

Scottish Parliament Health, Social Care and Sport Committee inquiry on health inequalities

Engender briefing on women's health inequalities

June 2022

1. INTRODUCTION

Women and girls face significant barriers to good mental and physical health in Scotland. This briefing paper focuses on gendered health inequalities - issues that affect health outcomes for women due to systemic gender inequality. Broadly speaking, it does not cover sex-specific health issues, such as women's reproductive and sexual health, including abortion care.¹ We do, however, touch on sex-specific health issues where structural issues act as barriers to healthcare for particular groups of women. For example, racism, ableism, and homophobia contribute to unmet health needs for women of colour, disabled women and LBT women.

Health issues that disproportionately affect women, or affect women differently to men, have historically lacked funding and professional focus, meaning that women's health needs are not equally prioritised and understood across health services and more broadly. Intersecting equality issues have a major bearing on health outcomes for women in Scotland, and gender is the most significant factor that interacts with income inequality to compound health problems.² For example, highly gendered health outcomes exist within certain minority ethnic communities;³ the physical and mental health of transgender women is put at risk by lack of knowledge amongst healthcare professionals;⁴ disabled women are significantly more likely

¹ Our broader work on health, including abortion and disabled women's reproductive rights can be found on Engender website at: <https://www.engender.org.uk/content/publications/?cat=1>.

² Women's Resource Centre (2013) Women's equality in the UK – A health check. Women's Resource Centre. Available at: <https://www.wrc.org.uk/Handlers/Download.ashx?IDMF=a527a91a-ff47-4108-b68f-24c15d09128d>.

³ E.g., Scottish South Asian women experience 80 per cent increased rate of heart attacks, compared with 45 per cent for men. See: Scottish Government (2008) Equally Well: Report of the Ministerial Task Force on Health Inequalities. Scottish Government. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2008/06/equally-well-report-ministerial-task-force-health-inequalities/documents/0062206-pdf/0062206-pdf/govscot%3Adocument/0062206.pdf>.

⁴ Scottish Trans Alliance (2013) Scottish Trans Health Conference Report. Scottish Trans Alliance. Available at: <https://www.scottishtrans.org/wp-content/uploads/2013/11/Scottish-Trans-Health-Conference-Report.pdf>.

to have unmet healthcare needs than both non-disabled people and disabled men;⁵ and women in the most deprived areas of Scotland experience good health for 25 years less than women in the most affluent parts of the country.⁶

There is an urgent need to integrate knowledge of the wide range of systemic factors that influence women's health into training and guidance across medical and healthcare professions. These include economic inequality, violence against women, social security, unpaid caring, childcare, education and media. Sex and gender differences in health and healthcare must be understood not only in terms of 'women's health', and any analysis of social determinants of health differences must be intersectional.

Against this baseline, the Covid-19 pandemic has had a heavy toll on women's wellbeing and health. Women's mental health deteriorated almost twice as much as men's during the first lockdown;⁷ women's experiences of domestic abuse were intensified and shaped by isolation, economic pressures and lack of support services;⁸ and single parents – the overwhelming majority of whom are women – experienced particularly high levels of isolation. Research conducted by Engender, in partnership with organisations across the UK, showed that young women and disabled women were especially likely to report negative impacts on their mental health as a result of the crisis.⁹

2. STRUCTURAL INEQUALITY AND HEALTH

When it comes to healthcare, women consistently raise their experiences of being not listened to, taken seriously or actively involved in treatment planning or prescription choices. We wait longer for pain medication than men, wait longer to be diagnosed, are more likely to have physical symptoms ascribed to mental health issues, are more likely to have heart disease misdiagnosed or to become disabled after a stroke, and are more likely to suffer illnesses ignored, minimised or denied by the medical profession.¹⁰ Women are more likely to be diagnosed with anxiety than men, and once that diagnosis is present - or even assumed

⁵ Sakellariou D, Rotarou ES (2017) Access to healthcare for men and women with disabilities in the UK: secondary analysis of cross-sectional data. *BMJ Open* 7:e016614.

⁶ Scottish Government (2021) Women's Health Plan: A plan for 2021-2024. Scottish Government. Available at: <https://www.gov.scot/publications/womens-health-plan/>.

⁷ Suleman M (2021) Gender divide: a post-COVID recovery must address pandemic inequalities. The Health Foundation Available at: <https://www.health.org.uk/news-and-comment/blogs/gender-divide-a-post-covid-recovery-must-address-pandemic-inequalities>.

⁸ Shadow Pandemic (2021) Shadow Pandemic - Shining a light on domestic abuse during Covid. Women's Aid. Available at: https://www.womensaid.org.uk/wp-content/uploads/2021/11/Shadow_Pandemic_Report_FINAL.pdf.

⁹ Engender, Close the Gap (2021) Joint briefing on the impact of COVID-19 on women's wellbeing, mental health, and financial security. Available at: <https://www.engender.org.uk/content/publications/Close-the-Gap-and-Engender-Joint-briefing-on-the-impact-of-COVID-19-on-womens-wellbeing-mental-health-and-financial-security.pdf>.

¹⁰ The Health and Social Care Alliance Scotland (2020) NACWG Satellite Wee Circle: Gender Equality and Mental Health. ALLIANCE, Engender and See Me. Available at: <https://www.alliance-scotland.org.uk/wp-content/uploads/2020/12/NACWG-Satellite-Wee-Circle-Spotlight-on-Mental-Health-Report-181220.pdf>.

- research shows that women have an even harder time being taken seriously by a healthcare professional.

2.1 Intersectional sex-specific health issues

Groups of minoritised women, including women of colour, LBT women and disabled women, can experience health inequalities even more acutely, including with regards to sex-specific health issues. Systemic and institutional racism, homophobia and ableism form a significant part of the picture here. For instance:

- BME women face staggering inequalities in maternal health. The maternal mortality rate in the UK is four times higher for Black women, twice as high for mixed ethnicity women and almost twice as high for Asian women, as compared with white women.¹¹ BME women also experience poorer quality of care and greater barriers to accessing maternity services.¹²
- Disabled women's access to reproductive and sexual health services in Scotland is systemically and significantly undermined by stigmatisation, stereotyping and lack of knowledge and information across health services and by health practitioners.¹³
- Lesbian and bisexual women may be at greater risk of several cancers most common in women, including breast, ovarian and cervical cancer, in part due to discrimination when accessing health services.¹⁴

Many other health inequalities exist for marginalised and minoritised women in Scotland, including younger and older women, migrant women, women with insecure immigration status, rural women, unpaid carers and pregnant women, in addition to those groups listed above. All such issues are underexplored and are not adequately understood within Scotland's clinical and healthcare establishments. Engender has called for expansion of the Scottish Government's Women's Health Plan, including development of new streams on LBT and disabled women's specific sexual health needs, and the impact of racism and other structural inequality on women's health outcomes.

¹¹ MBRRACE-UK (2021) Saving Lives, Improving Mothers' Care. Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK. Available at: https://www.npeu.ox.ac.uk/assets/downloads/mbrpace-uk/reports/maternal-report-2021/MBRRACE-UK_Maternal_Report_2021_-_FINAL_-_WEB_VERSION.pdf.

¹² Khan Z (2021) Ethnic health inequalities in the UK's maternity services: a systematic literature review. *British Journal of Midwifery* 29:100–107.

¹³ Engender (2018) *Our Bodies, Our Rights: Identifying and removing barriers to disabled women's reproductive rights in Scotland*. Available at: <https://www.engender.org.uk/files/our-bodies,-our-rights-identifying-and-removing-barriers-to-disabled-womens-reproductive-rights-in-scotland.pdf>.

¹⁴ Robinson K, Galloway K, Bewley S, Meads C (2017) Lesbian and bisexual women's gynaecological conditions: a systematic review and exploratory meta-analysis. *BJOG: An International Journal of Obstetrics & Gynaecology* 124:381–392; NAWP (2021) *Ovarian Cancer - Let's get the conversation started*. National Association of Women Pharmacists. Available at: <https://www.the-pda.org/wp-content/uploads/Ovarian-Cancer-Factsheet.pdf>; Macmillan Cancer Support (2014) *The Emerging Picture: LGBT people with cancer*. Macmillan Cancer Support. Available at: https://www.macmillan.org.uk/_images/lgbt-people-with-cancer_tcm9-282785.pdf.

2.2 Systemic gender inequality

Systemic gender inequality has an enormous impact on health. Although women's life expectancy exceeds that of men, women spend longer living with disability and ill health,¹⁵ and more women than men in Scotland live with a long-term health condition.¹⁶ Social and cultural issues, rooted in sexism, that impact on health outcomes for women and girls are listed below. Many of these inequalities are deepened for women who face multiple forms of discrimination in Scottish society.

- Women are more likely to experience poverty, to manage household budgets, and to go without necessities where resources are stretched.¹⁷
- Job insecurity is noted by the WHO as an important social determinant of health,¹⁸ and women are more likely to be in part-time, low paid and unstable employment. Scotland's gender pay gap persists at 10 per cent.¹⁹
- Domestic abuse is a high-risk factor for depression, substance abuse, and numerous physical disorders.²⁰ Domestic abuse is widespread in Scotland and primarily perpetrated by men against women.
- Carers, 60–70 per cent of whom are women in Scotland,²¹ are twice as likely to suffer from ill-health.²² Women are twice as likely to give up work to carry out unpaid care.
- Women continue to provide the majority of primary care for children²³ and do the majority of household labour.²⁴ Women, therefore, have less leisure time than men.

¹⁵ EIGE (2022) Gender Equality Index: Health. European Institute for Gender Equality. Available at: <https://eige.europa.eu/gender-mainstreaming/policy-areas/health>.

¹⁶ Scottish Government (2020) Scottish Health Survey 2018: main report. Scottish Government. Available at: <https://www.gov.scot/publications/scottish-health-survey-2018-volume-1-main-report/>.

¹⁷ Engender (2016) Securing Women's Futures: Using Scotland's new social security powers to close the gender equality gap. Engender, Scottish Refugee Council, Scottish Women's Aid, Close the Gap, and Carers Scotland. Available at: <https://www.engender.org.uk/content/publications/Securing-Womens-Futures---using-Scotlands-new-social-security-powers-to-close-the-gender-equality-gap.pdf>.

¹⁸ WHO (2016) Women's health and well-being in Europe: beyond the mortality advantage. World Health Organization. Available at: <https://apps.who.int/iris/bitstream/handle/10665/332324/9789289051910-eng.pdf>.

¹⁹ Close the Gap (2022) Gender Pay Gap Statistics. Close the Gap. Available at: <https://www.closesthegap.org.uk/content/resources/Gender-pay-gap-statistics-paper-2022.pdf>.

²⁰ Scottish Government (2008) Equally Well: Report of the Ministerial Task Force on Health Inequalities. Scottish Government. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2008/06/equally-well-report-ministerial-task-force-health-inequalities/documents/0062206-pdf/0062206-pdf/govscot%3Adocument/0062206.pdf>.

²¹ Census figures suggest that around 60 per cent of carers are women, however carers' organisations estimate that the number is nearer 70 per cent as many women do not self-identify as carers. This is partly due to gendered cultural expectations around care.

²² Carers UK (2014) Facts about carers. Carers UK.

²³ Alakeson V (2012) The price of motherhood: women and part-time work. Resolution Foundation. Available at: <https://www.resolutionfoundation.org/app/uploads/2014/08/The-price-of-motherhood-women-and-part-time-work.pdf>.

²⁴ ONS (2018) Men enjoy five hours more leisure time per week than women. Office for National Statistics Available at:

- Men spend considerably more time doing moderate to vigorous physical activity than women, on average 15.1 hours per week compared to 9.9 hours, respectively.²⁵
- Perception of risk is also gendered – across Europe, cardiovascular disease is perceived to be low risk in women despite being the main cause of mortality for women in the region.²⁶
- Public space is highly gendered; poor consideration of safety and lighting in planning, and public transport systems that are not designed to meet women’s needs influence women’s use of the outdoor environment.²⁷
- Women are less likely to engage in ‘risky behaviour’ but are more likely to experience ‘invisible risks’ to their health, such as eating disorders and self-harm, which are often not adequately responded to.²⁸

Engender has called for all political parties in Scotland to support the development of a new Scottish Institute for Women’s Health to drive changes to policy, guidance and medical training on the basis of sex and gender medicine, as well as to fund dedicated research into women’s health.²⁹

3. WOMEN’S HEALTH INEQUALITIES IN SCOTLAND

Scottish Government’s Women’s Health Plan represents a welcome starting point in addressing these historic and systemic issues. Positive aspects of the plan related to health inequalities include: the focus on cardiovascular health, including understanding of the gendered factors that affect rehabilitation; integration of the need to improve quality gender-

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/menjoyfivehoursmoreleisuretimeperweekthanwomen/2018-01-09>.

²⁵ Scottish Government (2020) Scottish Health Survey 2018: main report. Scottish Government. Available at: <https://www.gov.scot/publications/scottish-health-survey-2018-volume-1-main-report/>.

²⁶ WHO (2016) Women’s health and well-being in Europe: beyond the mortality advantage. World Health Organization. Available at: <https://apps.who.int/iris/bitstream/handle/10665/332324/9789289051910-eng.pdf> ; Eurostat (2022) Causes of death statistics. European Commission Available at:

https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Causes_of_death_statistics.

²⁷ Engender (2018) Engender Parliamentary Briefing: Local Government and Communities Committee Debate on the Planning Scotland Bill March 2018. Engender. Available at:

<https://www.engender.org.uk/content/publications/Engender-Parliamentary-Briefing---Planning-Scotland-Bill-March-2018.pdf>;

Engender (2019) Engender response to the Scottish Government consultation on Scotland’s National Transport Strategy. Engender. Available at:

<https://www.engender.org.uk/content/publications/Engender-response-to-the-Scottish-Government-consultation-on-Scotlands-National-Transport-Strategy.pdf>.

²⁸ EIGE (2022) Gender Equality Index: Health. European Institute for Gender Equality. Available at:

<https://eige.europa.eu/gender-mainstreaming/policy-areas/health>.

²⁹ Engender (2021) Vision for a Feminist Recovery: Engender Manifesto for the Scottish Parliament Election 2021. Engender. Available at: <https://www.engender.org.uk/content/publications/Vision-for-a-feminist-recovery---Engender-manifesto-for-the-Scottish-Parliament-Election-2021.pdf>.

sensitive data³⁰ and research; and actions to embed gender competence across all health and healthcare policy. We look forward to an implementation process that is robustly undertaken, resourced and scrutinised.

However, much of the Plan is focused on women's reproductive health. While addressing inadequate health outcomes for women certainly requires action in these areas, there is also urgent need to better understand and respond to differential outcomes in non-sex-specific conditions. Engender has called for the Women's Health Plan to be expanded over the course of the current parliament to include a greater focus on women's health inequalities.

The following issues are some of the most pressing health inequalities experienced by women and girls in Scotland in 2022. These are currently not covered or are considered minimally in the Women's Health Plan. This list is intended to be indicative rather than comprehensive, and there will be other issues that should also be considered. Intersectional research is needed across each of these areas.

3.1 Mental health

Women and men experience mental health differently; more women report experiencing anxiety disorders, and women are twice as likely to be affected by depression than men.³¹ Depression in women is significantly more prevalent amongst those with unpaid caring roles³² and in areas of deprivation.³³

Both conditions are likely to be exacerbated by uncertainty, fear, and long periods of isolation and women's mental health has worsened significantly since the onset of the pandemic.³⁴ Unpaid carers have consistently told Engender that they are under intense pressure due to the challenges of caring in conditions with limited practical support, an inadequacy of information, and the continued loneliness of having to shield to protect vulnerable loved ones, despite the easing of restrictions.

Engender has called for a refresh of the National Mental Health Strategy to improve gender analysis and specifically consider women's mental health in relation to the pandemic.

³⁰ Gender-sensitive data are statistics and other information that adequately reflect gendered differences and inequalities in the situation of women and men in all areas of life.

³¹ WHO (2001) The World health report: 2001: Mental health: new understanding, new hope. World Health Organization. Available at: <https://apps.who.int/iris/handle/10665/42390>.

³² Mental Health Foundation (2021) Women and mental health. Mental Health Foundation Available at: <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/women-and-mental-health>.

³³ SPICe (2014) Mental Health in Scotland. Scottish Parliament Information Centre. Available at: https://archive2021.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_14-36.pdf.

³⁴ ONS (2021) Coronavirus and depression in adults, Great Britain: January to March 2021. Office for National Statistics. Available at: [https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadults/greatbritain/januarytomarch2021#:~:text=1.-,Main%20points,19\)%20pandemic%20\(10%25\)](https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadults/greatbritain/januarytomarch2021#:~:text=1.-,Main%20points,19)%20pandemic%20(10%25)).

3.2 Pain

Treatment of pain is highly gendered, and we lack understanding of the impacts of (chronic) pain and differences in treatment for women and men. Women in pain are less likely to be prescribed painkillers and more likely to receive prescriptions for sedatives than men, yet 70 per cent of people affected by chronic pain are women.³⁵ For many women, pain, especially that associated with gynaecology, is routinely normalised or dismissed in interactions with healthcare professionals.³⁶

3.3 Autoimmune disease

Autoimmune diseases present with a clear gender bias, with a greater prevalence amongst women occurring at an approximate rate of two to one.³⁷ Autoimmune disorders that are considerably more likely to be diagnosed in women include lupus, multiple sclerosis, thyroid diseases, rheumatoid arthritis, and psoriasis. Research into the gendered nature of these conditions is lacking.

3.4 Chronic post-viral syndromes

Certain post-viral conditions, including chronic Lyme disease, are experienced at a significantly greater rate by women.³⁸ Chronic fatigue syndrome/ME, which is sometimes diagnosed as post-viral fatigue syndrome,³⁹ is around four times more likely to occur in women.⁴⁰ However, the reasons for these gendered presentations remain unclear, and the conditions themselves are under-researched and comparatively poorly understood.

Likewise, early data surrounding ‘Long-Covid’ suggests women experience significantly elevated risks.⁴¹

³⁵ Kiesel L (2017) Women and pain: Disparities in experience and treatment. Harvard Health Blog Available at: <https://www.health.harvard.edu/blog/women-and-pain-disparities-in-experience-and-treatment-2017100912562>.

³⁶ Digh P (2016) No, You Are Not an Hysterical Female, and This Is Not Just Anxiety. The Huffington Post Available at: <https://www.huffpost.com/entry/no-you-are-not-an-hysterical-female-9110982>.

³⁷ Angum F, Khan T, Kaler J, Siddiqui L, Hussain A (2020) The Prevalence of Autoimmune Disorders in Women: A Narrative Review. *Cureus* 12:e8094.

³⁸ Wormser GP, Shapiro ED (2009) Implications of Gender in Chronic Lyme Disease. *J Womens Health (Larchmt)* 18:831–834.

³⁹ NHS Inform (2022) Myalgic encephalomyelitis (ME) and chronic fatigue syndrome (CFS). NHS Inform Available at: [https://www.nhsinform.scot/illnesses-and-conditions/brain-nerves-and-spinal-cord/myalgic-encephalomyelitis-me-and-chronic-fatigue-syndrome-cfs#:~:text=fatigue%20syndrome%20\(CFS\)-,Myalgic%20encephalomyelitis%20\(ME\)%20or%20chronic%20fatigue%20syndrome%20\(CFS\),%20Dexertional%20malaise%20\(PEM\)](https://www.nhsinform.scot/illnesses-and-conditions/brain-nerves-and-spinal-cord/myalgic-encephalomyelitis-me-and-chronic-fatigue-syndrome-cfs#:~:text=fatigue%20syndrome%20(CFS)-,Myalgic%20encephalomyelitis%20(ME)%20or%20chronic%20fatigue%20syndrome%20(CFS),%20Dexertional%20malaise%20(PEM)).

⁴⁰ ME Research (2015) ME/CFS in women and men. ME Research Available at: <https://www.meresearch.org.uk/sex-differences-in-mecfs/>.

⁴¹ Spector T, Steves C, Sudre CH (2020) New research identifies those most at risk from “long COVID.” King’s College London. Available at: <https://www.kcl.ac.uk/news/study-identifies-those-most-risk-long-COVID>.

3.5 Bone health

Women are at significantly higher risk of developing osteoporosis than men. This is particularly the case for post-menopausal women, and it is thought that hormonal changes play a part in this. However, other gendered risk factors, including diet and weight loss, and activity levels, are under-researched and not well understood.⁴²

3.6 Dementia

Two-thirds of people living with dementia are women, and dementia is the leading cause of death in women in the UK.⁴³ Over 600,000 women are living with dementia in the UK, and this figure is expected to rise significantly over the coming years.⁴⁴ Yet there has been very little research focus on the gendered nature of dementia diseases, and specifically on why there is such a marked gender divide in those diagnosed. Brain health organisations also point to the gendered impacts of dementia on those providing unpaid care.⁴⁵

3.7 Public health

Public health rarely considers the impact of gender on health, including women's economic inequality and greater risk of poverty, time poverty and lack of leisure time, men's violence against women, and the impact of providing unpaid care for others. Most public health research fails to consider how gender (and other intersecting identities) impacts on the ability to live healthy lives or how discrimination impacts on general health and wellbeing.⁴⁶

4. DATA

Understanding the baseline status of women's health in Scotland is undermined by a lack of evidence and attention, including limited gender-sensitive sex-disaggregated data. The Scottish Government's Gender Equality Index suggests that health outcomes for women and men are near equal (99/100). However, this is because it relies on limited available data, much of which is focused on reproductive health services only accessed by women. Meanwhile, the

⁴² Alswat KA (2017) Gender Disparities in Osteoporosis. *Journal of Clinical Medicine Research* 9:382–387.

⁴³ ONS (2020) Leading causes of death, UK: 2001 to 2018. Office for National Statistics. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/articles/leadingcausesofdeathuk/2001to2018>.

⁴⁴ SCIE (2020) Dementia: At a glance. Social Care Institute for Excellence. Available at: <https://www.scie.org.uk/dementia/about/>.

⁴⁵ Borthwick A (2021) International Women's Day 2021 - Women and Brain Health. Alzheimer Scotland Available at: <https://www.alzscot.org/international-womens-day-2021-women-and-brain-health>; Alzheimer's Research UK (2015) Women and Dementia: A Marginalised Minority. Alzheimer's Research UK. Available at: <https://www.alzheimersresearchuk.org/wp-content/uploads/2015/03/Women-and-Dementia-A-Marginalised-Majority1.pdf>.

⁴⁶ Van Hagen et al (2021) Sex- and gender-sensitive public health research: an analysis of research proposals in a research institute in the Netherlands, *Women & Health*

UK has been reported to have the largest gap in positive health outcomes between women and men in the G20 and the 12th largest globally.⁴⁷

Gender-sensitive data collection⁴⁸ and disaggregation by sex is patchy, not just in Scotland but globally, making key trends and comparisons in women's health difficult.⁴⁹ This refers not only to gaps in prevalence data but also evidence around socio-economic determinants of gendered health issues. The WHO has recommended that states ensure the "collection, analysis and use of data disaggregated by sex and age and cross-sections with other variables, such as income, education, and urban or rural residence".⁵⁰

Using data to simply note differences in men's and women's health will not deliver positive outcomes without the development of gender competence⁵¹ across health bodies in Scotland, including Public Health Scotland. Counting women is the beginning and not the end of gender-sensitive data collection and analysis. There is an urgent need to collect, use and publish intersectional data that establishes a picture of social, economic, environmental and behavioural determinants of health and wellbeing, as well as biological differences at the root of specific conditions.⁵²

5. SUMMARY OF RECOMMENDATIONS

In recent years, Engender has advocated for the following in relation to women's health inequalities:

- Development of a new Scottish Institute for Women's Health to drive changes to policy, guidance and medical training on the basis of sex and gender medicine, as well as to fund dedicated research into women's health.
- Improved collection and use of intersectional and gender-sensitive data across health bodies in Scotland, including Public Health Scotland.
- Well-resourced and scrutinised implementation of the Women's Health Plan.

⁴⁷ Winchester N (2021) Women's health outcomes: Is there a gender gap? House of Lords Library. Available at: <https://lordslibrary.parliament.uk/womens-health-outcomes-is-there-a-gender-gap/>.

⁴⁸ Engender (2020) Engender submission to the Office of the Chief Statistician on: Sex/gender: Gathering and using data to advance women's equality and rights in Scotland. Engender. Available at: <https://www.engender.org.uk/content/publications/EngenderSubmission-GatheringandusingdatatoadvancewomensequalityandrightsinScotland-Feb2020-1.pdf>

⁴⁹ EIGE (2022) Gender Equality Index: Health. European Institute for Gender Equality. Available at: <https://eige.europa.eu/gender-mainstreaming/policy-areas/health>.

⁵⁰ WHO (2016) Women's health and well-being in Europe: beyond the mortality advantage. World Health Organization. Available at: <https://apps.who.int/iris/bitstream/handle/10665/332324/9789289051910-eng.pdf>.

⁵¹ Gender competence refers to the skills, knowledge and analytical capability to develop policy that is well-gendered; that takes account of the socially constructed difference between men's and women's lives and experiences.

⁵² WHO (2010) Equity, social determinants and public health programmes. World Health Organization. Available at: https://apps.who.int/iris/bitstream/handle/10665/44289/9789241563970_eng.pdf?sequence=1&isAllowed=y.

- Expansion of the Women’s Health Plan over the course of the current parliament, including new streams considering:
 - LBT and disabled women’s specific sexual health needs;
 - The impact of racism and other structural inequality on women’s health;
 - Chronic pain;
 - Mental health;
 - Chronic conditions, including emerging evidence around ‘Long-Covid’;
 - Other non-sex-specific conditions that disproportionately impact women.
- Revision of the National Mental Health Strategy to improve gender analysis and specifically consider women’s mental health in relation to the pandemic.

FOR FURTHER INFORMATION

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ABOUT US

Engender is Scotland’s feminist policy and advocacy organisation, working to increase women’s social, political and economic equality, enable women's rights, and make visible the impact of sexism on women and wider society. We work at Scottish, UK and international level to produce research, analysis, and recommendations for intersectional feminist legislation and programmes.