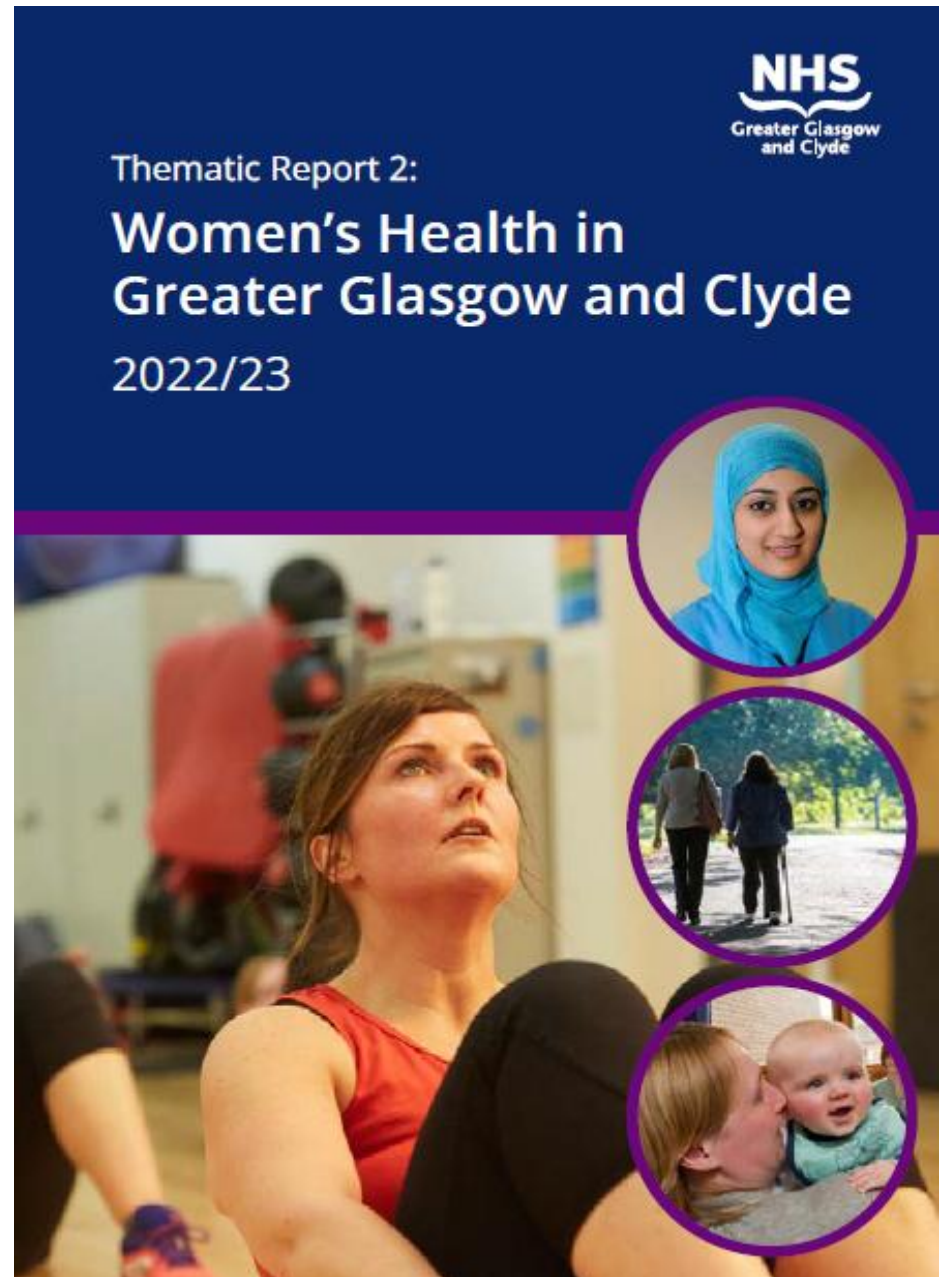


NHSGGC 2022/23

Thematic Paper 2: Women's Health Health & Wellbeing Survey Key Findings



Thematic Paper 2: Women's Health and Wellbeing

- Aim of report: to go beyond the findings of the NHS Greater Glasgow and Clyde 2022/23 HWB report
- Women's health and wellbeing of NHS GGC residents, gender inequalities over time and factors associated with women's health for a more complete overview of women's health within GGC

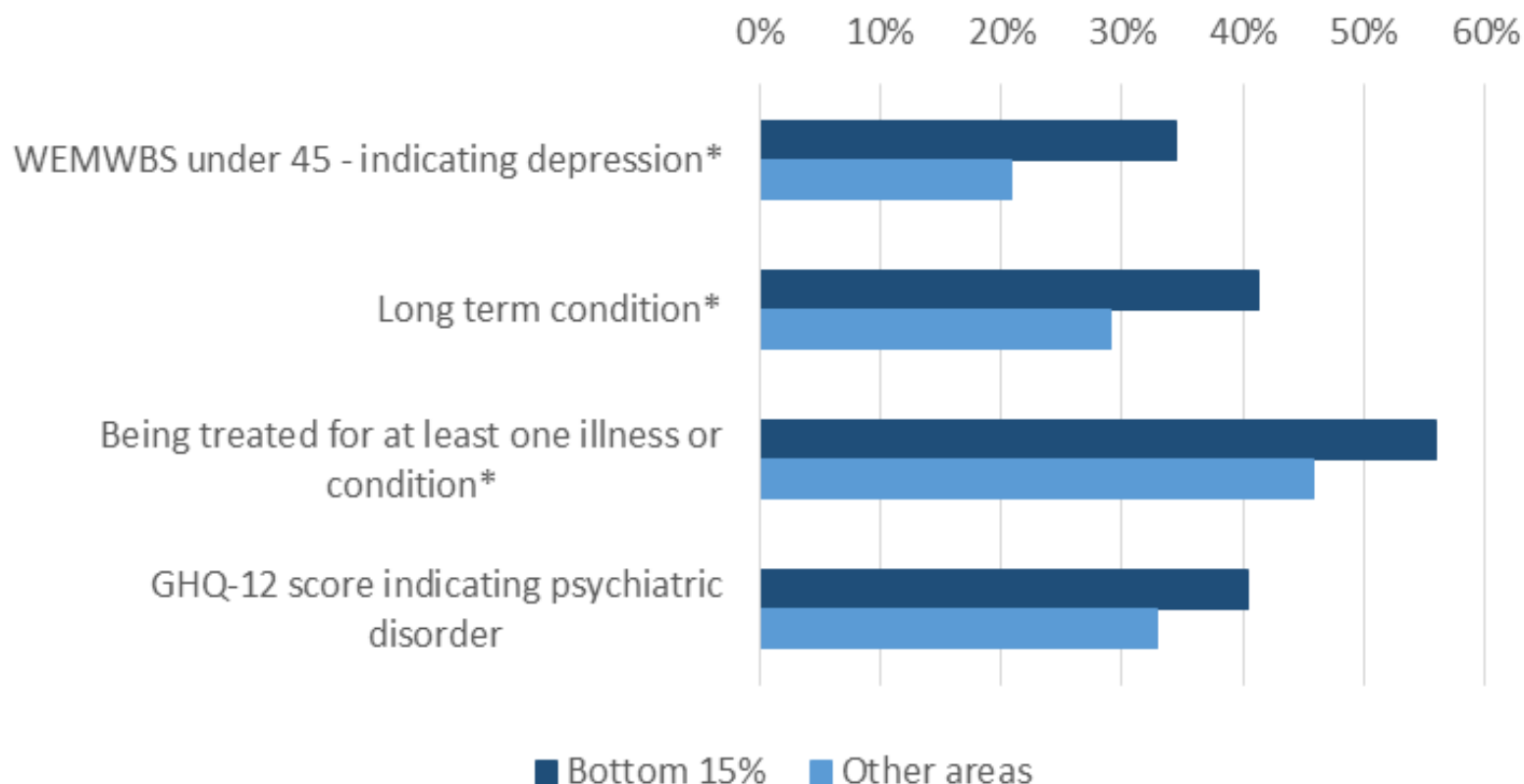
Questions considered in the report

- What does women's reported health and well being look like in 2022/23?
- How does women's reported health compare with that of men's?
- How have gender inequalities in health and wellbeing changed over time?
- What social and demographic characteristics of women might impact on their health?
- Are there factors that are uniquely associated with women's health?
- What social and demographic characteristics of women might impact their ability to engage with and/or benefit from services?

Female health and wellbeing

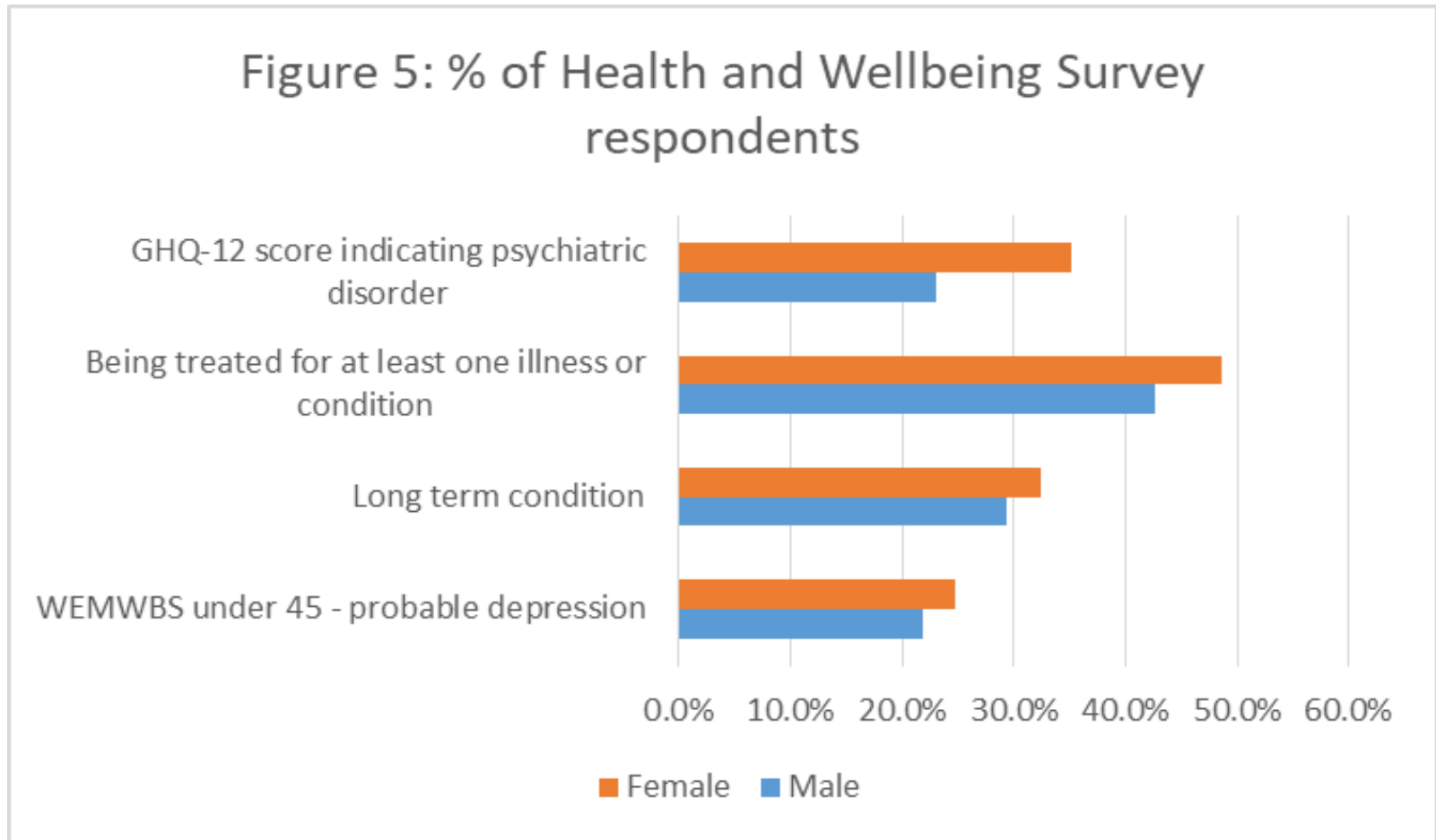
Perceived health among females was worse in more deprived areas for all indicators except for proportion with a GHQ-12 score which did not see a significant difference between areas

Figure 3: Female health and wellbeing, 2022/23



Gender inequalities in health

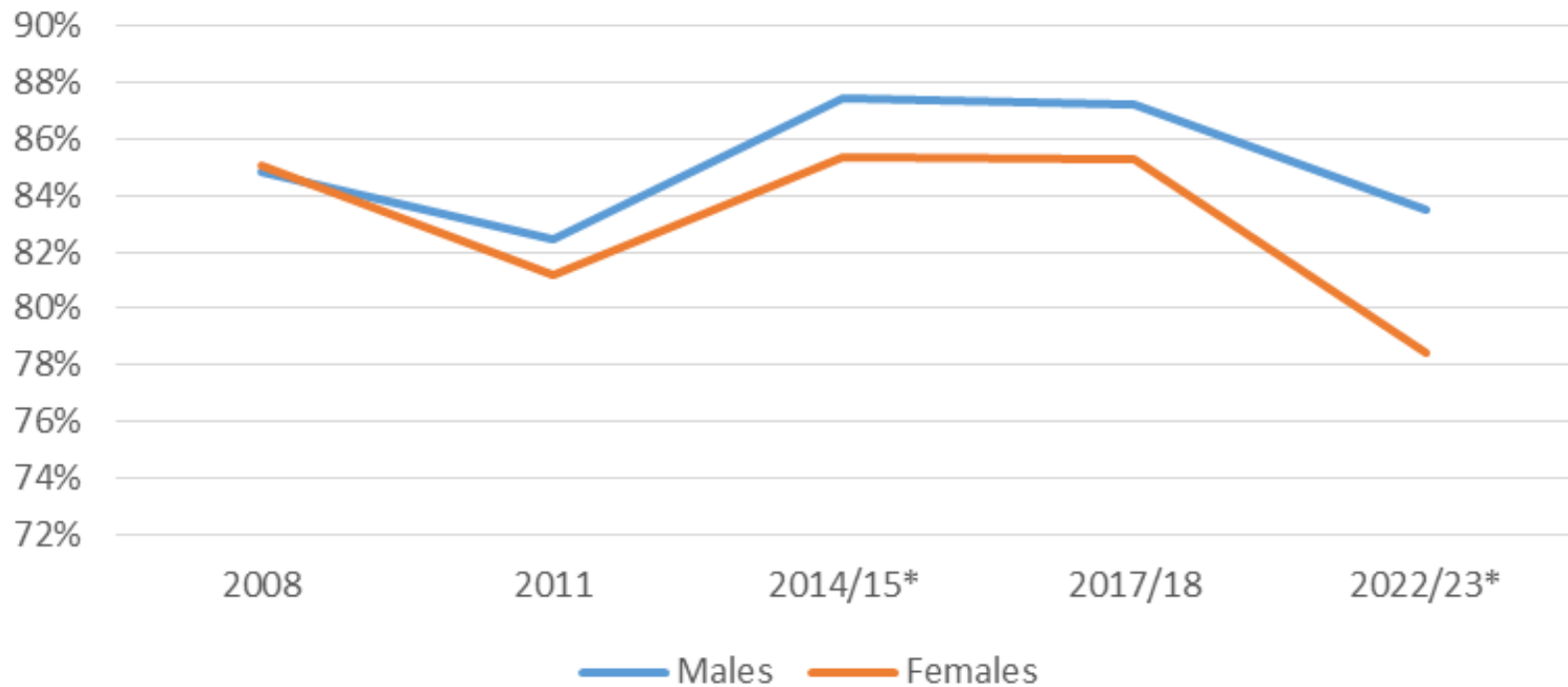
Health of females was poorer than males for the majority of outcomes measured: WEMWBS, long term condition, treatment for 1+ illnesses and GHQ-12 score; the prevalence of females having a score indicating psychiatric disorder was 1.5 that of males



Trends in gender inequalities in health

Gender inequalities, with females faring worse than males, widened significantly between 2008 and 2022/23 for several outcomes

Figure 12: % with a positive perception of mental health



Social and demographic characteristics of women: health behaviours

Females were less likely than males to:

- be smokers or be exposed to second hand smoke,
- drink alcohol and binge drink,
- gamble
- to meet strength and balance guidelines

Females were more likely to:

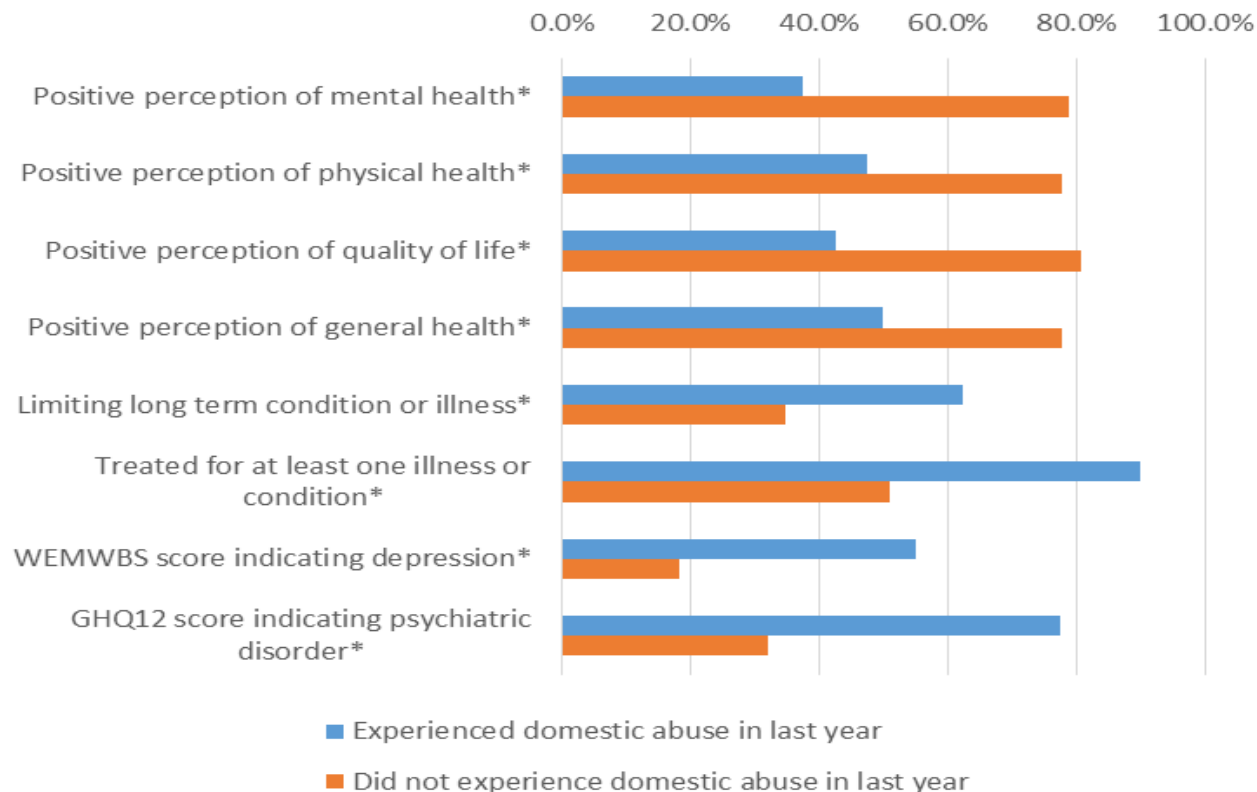
- meet the target of consuming five or more portions of fruit/vegetables per day

Factors uniquely associated with women's health

6.4% of females and 2.9% of males had experienced domestic abuse in the previous year.

Experience of domestic abuse was associated with poorer health for females for all outcomes except feeling in control of decisions. Males only saw associations with this variable and GHQ-12.

Figure 25: Association between females' health and wellbeing outcomes and domestic abuse



Summary of findings

- **Physical health and wellbeing** among women **reduced with age**, however **mental health** outcomes such as prevalence of depression were **worse for those aged 45-64 years**
- Women's health and wellbeing was **worse in more deprived areas** for the majority of indicators. In particular, the proportion of females with possible depression in deprived areas was **1.6 times greater** those in 'Other' areas and the proportion with a long-term condition or illness was **1.4 times greater**
- Women's reported health was **poorer than that of men**, particularly at **younger** and **middle ages** and in both deprived and non deprived areas. Notably, the prevalence of females having a score indicating **psychiatric disorder** was **1.5 that of males**
- **Deprivation** had a **bigger impact** on women's than men's prevalence of long term conditions and prevalence of treatment for one or more illnesses or conditions
- Poor mental health was associated with poor perceived **physical health**, poor **dental health** and **receiving treatment** for illness; highest prevalence of poor mental health for **males and females aged 45-64 years living in deprived areas with poor physical health** outcomes. Association between physical and mental health was weaker at older ages.

Summary of findings

- **Gender inequalities**, with women faring worse than men, **widened significantly over time** and are **at their widest in 2022/23** for several outcomes
- Women reported **good health behaviours** more frequently than men. Overall they also had **better social capital**, however they were **more likely** than men to **feel isolated from friends and family** and **less likely** than men to **feel safe walking alone** in their area
- Women had poorer outcomes in relation to **finance**; women were **less likely** than men to feel that their household **income was adequate** and were **more likely** to have **difficulty meeting the cost** of food or energy and more likely to experience **food insecurity**
- Women were also **less likely** to be **economically active**, less likely to have **educational qualifications** and **more likely** to live with **dependent children** and/or have **caring responsibilities**
- Although women and men reported similar prevalence in experience of discrimination, women were **three times as likely** to report **discrimination due to gender**

Summary of findings

- **Risky alcohol use** was **uniquely associated** with women's health and wellbeing, however the association was complex. Women with an **'at risk' AUDIT score** were more likely to have **poor mental health** but **better physical health**
- Use of **food bank, caring responsibilities, experience of domestic abuse, feeling they belong in their local area** and **can influence decisions** were all factors more strongly associated with health outcomes **for females than males**
- Females were **more likely to engage with services, using the internet**, if they were aged below 65 years, did not live in a deprived area, had caring responsibilities, were economically active, had qualifications, did not live alone, had experienced discrimination and/or did not feel safe using public transport in their local area and social capital
- Females were **less likely to have had problems making an appointment** with a dentist if they were aged 25-44 years, had no children in the household, were socially connected and had financial security

Discussion/Recommendations

- The growing burden of disease, particularly mental health, among women indicates increasing levels of demand on health services and needs more scrutiny
- Gender inequalities have widened over time for some reported health outcomes, with females having increasingly worse outcomes than males, indicates that women's health needs addressed
- Of particular concern is the health of women aged 45-64 year olds, 28% of whom have probable depression
- The national Women's health plan's life stages should be redefined to include this distinct age group that experiences poorest mental health and has a higher prevalence of treatment for illness than men
- Addressing social isolation and loneliness, increasing community connections, inclusion and sense of belonging, is likely to have an impact on women's physical and mental health

Discussion/Recommendations

- Services and interventions directed at women with long term conditions and illness living in deprived areas are recommended
- More generally the impact of deprivation on women's health, greater than the impact on men's health, needs to be addressed
- Discrimination against women, especially young women, should be considered when designing interventions and services
- Mental health services working in tandem with addiction services may help to improve the mental health of women with an 'at risk' AUDIT score
- Health and social services should be made aware of the experiences uniquely associated with women's health, such use of foodbanks, experience of domestic abuse and having caring responsibilities. Training and knowledge of relevant services and signposting opportunities are required when engaging with women
- The groups described in this report as having difficulty engaging with services should be considered when examining access to services, including online access, and the provision of online health promotion materials

Contact for Further Information

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Find report at Stor NHS Greater Glasgow and Clyde repository

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