations

The findings from our focus groups reveal areas of potential improvement for women's health services in the NHS, many of which align closely with the recommendations of the Royal College of Obstetrics and Gynaecology in their report 'Better for Women'.<sup>2</sup> Our recommendations fall into two main areas:

### Education and reliable information on women's health

- Increase education about women's health from school age onwards, among women and men, to help raise awareness of women's health, reduce stigma, and assist women to know when to seek help and to do this with confidence.
- Increase cancer screening information to improve understanding of the services offered and the rationale for age cut-offs, and to increase engagement with screening and awareness of what symptoms to observe.
- Provide easily accessible information on the NHS website about all aspects of women's health, including providing links to more specialist websites.
  - For groups less able to engage with digital content, other sources such as leaflets should be widely available.
- Improve professional training in women's health to enhance empathy and understanding of their health needs.

### Access to services for support and advice about women's health

- Improve health support for young women in schools, e.g. providing comprehensive advice on issues such as menstruation, contraception and sexual health.
- Enable women of all ages to access professional advice about their health in a timely manner and with adequate opportunity to discuss issues pertinent to them.
  - Extended GP appointment times could help with this, as well as more flexible opening hours and greater availability of appointments in primary care.
- End the 'postcode lottery' for access to fertility treatments such as IVF.
- Enhance postnatal care follow-up to address women's own health concerns as well as those of their babies.
- Establish women's health specific clinics led by a specialist health professional (preferably female), to provide a single point of access for women's health.
- Enhance access to mental health services especially in light of the COVID-19 pandemic.
- Facilitate peer support groups to allow women to receive support from other women at critical points in their life course, e.g. relating to menstrual health and the menopause.
  - These could be informal (peer-led) or led by someone with expert knowledge.
- Increase continuity of care, routine check-ups, follow-up and referrals to specialist services to improve women's health and the detection of underlying conditions.

To read the full report, please go to <https://bit.ly/31RDELj>

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<sup>2</sup> RCOG. 2019. 'Better for Women'. Royal College of Obstetricians and Gynaecologists: London.