[00:00:18.640] - VO
On the Engender, Scotland's Feminist Policy podcast.

[00:00:28.380] - Alys Mumford
Hello and welcome to On the Engender, Scotland's feminist policy podcast with me, Alys Mumford. As I'm recording this, we're still in the middle of the Coronavirus pandemic, although Scotland is having relative success at getting rid of the virus. You can listen to our second podcast, The Briefing, for more regular updates on women and Covid-19. But today we're going to be talking about women's health more generally. We'll be sharing a discussion, which was recorded last year at Engender's AGM with guests Annie Crabtree, Shaben Begum, Parveen Khan and Emma Ritch.

[00:00:55.470] - Alys Mumford
Before publishing this podcast, we were worried that it would seem irrelevant or out of date given the huge prominence of healthcare in people's minds at the minute. But when I listen back to the recording, it was clear that the issues we discussed of racism in healthcare, the failure to design healthcare around women's experiences, and the huge gendered aspects of healthcare which are totally ignored, are incredibly relevant to all of the conversations around Covid-19, as well as health care more widely. We hope you enjoy this episode and you can check out the show notes for links to the organisations and resources mentioned.

[00:01:31.620] - Alys Mumford
Hello and welcome to On the Engender Scotland's Feminist Policy podcast. I'm Alys Mumford, and we are here following Engender's Annual General Meeting to have a discussion all about women's health. And as always, I'm joined by an amazing panel of women. So with me, we have Annie Crabtree. Annie is an artist and researcher based in Glasgow. Her most recent film, Body of Water, turned the lens upon herself to examine violation of bodily integrity inflicted by medical procedures and social norms. And we'll hear much more about her forthcoming work in a minute. So, hi Annie.

[00:02:02.430] - Annie Crabtree
Hello.

[00:02:03.810] - Alys Mumford
We also have Shaben Begum MBE, who's the director of the Scottish Independent Advocacy Alliance. Working to ensure that independent advocacy is available to people who are vulnerable or discriminated against. Hi Shaben.

[00:02:15.760] - Shaben Begum
Hello.

[00:02:16.290] - Alys Mumford
We have Parveen Khan, who is the Race Equality Mainstreaming Officer at CEMVO, which is the Coalition of Ethnic Minority Voluntary Orgs. Parveen led a partnership with South Ayrshire's health and social care, ensuring that the voices of BME women were heard in all of these discussions. Hi Parveen.

[00:02:30.342] - Parveen Khan
Hi.

[00:02:30.990] - Alys Mumford
And finally, we have Emma Ritch, the Executive Director of Engender, who will be, as ever, injecting some gender analysis and policy into whatever we talk about.

[00:02:40.680] - Emma Ritch
Hi.

[00:02:41.250] - Alys Mumford
I didn't write anything down for Emma. Sorry. So, we're going to be chatting about about health. It's

something we've seen in the media a little bit more and really excitingly in the Scottish government Programme for Government, talking about a women's health plan. So we're going to exploring some of these issues and then hopefully have some time for some questions or comments from the audience as well. Those won't be recorded. So don't worry, feel free to speak freely.

[00:03:03.930] - Alys Mumford
And then we'll be sort of summarising the questions when the podcast goes out, panel. Recently, we have seen increased coverage of gender equality in health from viral Facebook posts about how heart attacks look different in men and women, to greater awareness of conditions like endometriosis. What for you is important about the link between gender and health. Why did you agree to come today? Who wants to kick off? I'm going to go with Annie. She's right next to me.

[00:03:27.960] - Annie Crabtree
Okay sure. For me, the kind of films and the artwork that make, it looks to try and bring forth to the forefront women's own testimony and storytelling. So giving space for people to tell their own stories about their experiences of inequality within healthcare. So for me, I think what's really important, is to acknowledge the stereotyping and the kind of social norms that create biases within healthcare for the smallest kind of like moments of interaction, through to like how your treatment plan might be planned out.

[00:03:59.490] - Annie Crabtree
Assumptions based on whether or not you might want children, for example. That was the biggest issue I had in my experiences of healthcare, and also acknowledgement of pain. So there's a lot of dismissal of pain or misunderstanding of it. So yeah, I'd like to see people listened to, mainly.

[00:04:20.820] - Alys Mumford
Phwoah, so demanding. Listening to women?!

[00:04:24.200] - Alys Mumford
Parveen, can you tell us a bit about the project you're involved in?

[00:04:27.060] - Parveen Khan
Yes, the project that I was involved in, it was a pilot project the Scottish Government funded. And it was for a year initially, as pilot's often are, and they were looking at South Ayrshire, but we also had one in Dundee, and there was one in Perth and Kinross. I led the one in South Ayrshire and very much looking at helping the Health and Social Care Partnership and the Integrated Joint Boards connect, if you like, with the minority ethnic communities that live in South Ayrshire.

[00:04:57.900] - Parveen Khan
And what we found was that we didn't even begin to look at health and social care and what it meant to people. There was some migrant communities, there were Syrian communities, very new. There's a travelling community who we know is very marginalised in terms of health, present very poor health, and particularly with some of the minority ethnic communities that are settled there. There was the the challenges of not living in an urban area, being very geographically spread, and quite disparate nature. So when it came to actually trying to gauge how many families are there, numbers are very small, sample size is very small, not enough data, not enough known about those communities.

[00:05:41.670] - Parveen Khan
Visibility being very, very low as well because of the geographical spread. So most people who were being supported by the housing settlement teams, that's the Syrian communities in new communities or already established living in South Ayrshire, knew about primary care. They know how to go to a doctor, know they need to register at a dentist. They'll know that through the children going to school and things like that. But a lot of the issues in terms of access to healthcare and widely as we know, the health inequalities that affect women in particular, that's still very much unknown.

[00:06:17.410] - Parveen Khan
And the barriers that exist to access still are very much within - language can be a barrier, just

accessing general services. And this reliance, this trust that whatever we say to our GP, or whatever the diagnosis with, or give us in terms of pain relief or anything, we'll just take that. We won't question it. And that's very much the case in minority ethnic communities, new communities, migrant communities. There's a trust, sometimes even a fear factor as well from health professionals.

[00:06:50.250] - Parveen Khan
But just this - we'll go and we'll give our symptoms without any of the deep dive as to where the symptoms have come from, or what the factors are. So as a result, I found that a lot of people were suffering from poor mental health, which was having an effect. Socio-economic conditions, economic, socio-economic deprivation was also having an effect. So poverty indicators had an effect on people's health. And in general, access to effective healthcare and appropriate healthcare, is very much an ongoing issue.

[00:07:24.110] - Alys Mumford
Shaben, can you tell us a little bit about your work?

[00:07:26.090] - Shaben Begum
Independent advocacy on a really basic level, is one person speaking up or standing alongside another. But it can also happen in groups. And independent advocacy happens because people don't know about their rights. People are ignored and not listened to. And I know that that's the experience of lots of women when they're accessing healthcare. One of the things that we're really interested in is the reviews of the mental health - the various reviews that are going on around the mental health legislation at the moment and the lack of consideration of any of the equality groups, in those reviews.

[00:08:03.680] - Shaben Begum
And admittedly, two of those reviews are at very, very early stages. But there hasn't been anything said openly by the Scottish government about the experiences of particular groups, and those particular groups having poorer outcomes. So, some of you will know that within the medical profession, there's something called the Mrs Bibi or Mrs Begum syndrome. I always find that really astonishing because it's a label, it's kind of lazy shorthand, used for Asian women of a certain age. It's shorthand, I suppose, for wrapped up in racism, sexism, classism.

[00:08:43.190] - Shaben Begum
It's about women of a certain age and of certain background, presenting with what are considered to be vague symptoms. So pain - other people have mentioned that this morning. Elements like that I think, are the sorts of things that need to be addressed if the Scottish government is going to be producing a health strategy. Women - we're not all the same, we've got lots of different varying experiences of health. You know, talk to two women who are going through the menopause and they won't say the same thing. They won't have the same experience.

[00:09:16.550] - Shaben Begum
In terms of independent advocacy, we're really, really interested in the poor outcomes for women who use mental health services in Scotland. There is no high secure accommodation for women in forensic services. So those women either end up in Cornton Vale, and don't have very much in the way of mental health support. Or, they get sent down to Rampton Hospital in England, in Nottinghamshire. And so how do you maintain relationships when you're hundreds of miles away from the people who might be providing your support networks?

[00:09:52.730] - Alys Mumford
You mentioned there the Scottish government reviews and policies. We know that they're going to be introducing this women's health plan. But before this Emma, can you say anything about where women's health featured in the thinking around policy? If it did?

[00:10:06.660] - Emma Ritch
I'm not so sure that it did actually, Alys. I think one of the really surprising things to me, is that I'd always assumed that, fine, we might have 'rational economic man' driving economic policymaking.

We might even assume that all transport systems should be designed around a male breadwinner. But surely health has got it sorted? Because the physiology of men and women is different. So how have they not been paying attention to that? And yet it does seem actually, that they haven't been paying attention to that.

[00:10:35.510] - Emma Ritch
And so the rise, I think, in people writing, feminist writing, about the differences in women's experience of healthcare, I think has been driving some of this critical questioning of what's going on in the policy context and certainly sharpening it, I would say. So we would always look at any big policy framework to make sure that there's a gender dimension. But I think some of the really horrifying stuff that we've uncovered as Engender, and other writers have uncovered, over the last few years has made us pay particular attention to this question at this time.

[00:11:08.270] - Emma Ritch
So, for example, in our Our Bodies, Our Rights work, which looked at disabled women's healthcare, particularly in the domain of reproductive health, we discovered things like we're all pretty much perennially being hassled to have cervical screening if we haven't attended on time. But actually wheelchair using women cannot get cervical screening at their local GP surgery because most GP surgeries lack the equipment to ensure that that can happen.

[00:11:37.850] - Emma Ritch
And so there are numerous disabled women who've never been able to have that screening. And new surgeries are being designed without thought to installing the relatively straightforward equipment that would let that happen.

[00:11:50.950] - Emma Ritch
Some work in America, but also now being replicated in the UK, has uncovered a staggering difference between the deaths in childbirth rates between white women and women of colour, particularly in different racialised groups.

[00:12:07.780] - Emma Ritch
And once you control for poverty, other forms of housing inequality, and the material factors of women's lives, what you're left with is a massive chunk of racism. That essentially women are dying in critical situations because of the racism of doctors, but also because of the racism women have endured throughout their lifetime and the weathering effect that has had. So those are two examples. I hadn't heard of Mrs Begum before, but another set of racialised and highly-gendered stereotypes that women are experiencing.

[00:12:39.850] - Emma Ritch
And we need to unpick all of this, if we're to deliver the same health outcomes for men and for women.

[00:12:45.610] - Shaben Begum
Can I just come in on that point? Because another example of the institutionalised racism in Scotland is, that one of the things that I always raise is, what kind of data do we have? And we're told that either people don't want to answer the question about data, because it's interesting you talked about that in the context of Social Security earlier on. So, I get told all the time that people don't want to answer those questions. And also workers feel uncomfortable asking that question because, you know, a long time ago in our health board area, somebody refused to answer the question about ethnicity. So we always feel uncomfortable asking that question.

[00:13:24.190] - Shaben Begum
And, do you know, as a user of healthcare services, I don't think I've ever been asked my ethnicity at all. And the other myth that I want to bust while I've got the microphone, is I'm sure everybody will recognise, is that just because as an ethnic minority woman, I don't need an interpreter. Some of us don't need one of those. Sorry! [Laughter]

[00:13:44.760] - Emma Ritch
It's a perfectly reasonable point. But I think - we're huge enthusiasts for data collection of all kinds and would always want to see that be intersectional data. I tend to think if as an organisation, you cannot get women of colour to describe their ethnic background to you, then that is because you're doing something wrong.

[00:14:02.230] - Emma Ritch
So be less racist, and people will be less uncomfortable about describing their identity to you. And that goes for homophobia, biphobia, transphobia, ageism. Like if you are able to evince a certain amount of person-centredness, then people will give you their equality data.

[00:14:20.650] - Alys Mumford
Absolutely. And I'm also really struck, you know, talking about the Mrs. Bibi syndrome, and other ways that women are belittled in healthcare. And actually, health is one of the areas that is often brought up in the - 'what about the men?' So people talk about men's reluctance to go to doctors, men's mental health. And obviously those are really significant issues and stem from the patriarchy.

[00:14:40.570] - Alys Mumford
But when you're talking about, like the idea of vague symptoms, it just made me think like - people don't like going to the doctor, they don't like wasting people's time, the thought process that go on through women's heads, before going and saying, look - I just know that something isn't right. Yeah, it might be vague, because we don't have a medical degree - you know, it just really annoys me.

[00:14:57.560] - Alys Mumford
So one thing that I think, it draws on from what Emma was saying about, you know, this is this is a long-standing problem. And, you know, the marginalisation of women in healthcare has huge examples throughout history from, you know, students not be able to study, the promotion of inaccurate anatomical drawings, which show, you know, female skeletons obviously have a small skull because they have little brains and they have very wide hips - there's no accuracy for that.

[00:15:22.180] - Alys Mumford
And the treatment of women in medical experiments during wars, or the abuse of enslaved women by James Marion Sims for gynaecological research. So this is not a new problem that we're talking about, is it one where we're making progress? Other than in the highlighting of the issue, like do we see changes? Does anyone have any thoughts on how we got to this point?

[00:15:42.250] - Annie Crabtree
I'm not sure we are making any changes. Like you think that when you highlight some of these like real, like awful things that happened in history, like bringing up like Dr. Sims, for example. We're still using medical equipment that was designed in that era. So like the speculum, for example, which are inherently violent and also stem from a cultural and historical context that didn't value women or their experience. So, I think there is a certain level of acknowledgement, for example like Emma brought up about the writing that's been happening on, the feminist writing around say endometritis for example.

[00:16:16.780] - Annie Crabtree
There's kind of the very, very beginnings of shifting and change. But from my own experience and speaking to others for the development of the films that I've made, it doesn't feel like that's playing out in people's experiences of healthcare. And it doesn't feel like that's starting to infiltrate the power dynamics that are inherent in medical practice, so the hierarchies, for example, like whose knowledge gets to be legitimate, and how that knowledge is held. So, for example, like you brought up - we don't have medical degrees and that's the prioritised knowledge about our own bodies.

[00:16:50.570] - Annie Crabtree
And yet surely the patient is the most like - the expert in and of their own experience and pain. So this sounds really sad. And I guess I don't mean to be depressive in any way. I guess I feel quite hopeful, because I feel like we're at the very beginning of a conversation, but I feel like it's very much at the very, very start.

[00:17:09.530] - Parveen Khan
I'd just like to come in and say that, I think there's a bit more maybe awareness, there are in certain respects. But overall, it's well documented that for minority ethnic communities, Black minority ethnic communities, in the UK, they all report poorer health than their British counterparts. And that still exists. And the fact that it's caused by a wide range of factors, biological determinants, age, sex, hereditary factors. Wider social determinants will include education, social position, income, local environment, experiences of racism and racial discrimination, which Shaben has also touched on, consistently and continuously combats that.

[00:17:58.310] - Parveen Khan
I don't know if our women's health plan will actually help overcome any of that. I think it's a step in the right direction and I certainly welcome it, as someone who's heading to menopause. But certainly I think there's a long way to go. And there are certain conditions, if you like, particularly in African and minority ethnic communities that still have very little knowledge about. I can speak for one, being on a group that was for sickle cell anaemia. We formed the group and it was called beta thalassemia, and sickle cell anaemia.

[00:18:35.570] - Parveen Khan
Now, beta thalassemia is a trait of sickle cell. And it's carried by a lot of South Asian communities. Very little is known about that. But the symptoms that you present with as a carrier, is very close to sickle cell. But all you got growing up, is iron tablets and be told to go away. Basically, because that's how anaemia is treated. That's how anaemia is treated, very little. And it was referred to as a tropical disease in the 70s.

[00:19:08.930] - Parveen Khan
There was very little known, there's still very little known about it. I believe there's more awareness that it's a trait, and it can manifest as well. If two parents are carriers of beta thalassemia trait or sickle cell anaemia, then one in four child - the fourth child will have the major, beta thalassemia major, and that affects their liver, it affects their growth. It affects, you know, all sorts of factors, it will affect deafness. All sorts of things.

[00:19:38.360] - Parveen Khan
And their life expectancy is lowered, considerably lowered. But the treatments are not there, because the knowledge is not there. And that's just one, there will be more. So I would say that, I think we've still got a long way to go, but welcome anything that we can get really.

[00:19:56.180] - Emma Ritch
I do think it's truly shocking, the racialised and gendered ignorance that our current knowledge base and ways of practicing medicine are rooted in. I do have a little bit of hope for the future, although I do think it's quite startling that it has - it seems to have taken some ministers in positions of power going through their own experience of the menopause to raise this as a kind of political issue. And, you know, the personal is political. Feminism has always known that.

[00:20:23.750] - Emma Ritch
But it does, I think, speak against the need for women to be in positions of power and around decision making tables to make sure that very mundane experiences of our lives are reflected. We do have at the moment, I'd say, a feminist cabinet secretary for health, as well as a chief medical officer who's acutely aware of some of the gender dimensions of this. And it was Catherine Calderwood who was talking to me and some others about the fact that endometriosis is as common as diabetes, but takes years, almost a decade on average to be diagnosed.

[00:20:58.880] - Emma Ritch
So I think there is awareness in some decision making spaces of these inequities, but we have a huge distance to travel, before we make that up. And I think endometriosis is an example of something which can be absolutely life constraining for women who experience it and can be marginalised, as you know, just women's troubles or just a normal period. Just suck it up and have some aspirin, which

is not at all helpful, and really quite restrictive of women's freedom and capacity to participate in life.

[00:21:31.610] - Shaben Begum
I don't want to be too negative, but so I'm not sure about the progress. A woman who I really love is Amrit Wilson. So, she wrote her book in 1979 and then she revisited that book in 2008. So many of you will know about that. That woman doesn't talk about progress. Her books are almost identical. So I don't know. Yeah, I'm sceptical about progress. Sorry!

[00:22:02.750] - Alys Mumford
Feminist killjoys, all round [Laughter]. Emma mentioned the Our Bodies, Our Rights project, we did with disabled women talking about reproductive rights. And the sort of, one of the universal things that was said, both in that project and what you hear from many other women is when we're talking about giving birth, that they had a terrible experience except for the midwife. I mean, that was just such a common thing. And it also making me think about the occupational segregation within healthcare and, you know, talking about the lived experience and why people go into certain professions, and medical students, and who's the gatekeepers for which sort of knowledge. Yeah, there's huge amounts within the sector itself, I think.

[00:22:42.040] - Parveen Khan
I was just going to interject and say that I watch Call the Midwife, the programme. And it does open your eyes in a way, because although it's you know, it will be based on some facts, but it is dramatised, overly dramatised at times. But just even thinking back to perhaps answering the question, Alys, and how far we've come. And you look at the late 50s, early 60s, to where we are now, I think the way women were treated then, back then, to where we are now. Yes, there's more, I suppose, an awareness. And I suppose we can insist on things.

[00:23:21.480] - Parveen Khan
But again, that still comes down to how I suppose how bolshy you are, how willing you are to take on, you know, the secondary care and the consultants and how more you are. And I know that - I have an elderly mother who has had a triple bypass and she has got various high blood pressure, and all sorts of things. But often gets sent away as a hypochondriac. The stereotype of women are hypochondriacs, whereas men are silent stoics, aren't they? They get man flu, but they battle through. [Laughter]

[00:23:55.890] - Parveen Khan
But women, my god, they go to pieces, you know, just at the mere sight of something that they can't cope with, you know, really a bad migraine, really?

[00:24:05.550] - Alys Mumford
Yeah they only took the kids to school, and then did the washing up, and then did the hoovering as well.

[00:24:09.390] - Parveen Khan
Uh huh, exactly, and they're overreacting. They've got this. So I think we've got a lot of those stereotypes to overcome, as well as the fact that there is very little known and very little real data as well. In terms of the minority ethnic communities, although they present as younger in BME population, younger in a lot of the issues presenting, there is still an older - in terms of the structure, this 5% of 65 years and over in 2011. But there is a prediction that there'll be 3.8 million BME 65 plus, by 2051.

[00:24:44.610] - Parveen Khan
We're not really that far off, you know, another 30 years. And there's going to be - how are we set, how is the health service set, to cope with that? What will be the issues if we know that they're presenting with poor general health, and poor ill health, and poor diagnosis already? So, you know, has anyone really thought about that as well? So I think those are real, real issues and things that in the one year of pilot, only touched on with some of the colleagues there from health and social care, because what they were more interested in was how do we engage the existing communities?

[00:25:23.160] - Parveen Khan
Not necessarily, but some of their services were not geared for that, community health link practitioners who I think were a great invention. Community link practitioners, because they have an element of outreach in their role. And I think outreach is really important in a in a very kind of geographically spread area. In semi-rural areas particularly. But yet they said we work to a referral pathway, and referrals come from homelessness and people with addictions. That's really the only thing we cope with.

[00:25:57.780] - Parveen Khan
So anyone who's isolated, anyone who has language issues, anyone who doesn't know how to access GP services or health services, it's not in there.

[00:26:09.120] - Alys Mumford
Absolutely. I think it goes back to that point about -

[00:26:11.730] - Parveen Khan
Massive issues.

[00:26:12.780] - Alys Mumford
- being, you know, being gallus and being bolshy and getting what you want. That's very, very hard if you're constantly having to fight with the DWP, if you don't have settled citizenship status, if you have mental health issues.

[00:26:23.941] - Parveen Khan
Absolutely.

[00:26:23.950] - Alys Mumford
So again, it's this issue of who's getting heard, who's being listened to?

[00:26:28.440] - Parveen Khan
And a lot of them are women, aren't they? A lot of them are.

[00:26:32.040] - Alys Mumford
Absolutely. Yeah, I think the point around the future, you know, everyone says, oh a crisis in social care is coming. We know, but we might know it's happening, but who's thinking about it and how it will actually impact everyone.

[00:26:44.540] - Alys Mumford
We had some time for questions from the audience. Someone spoke of the sexism in diagnosis and support for girls with autism, and how societal gender conditioning has an impact on that. We heard testimony from a support worker about the sexism and racism that women of colour she was working with had faced. And there was a question about how we can influence the women's health plan to look beyond just sexual and reproductive health, and into wider gender equality and healthcare.

[00:27:07.040] - Emma Ritch
On the health plan, I think that's such an excellent point. That was one of the concerns we certainly had when we looked at it, that it very much focused on kind of gynaecological obstetric health, and not the huge broad sweep of all other conditions, and not looking really at gender. So some of the concerns that we've had outside of women's health, narrowly defined as things like carer's health being so much poorer than others in the population because they are a) managing on extremely restricted incomes usually, but also because of their caring responsibilities deprioritise their own health.

[00:27:46.520] - Emma Ritch
And that is an incredibly gendered phenomenon, and racialised phenomenon also. So what we will be doing is advocating for a much broader remit than the bullet points in Programme for Government

suggested. And I think Engender would want to work in coalition with other advocacy organisations and women's organisations, to make the case for the broadest possible look at gender and women's health.

[00:28:10.670] - Parveen Khan
I was just going to support as well what Emma said, but also to say that if the women's health plan could even incorporate support for women experiencing poor mental health. I think mental health is often seen as a very grey idea, because of the fact there's very little understanding still as to how - and I'm thinking of somebody who I know who took almost more than 10 years to be diagnosed with bipolar. She'd had some psychotic episodes, had been sectioned a number of times, but it took more than a decade before she was diagnosed as bipolar and has been receiving support, but nowhere near, you know, what she should have been. So things like that, yeah, totally agree.

[00:28:56.930] - Annie Crabtree
I think so much of what we're talking about, and what's coming up is to do with the people that we're interacting with when we come into a medical environment. So whether it's like our GP, maybe it's the consultant, maybe it's whoever else or the nurses, all of the people that we interact with. And I think there's a really great book by an educational psychologist called Caroline Elton, called Also Human, that looks at the racist, sexist, homophobic medical education system that we have, that prioritises certain people with certain ways of learning and certain stamina for enduring medical training.

[00:29:32.120] - Annie Crabtree
So you end up with a certain kind of person in these positions of power. And that's why you end up with all of this reflecting back in terms of people's treatment. And I'm not an activist or really in any way familiar with the women's health plan, and I'm looking forward to learning more. But I wonder if there's something around the education of our medical professionals, and the people that work within that system, to support them and also to get different people within those systems as well, that could benefit us and help solve, hopefully, some of these problems.

[00:30:05.360] - Shaben Begum
I just want to comment on your point about your daughter and the diagnosis of autism. So there's still a school of thought within medical groups and circles that women don't have autism. And, you know, it's been something that we've been trying to shake off for years and years. But that's no surprise, there's women who are in their 40s and 50s, who are now getting diagnosis for autism. The point about the women's health strategy, I'd like to see access to independent advocacy in that, because I think, you know, all the things that we've been talking about today, about the barriers that people face, the barriers that women face in terms of being taken seriously, being listened to. And the fact that you're fobbed off so easily, and that's the role of an independent advocate is to make sure that people are listened to, and they know that they should be taken seriously.

[00:31:00.740] - Shaben Begum
And the point about, yeah at the back, in terms of women being dismissed, I went to an appointment with the consultant and before I even said anything at the reception desk, the woman said, do you need an interpreter? I said, not today love, it's fine thanks! [Laughter]. And the other thing that I wanted to talk about was the issues around medical research and the amounts of funding that are put into different areas. So my consultant was really frank and said to me, oh well, you know, we spend in Britain, we spend more money on researching erectile dysfunction than we do on menopause.

[00:31:41.810] - Parveen Khan
And then she went on and said, well actually what happens is, the research that happens around the menopause is more about reviewing the research that was previously carried out. It's not new research that happens.

[00:31:54.910] - Alys Mumford
Yeah, we always say sort of follow the money and see what people are prioritising. And, yes, pretty depressing reading. I'm going to close this up now. But there's been such a fascinating, barely scraping the surface of this. And we're really keen to be - we're going to be exploring lots of these

issues in future On the Engender's doing a little mini series on health, and particularly looking at issues of mental health that have been raised.

[00:32:14.890] - Alys Mumford
And how that interacts with things like asylum and refugee statuses, when we're looking at PTSD, we're looking at pretty traumatic life experiences. We're going to be looking at the menopause. We're going to be looking at midwifery, and this idea of medical knowledge and who's an expert. And I think that speaks to things around advocates, doulas, supporters, community support, how these things all play in. So if there's anything you really want us to have a deeper dive into, please do let us know.

[00:32:39.910] - Alys Mumford
So finally, thank you all for coming, and staying. Thanks to our fantastic panel, can we have a round of applause for them please? [Applause]

[00:32:53.390] - Alys Mumford
Thanks again to Annie, Parveen, Shaben and Emma, we hope you enjoyed listening. Until next time.

[00:33:02.660] - Amanda Stanley
This episode On the Engender was recorded live at Engender's last AGM in The Lighthouse in Glasgow, and was hosted by Alys Mumford. The podcast was produced by me, Amanda Stanley, on behalf of Engender, and the music featured throughout was written and performed by Bossy Love. To find out more about Engender's work, head to engender.org.uk or follow us on Twitter at @EngenderScot and be sure to click subscribe to this podcast so you don't miss the next episode.