## Contents



## 1. Introduction

The Young People's Health Partnership (YPHP) welcomes the Department for Health and Social Care's (DHSC) proposal to develop a Women's Health Strategy for England. The World Health Organisation states that "health services often view girls and women within their reproductive role and are blind to wider gender differences in health".[1] The Women's Health Strategy must improve the design and delivery of healthcare services for young women and improve their health outcomes.

It is vital that young women and girls are included and prioritised within the development and implementation of the strategy. Current policies and services often treat young people as a homogenous group, but it is important to recognise that there are 3.7 million young women aged 10-19 and a further 2 million aged 20-24 in the UK[2] who have their own unique healthcare needs. Both gender and age intersect to impact on the health of young women. Adolescence and puberty is a crucial period for development, within which "gender roles and gender inequalities become ingrained".[3] This strategy provides an opportunity to deliver preventative services and ensure that young women are healthy today and go on to lead healthy lives in the future.

We have divided our written response by the core themes and have highlighted evidence relating to specific issues for young women's health. We have outlined our overarching recommendations for policy and research within the conclusion.

[1] WHO. 2016. *Strategy on women's health and wellbeing in the WHO European Region*. Page 10. Copenhagen: World Health Organisation, Regional Office for Europe.
[2] ONS. 2021. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland.
[3] George, A., Amin, A. & Sundari, T. 2020. 'Structural determinants of gender inequality: why they matter for adolescent girls' sexual and reproductive health', *BMJ*, 368: I6985.

## 2. Core themes from the Women's Health Strategy

### a. Women's voices

We welcome DHSC's proposal to ensure that women's voices are heard within the health and social care system, to remove gender based stigma and prevent the male experience or symptoms being the default. We need to ensure that the voices of young women aged 10-25 are heard separately alongside the views of other age groups so we can understand the specific issues affecting them.

### b. Information and education on women's health

We welcome the strategy's aim to increase women's awareness of health issues and we would like to see young women feel empowered to talk about their health. We recommend extending this ambition so that there is an increased awareness of women's health across the whole population, as we do not see it as solely young women's responsibility to "talk about it more", as this will not be possible unless stigma from all groups in society is removed. Health promotion initiatives are required for young women and girls to have a strong self-image.

We recognise that young women are a group that face potential barriers in accessing health information. Young people interact with a range of statutory and voluntary services, from schools, colleges, universities to youth clubs to health services. Although young people are generally considered to be a healthy age group they are relatively frequent users of health services, with 78% of 16-24 year olds having visited their GP within the last 12 months.[4] Young people are also frequent users of emergency departments – there were 1.2 million unplanned attendances of young women aged 10-19 at NHS hospitals in England in 2019/20.[5]

Young people often report finding traditional healthcare / primary care services inaccessible and poorer than average experiences in health consultations. 40% of young women in Year 10 reported that they felt "uneasy" during their last visit with the GP.[6] Health services are not typically available outside of school/college times and medical information is not usually presented in easy to understand language. Dedicated youth health services are rare.

It is important to recognise that different groups of young women will face additional barriers accessing health services and information and are more likely to experience health inequalities. These groups may require different or additional resources or support. This could include young women living in poverty, young women who are homeless or young people from Gypsy, Roma or Traveller communities.

### c. Women's health across the life course

We welcome DHSC's proposal to adopt a life course approach within this strategy. Investment in young women's health will improve their health outcomes now and in the

[4] NHS England. 2021. GP Patient Survey. NHS / Ipsos Mori.
[5] NHS Digital. 2020. Hospital Accident & Emergency Activity 2019-20.
[6] Balding, A. & Regis, D. 2020. *Young People into 2020: The Health-Related Questionnaire results for 89,461 young people between the ages of 8 and 15*. Exeter: SHEU.

future. There is an opportunity to align this strategy with the prevention green paper[7] and invest in young people's health and youth friendly services. Young people's experiences are likely to predict their future interactions with health services. It is vital to educate young people in health literacy so that they are able to communicate and appropriately respond to their health needs and in order to help them to adopt healthy behaviours. If we get these things right at an early age, there is a greater chance that healthy young people will become healthy adults. There is also an influence upon generational behaviour as children are often influenced by the behaviours of their parents/carers when accessing healthcare – if we foster positive experiences in young women they are more likely to pass this onto their own children in the future. There are shortcomings in the provision of current services for young women that require investment and resourcing in order to promote healthy behaviours and positive experiences of healthcare services.

The strategy highlights puberty as a potentially under-explored intervention point. We would welcome further research and investment in puberty and the adolescent age group in order to improve health outcomes and experiences of health services. We know that there is a wide variation in the start and duration of puberty but that the peak age of puberty in the UK is aged 12-13 for girls.[8] There is additional evidence that brain development continues up until age 25.[9] These changes during this period influence young people's behaviour and their emotional wellbeing and health.

### d. Women's health in the workplace

We welcome the strategy's recognition that women's engagement in the workplace can be affected by their health and sickness, resulting in absenteeism, including the impact of menstruation. We would like to see the strategy extend its scope to consider the way in which menstruation and period poverty influence the health of young women within schools/colleges and their workplaces. Work environments strongly influence young women's mental health and anxiety – the Association for Young People's Health (AYPH) have developed a toolkit for supporting young people with mental health problems to gain and stay in work.

***Young women's employment and caring responsibilities***

Employment status is a wider determinant of health. There is a strong correlation between a higher healthy life expectancy and employment rates – an increase of 10% in employment rates is associated with around 5 years of healthy life expectancy.[10]

Younger age groups are generally more likely to experience unemployment and long periods of unemployment in adolescence can have a "scarring impact" on later life outcomes, including on health. Covid-19 has brought this into focus by causing disruptions to the economy and fluctuating unemployment rates. Young people generally are more likely to

[7] Cabinet Office & Department of Health and Social Care. 2019. *Advancing our health: prevention in the 2020s*.
[8] Patton, G.C. & Viner, R. 2006. 'Pubertal transitions in health', *Lancet*. doi: 10.1016/S0140-6736(07)60366-3.
[9] Giedd, J.N. 2004. 'Structural magnetic resonance imaging of the adolescent brain', *Annals of the New York Academy of Sciences*. doi: 10.1196/annals.1308.009.
[10] The Health Foundation. 2021. Employment and unemployment: How does work affect our health? [Available online at: https://www.health.org.uk/news-and-comment/charts-and-infographics/unemployment Accessed on 7/6/21]

have been furloughed or made redundant than adults.[11] Many young people are employed within the gig economy, impacting upon their ability to be furloughed or claim benefits or other government support measures during the pandemic. For young women specifically, 35% worked in sectors that were shutdown because of national lockdowns.[12] As a consequence, 1.5 million young women have lost income since the start of the pandemic and 750,000 young women have gone to work in spite of safety fears.[13]

Even before the pandemic there were concerning signs for young women's employment status. Statistics on young people who are not in employment, education or training (NEET) often focus on how the rates of NEET young men are consistently higher than young women. For example, of the 797,000 people aged 16-24 who were NEET in October to December 2020, 460,000 were men and 336,000 were women.[14] However, we see the reverse trends when looking specifically at NEET measures of "economic inactivity", people who have not been in employment and who have not been seeking work within the last four weeks and/or are unable to start work in the next two weeks. The rate of economically inactive young women is almost double that of young men.[15] The high rate among young women is closely associated with young women who have caring responsibilities, those with their own health issues and a lack of available opportunities.

The majority of young carers are female, at around 55%.[16] As demonstrated in the NEET statistics, being a young carer impacts on the young person's ability to find employment, but also their engagement with education and their ability to address their own health concerns. Young carers are up to seven times as likely to report not being in good health compared to those who do no unpaid caring.[17] The estimated value of young women's unpaid work is £140 billion.[18]

For young women who are in employment, they are also likely to be disadvantaged in terms of equal pay with their male peers. The gender pay gap in earnings starts at the beginning of young women's careers. Data from the Annual Survey of Hours and Earnings shows that in 2020, women aged 18-31 earned 31% less than men of the same age and women aged 22-29 earned 19% less than men of the same age.[19] Income is closely correlated with health outcomes, meaning that young women (who are NEET, unpaid young carers or paid unequally) are more likely to experience health inequalities. The needs of these groups should be prioritised within the development and implementation of this strategy.

---

[11] Gustafsson,M. 2021. *Young workers in the coronavirus crisis: Findings from the Resolution Foundation's coronavirus survey*. London: Resolution Foundation.
[12] Joyce, R. & Xu, X. 2020. *Sector shutdowns during the coronavirus crisis: which workers are most exposed?* London: Institute for Fiscal Studies.
[13] Ahmed, M. et al. 2020. *Picking up the Pieces*. London: Young Women's Trust.
[14] Office for National Statistics. 2021. Young people not in education, employment or training (NEET), UK: March 2021.
[15] Office for National Statistics. 2021. Young people not in education, employment or training (NEET), UK: March 2021.
[16] Scottish Government. 2017. *Young carers: review of research and data*. Scottish Government: Children and Families Directorate.
[17] Royal College of Paediatrics and Child Health. 2020. *State of Child Health*. London: RCPCH.
[18] Ahmed et al. 2021. *Young Women's Missing Data and Voices*. London: Young Women's Trust.
[19] Office for National Statistics. 2020. Earnings and hours worked, age group: ASHE Table 6.

### e. Research, evidence and data

We welcome efforts to improve research and data collection on young women's health. Data must be available by protected characteristics including age and gender as well as deprivation to be able to analyse differences across the population that can inform evidence-based policy-making. There are specific gaps in our understanding relating to different groups of young women who may experience health inequalities (such as LGBT young women, homeless young people, BAME young women). We need to hear more from these groups of young women who face multiple barriers in accessing health services.

A lot of the data we have drawn on for this response is compiled and analysed within the AYPH's Key Data report, which we publish on a biennial basis to provide an overview of young people's health in the UK. The process of collecting data highlights the lack of routine data available on young women's health. We support the efforts of the Research Centre for Women's Economic Justice, which campaigns for better official data on young women. We would like to see this expanded so that there is also greater emphasis on young women's health data.

Qualitative and peer research on young women is rarely taken into account within national policy and service design.[20] Young people's voice should be considered as data too and should feed into the consultation process for the development of this strategy.

### f. Impact of Covid-19 on women's health

It is vital that the strategy scrutinises the unequal impact that Covid-19 has had on different groups and individuals. For young women, they have been less likely to become infected by the virus but have faced huge upheavals to their education, employment and social lives during a crucial period of development. AYPH have produced a research briefing paper which provides an overview of the impact of the pandemic on all young people in the UK.[21]

Looking at young women specifically, there are concerns about rising mental health concerns. 43% of young women aged 16-29 are experiencing some depressive symptoms, compared to 26% of young men the same age.[22] Separate research has found that "girls aged 11-17 had higher emotional difficulties than boys during the school closure period".[23]

[20] Ahmed et al. 2021. *Young Women's Missing Data and Voices*. London: Young Women's Trust.
[21] Hagell, A. 2021. *Summarising what we know so far about the impact of Covid-19 on young people*. London: AYPH.
[22] ONS. 2021. Coronavirus and depression in adults in Great Britain.
[23] Jeffery, M., Lereya, T., et al. 2020. Emerging evidence (Issue 6): coronavirus and children and young people's mental health. London: Evidence Based Practice Unit.

## 3. Specific issues relating to young women's health

Within this section, we have looked at data relating to specific aspects of young women's health. It is not an exhaustive list of every health issue affecting young women. We have selected topics based on how they link to the overarching themes provided by the DHSC, where there is data available to demonstrate gender inequalities in health, where we are aware of disparities in healthcare and service provision, and where young people have raised these as important areas to focus on. The focus here is on the experiences of young women generally and does not always highlight specific groups of young women who may be more likely to experience health inequalities – however, it is important that the strategy seeks to better understand experiences of intersectionality.

### a. Autism

Young girls with autism spectrum disorder (ASD) are less likely to receive a diagnosis and more likely to wait longer for a correct diagnosis when compared to their male counterparts. The National Autistic Society have explored the reasons as to why autism detection among young girls and women is low, which includes:

- Autism diagnoses are often confused with other anxiety and emotional disorders. This means that young girls are commonly misdiagnosed with other conditions, such as eating disorders;
- Generally, young women and girls are better than young men at "masking" the difficulties they face due to ASD and are more likely to hide their symptoms;
- Autism traits are under-reported by teachers.[24]

Additionally, the guidelines that are used to diagnose autism (such as the AQ-10 test) contain questions that make the identification of autism easier in males than females, as traits that young women with autism display are often considered to be socially acceptable.[25]

We recommend more research is conducted to identify features of autism that may be specific to young women and to help healthcare and education professionals in spotting the signs and making correct diagnoses. The APPG for Autism has called for a national autism and education strategy, including providing relevant training for teachers.[26] It is crucial that autism diagnoses are made as early as possible in order to support young women with appropriate interventions to manage their condition. For young women who "mask" their symptoms of autism from an early age, they are at risk of developing other stress or mental health problems due to their anxiety and loss of sense of personal identity. Early diagnoses also helps with young people's transition between child and adult services.

[24] National Autistic Society. 2021. Autistic women and girls. [Available online at: https://www.autism.org.uk/advice-and-guidance/what-is-autism/autistic-women-and-girls Accessed on 1/6/21]
[25] Rudy, L.J. 2020. 'Symptoms of Autism in Girls: Autism in Girls May Look Different From Autism in Boys' [Available online at: https://www.verywellhealth.com/signs-of-autism-in-girls-260304 Accessed on 11/6/21]
[26] APPGA. 2017. *Autism and education in England 2017*. London: The National Autistic Society.

Young women with autism are at a potential higher risk of sexual violence compared to young men. Appropriate support systems should be established to better equip young women with autism to recognise abuse before it happens. Professionals should ensure they are not excluded from Relationships and Sex Education lessons, especially those covering consent and bodily autonomy and that they can access non-judgemental sexual health services.

### b. Gender-based violence and harassment

Gender-based violence is violence that is mainly committed against women and girls. It includes physical or sexual intimate partner violence, non-partner physical or sexual violence, sexual assault / harassment, murder, female genital mutilation / cutting, psychological control / abuse, online violence. These forms of violence impact both women's physical and mental health.

Professionals have provided anecdotal evidence that children and young people living within households where there is domestic abuse have experienced/witnessed more abuse and violence during Covid-19 lockdown periods.

Gender-based violence is not something that is only experienced by older women, it is common among young women in the UK. A study by Refuge found that one in two young women have experienced controlling behaviour in an intimate relationship.[27] Separate research found that 41% of girls aged 14-17 in England experience some form of sexual violence from their partner when they are in an intimate relationship.[28] Worryingly, 37% of young women said that they would not know how to access support if they were facing this issue.[29]

Everyday sexism and gender stereotypes create an environment within which harassment, abuse and violence towards young women can exist. The recent 'Everyone's Invited' campaign provided an online portal for young people to share their experiences of rape culture within education settings. Over 15,000 anonymous testimonies have been shared since March 2021, demonstrating the widespread prevalence of this issue faced by young women. We welcomed the Government's response to provide a dedicated NSPCC hotline for harassment and abuse, which has received a large volume of calls.

We support the recommendations set out within the recent Ofsted review of sexual abuse in schools and colleges. The review found that incidents of sexual harassment and abuse are "so common place that [young people] see no point in reporting them". Nearly 90% of girls reported being sent explicit pictures or videos of things that they did not want to see and 92% reported experiencing sexist name-calling. Young women were unlikely to report sexual abuse/harassment because of fear of being ostracised by peers, fear of how adults will react (whether they will be believed or blamed) and fear of the process being outside of their

[27] Refuge and Avon. 2017. Define the Line. [Available online at: https://www.refuge.org.uk/our-work/campaigns/define-the-line/ Accessed on 2/6/21]
[28] Barter et al. 2015. 'School-based cross-sectional European survey of 4,500 young people in England, Bulgaria, Cyprus, Italy and Norway and 100 interviews with young people'
[29] Refuge and Avon. 2017. Define the Line. [Available online at: https://www.refuge.org.uk/our-work/campaigns/define-the-line/ Accessed on 2/6/21]

control. Young people were not positive about the education they had received through the Relationships and Sex Education curriculum, who reported that the content did not match the reality of their lives.[30]

In order to tackle the problem we recommend that preventative action is prioritised within this strategy. There should be a whole-school/college approach to tackling sexual harassment. Schools/colleges and their staff need appropriate training on how to address harassment and gender-based violence, including provision of support on how to deliver the Relationships and Sex Education curriculum. Ofsted have recommended that schools and colleges should behave as though sexual harassment is occurring, even when they have not received formal reports from students, as the scale of the problem is vastly underestimated.

Additionally, we recommend that services available to support young women who have experienced gender-based violence and harassment are adequately resourced so that they are readily accessible – including appropriate mental health support needs. We also recommend improved data collection and reporting to better understand young women's experiences of gender-based violence as the Everyone's Invited initiative has highlighted a lack of awareness of what is happening. There are specific evidence gaps for young women who are most marginalised and we would like to see better data collection on these groups (such as the experiences of LGBTQ+ young women and non-binary / gender non-conforming young people).

### c. Mental health and wellbeing

In this section we look at data and key issues in relation to wellbeing, mental health, self-harm, suicide and eating disorders for young women.

**Wellbeing:** Findings from the 2020 Health Related Behaviour Questionnaire reveal that less than half of girls in Year 10 (aged 14-15) reported either "a lot" or "quite a lot" of satisfaction with their life. Just 46% of girls had a high satisfaction with their life, compared to 63% of boys the same age. At the same age, only 28% of girls reported that they had a high self-esteem compared to 47% of boys. There are also differences between girls' reported life satisfaction and their age, with high life satisfaction in Year 6 (10-11) at 75%, comparable to 79% of boys the same age. [31] This shows that this period is crucial for fostering young women's wellbeing, which is likely to decrease between the ages of 10-11 and 14-15 unless preventative actions are taken.

The UK compares poorly on wellbeing scores internationally. Unicef recently ranked the UK as 29th out of 38 comparable countries when it comes to young people's mental wellbeing. Data from the same report shows that the link between body image and life satisfaction is twice as strong for girls compared to boys.[32]

[30] Ofsted. 2021. Review of sexual abuse in schools and colleges. UK Govt.
[31] Balding, A. & Regis, D. 2020. *Young People into 2020: The Health-Related Questionnaire results for 89,461 young people between the ages of 8 and 15*. Exeter: SHEU.
[32] UNICEF Innocenti, 'Worlds of Influence: Understanding what shapes child well-being in rich countries', *Innocenti Report Card 16*. UNICEF Office of Research. Florence: Innocenti.

**Mental health:** Data on young people's mental health show that 20.1% of young women aged 11-16 had a probable mental health disorder in 2020, rising to 27.2% for young women aged 17-22. Comparing this to young men, 15.3% aged 11-16 and 13.3% aged 17-22 had a probable mental health disorder.[33] This represents a worrying gender inequality relating to young people's mental health. Analysis of the data shows that girls are more likely to suffer with emotional disorders (such as anxiety, depression, OCD and phobias), while boys are more likely to suffer with behavioural problems. In 2017/18, 31.3% of young women aged 16-24 showed signs of anxiety or depression, compared to 18.4% of young men the same age.[34]

Given the different mental health needs of the genders, different interventions and methods for supporting different young people are required. The Royal College of Psychiatrists have suggested that an additional £500 million extra investment is needed to combat the mental health needs of children and young people that have grown during the pandemic.[35]

**Self-harm and suicide:** Similar disparities are seen within the data on hospital admissions for intentional self-harm. Between 2012/13 and 2019/20 the number of self-harm admissions have been rising for young women, though remaining constant for young men. In 2019/20, there was a total of 3,235 admissions for girls aged 13-17 and 1,675 for those aged 18-22, compared to 770 boys aged 13-17 and 795 boys aged 18-22.[36] These data are not a wholly accurate representation of self-harm prevalence as they only present those who have attended hospital, while some young people may face stigma and other barriers that prevent them from attending hospital.

We welcome greater focus and attention aimed at tackling high suicide rates among young men and this should be continued. This action should be supported by wider mental health support for all young people as we are concerned that the suicide rate for girls aged 10-24 is at the highest recorded in England and Wales since 1981 (the rate has increased by 93.8% from 2012 to 2019).[37]

**Eating disorders:** Hospital admissions for eating disorders are higher for young women than for men. In 2018/19, the total number of admissions was 1,750 for 13-15 year old girls, 1,983 for 16-18 years and 3,664 for 19-25 years. For young men, the total number of admissions was 157 for 13-15 years, 114 for 16-18 years and 238 for 19-25 years.[38] The most common form of eating disorder young women presented to hospital with was anorexia.

---

[33] NHS Digital. 2020. Mental Health of Children and Young People in England, 2020.
[34] University of Essex, Institute for Social and Economic Research, NatCen Social Research, Kantar Public. 2020. Understanding Society: Waves 1-10, 2009-2019 and Harmonised BHPS: Waves 1-8, 1991-2009. [data collection]. 13th Edition. UK Data Service.
[35] Royal College of Psychiatrists. 2021. Press release: Country in the grip of a mental health crisis with children worst affected, new analysis finds. [Available online at: https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2021/04/08/country-in-the-grip-of-a-mental-health-crisis-with-children-worst-affected-new-analysis-finds Accessed on 7/6/21]
[36] NHS Digital. 2020. Hospital Episodes Statistics: Hospital admissions for intentional self-poisoning and intentional self-harm.
[37] Office for National Statistics. 2020. Suicides in England and Wales: 2019 registrations.
[38] NHS Digital. 2020. Hospital admissions data on eating disorders.

There are anecdotal concerns from charities and paediatricians that the numbers of young people with eating disorders has risen during the pandemic. Helpline services delivered by Beat (the UK's biggest eating disorder charity) have surged.[39] It is not yet clear what is behind this change, whether it is related to a broader rise in mental health and anxiety, or whether families are more aware of young people's behaviour having spent more time within the home.

Eating disorder services for young people are not standardised across the UK, with some provided by NHS services and some by third sector organisations. This means that there is variation in the care that young people receive, both through accessibility and quality. The NHS Long Term Plan sets out commitments for improving waiting times for young people accessing the NHS eating disorders programme. To successfully implement these commitments, more resource and investment is needed. It is important that young people in need receive timely services as quick support can improve the speed of recovery and prevent the possibility of relapse. The severity of the condition is likely to worsen the longer the wait for treatment.

### d. Sexual health

In this section we look at data and key issues in relation to accessibility of sexual health services, contraception, STIs and conceptions in young women.

**Access to information and services:** It is important that young women have access to information and resources related to sexual health from an appropriate age. The burden of contraception frequently falls on young women and so they must be supported with understanding how to access services and what options are available to them.

Young women are much more likely to interact with health services in accessing contraception than young men. 63% of young women aged 16-24 have sourced contraception from the GP and 35% have used a community clinic, while young men are much more likely to source their contraceptive needs from a retail setting.[40] There is a 13% likelihood that females aged 18-19 will come into contact with a sexual and reproductive health service, compared to just a 1% likelihood for young men the same age.[41] Access to contraceptive and sexual health services has been disrupted by Covid-19, with many services moving online that presents barriers to young women who are unable to gain digital access.

Education on sexual health is provided within the Relationships and Sex Education curriculum. Research from the Higher Education Policy Institute finds that only 6% of students strongly agreed that the sex education they received before entering higher

[39] Richardson, C. 2020. What is the impact of the pandemic on young people with eating disorders? RCPCH Insight.
[40] Geary, R., Tomes, C. et al. 2016. 'Actual and preferred contraceptive sources among young people: findings from the British National Survey of Sexual Attitudes and Lifestyles', *BMJ Open*, 6:e011966.
[41] NHS Digital. 2020. Sexual and Reproductive Health Services, England (Contraception) 2019/20.

education adequately prepared them for sex and relationships experienced while in higher education.[42]

**Informed choice on contraception options:** Research from the British Pregnancy Advisory Service (BPAS) shows that younger women are more likely to feel pressured into using long-acting reversible contraception (LARC), which includes coils, implants and injections. They also face difficulties in removing LARC.[43] Young women should be supported to make an informed choice on the method of contraception to use, based on understanding the advantages and disadvantages of a range of methods. Primary care services must be resourced to be able to provide advice and services for fitting of a range of contraceptives. We have heard anecdotally that there are long waiting times for GPs to receive training for LARC services. This leads to a variation of local services available (some offered by NHS services and some by third-sector organisations), creating a difference in the level of care that young women are able to receive.

**STI's:** Rates of sexually transmitted infections (STI) diagnoses are higher among young women than young men. In 2019, the STI diagnosis rate was 3,287 per 100,000 females aged 15=19, compared to 1,3367 per 100,000 males the same age. There are also known differences in STI diagnoses between different ethnic groups.

**Teenage conceptions:** Trend data show that the under 18 conception rate in England Wales has been steadily decreasing, from 41 per 1,000 girls in 2006 to 17 per 1,000 girls in 2018.[44] This is largely accredited to the policy changes implemented through the National Teenage Pregnancy Strategy (1999-2010), which led to a 51% reduction in conception rates.[45] Although there have been reductions across all deprivation categories, the under-18 conception rate remains considerably higher amongst young women living in the most deprived areas.[46]

Pregnancy for this age group is associated with poorer outcomes for young women (such as poorer mental and physical health) and their children (such as increased likelihood of being born preterm and / or with low birthweight).[47] There should be specific services and measures in place to support pregnant young women to ensure healthy outcomes for mother and child.

Not all conceptions in adolescence are unplanned, but there is a much higher likelihood of unplanned pregnancy for this age group than other age groups. In 2020, the crude abortion

[42] Hillman, N. 2021. 'Sex and Relationships Among Students: Summary Report', *HEPI Policy Note 30*. London: Higher Education Policy Institute.
[43] Burgess, T., Eastham, R. et al. 2021. *Long-acting reversible contraception in the UK*. British Pregnancy Advisory Service, Decolonising Contraception, Lancaster University (Division of Health Research), Shine Aloud UK.
[44] ONS. 2020. Conception statistics, England and Wales.
[45] Hadley, A., Ingham, R. & Chandra-Mouli, V. 2016. 'Implementing the Unite Kingdom's ten-year teenage pregnancy strategy for England (1999-2010): How was this done and what did it achieve?', *Reproductive Health*, 13(139).
[46] Royal College of Paediatrics and Child Health. 2020. *State of Child Health*. London: RCPCH.
[47] Hoffman, S.D. & Maynard, R. 2008. *Kids Having Kids: Economic Costs & Social Consequences of Teen Pregnancy*. Washington DC: The Urban Institute Press, USA.

rate for females aged 15-19 in England and Wales was 12.9 per 1,000 women – this trend has been decreasing over time.[48] Abortion and termination services for young women remains a taboo subject that is infrequently discussed. Young women often make decisions regarding abortions with a limited amount of family, peer or professional support. Furthermore, there is a lack of routine access to services via the NHS which means that young women may have to travel for services or access through third sector services (such as BPAS). These factors make this a scary process for young women and more education and support is needed.

**e. Menstruation & period poverty**

Despite being a natural process, menstruation is often seen as a taboo subject and young women feel a stigma associated with talking about it openly. Being unable to discuss or appropriately manage symptoms of menstruation can mean that girls suffer physical pain and their wider quality of life can be impacted if they are unable to attend school, social activities or employment. It can be particularly difficult for teenagers to know how to manage their periods if they feel unable to discuss their symptoms with others and do not know what is considered 'normal'. Plan International UK have spoken to young women about their experiences of shame and stigma and the ways in which periods impact their self-esteem and body image, sport and exercise and school.[49] One young person states:

> "*When you are younger you are quite sensitive to that anyway, and then if people are telling you to hide it, then you think this is clearly something to be shameful about*"

There is a need for greater education and awareness on menstruation across society. This starts with education of both boys and girls in schools/colleges but increased awareness is also needed among healthcare professionals in order to best support young women to access the information, support and services they may require. In 2019 Brook and Plan International UK ran a 'Let's Talk Period' project across seven geographical areas in England that aimed to equip school staff with better knowledge and resources to deliver education sessions on periods. The young people involved in the project reported huge benefits from the education sessions, particularly receiving information on practical and emotional aspects of managing symptoms and use of period products.[50]

The stigma surrounding menstruation and periods is heightened for young women who are unable to afford sanitary products. Estimates of the average cost of periods ranges from £128 to £500 per year, though it is worth noting that even relatively small costs for period products are too much for some young women.[51] Different pieces of research from Plan

[48] Department of Health and Social Care. 2021. Abortion statistics for England and Wales: 2019.
[49] Tingle, C. & Vora, S. 2018. Break the Barriers: Girls' experiences of menstruation in the UK. London: Plan International UK.
[50] Rapkins, C. 2020. *Brook Let's Talk. Period Project Evaluation*. London: Brook and Plan International UK.
[51] Lee, G. 2018. 'Period poverty is real but the average women isn't spending £500 a year on menstruation' Channel 4 News: Fact Check [Available online at: https://www.channel4.com/news/factcheck/period-poverty-is-real-but-the-average-woman-isnt-spending-500-a-year-on-menstruation Accessed on 10/6/21]

International have found that 12% of girls in the UK are unable to afford products[52] and 40% have had to use toilet roll because they are unable to afford alternatives[53], which could lead to infections. When young girls do purchase period products, they may have to cut back on other essential items such as food or hygiene products. This has real impacts on the ability of young women to participate in their education, with 49% of girls missing an entire day of school, 64% missing PE or sport activities and 68% of girls admitting that they are unable to concentrate fully while they are menstruating.[54] A research study in Australia has found similar results, with 77% of young women at school reporting problems with concentration during their periods and yet 60% of the young women said that they would not speak to teaching staff about issues faced by their menstruation.[55]

We welcome initiatives that the Government has made to take a step forward in tackling period poverty. In 2019, the Period Poverty Taskforce was established with the aim of reducing stigma, influencing policy and sharing positive initiatives. Free sanitary products were introduced within schools/colleges, although research has found that only 49% of girls aged 14-18 reported that these were provided in their school.[56] Providing access to products is only one part of the solution, there must be increased education among young women and young men to enable women to talk about periods without shame. Measures must also be taken to reach young women outside of education settings, for example young homeless women, refugees or asylum seekers. Unfortunately the Taskforce was stopped in 2020 due to the disruption of Covid-19, we recommend that this is reinstated as part of the actions of this wider strategy.

We recommend that more research is done on menstruation during puberty and the impact that this has on the wider lives of young women. A section of the research could focus on the prevalence of endometriosis in young women. It has a number of symptoms, including severe pain and heavy periods. There is increasing evidence that young women with endometriosis wait many years before receiving a diagnosis and accessing appropriate support.[57] It is important that more research is done on this topic, which balances the needs of young people accessing early support against undergoing invasive procedures in order to reach a diagnosis. More research is needed in order to support health practitioners and inform high-quality education to support the process of making diagnoses as there is

[52] Plan International UK. 2017. Press release: 1 in 10 girls have been unable to afford sanitary wear, survey finds [Available online at: https://plan-uk.org/media-centre/1-in-10-girls-have-been-unable-to-afford-sanitary-wear-survey-finds Accessed on 8/6/21]
[53] Tingle, C. & Vora, S. 2018. Break the Barriers: Girls' experiences of menstruation in the UK. London: Plan International UK.
[54] Plan International UK. 2017. Press release: Almost half of girls aged 14-21 are embarrassed by their periods. [Available online at: https://plan-uk.org/media-centre/almost-half-of-girls-aged-14-21-are-embarrassed-by-their-periods Accessed on 8/6/21]
[55] Armour, M., Ferfolja, T., Curry, C. et al. 2020. 'The prevalence and educational impact of pelvic and menstrual pain in Australia: A national online survey of 4202 young women aged 13-25 years', *Journal of paediatric and adolescent gynecology*, 33(5), pp.511-518.
[56] Plan International UK. 2021. Press release: Over one million girls in the UK struggles to afford or access period products during the pandemic. [Available online at: https://plan-uk.org/media-centre/over-one-million-girls-in-the-uk-struggled-to-afford-or-access-period-products-during-the-pandemic Accessed on 8/6/21]
[57] University College London. 2020. Press release: Endometriosis more common in teenage girls than previously thought. [Available online at: https://www.ucl.ac.uk/news/2020/sep/endometriosis-more-common-teenage-girls-previously-thought Accessed on 8/6/21]

evidence to suggest that the signs of endometriosis may be different for young women who have been menstruating for a smaller number of years.

## 4. Conclusion

We welcome the proposal to introduce a Women's Health Strategy. Young women must be prioritised within the development and implementation of the strategy. In order to achieve this, there are a number of policy and research considerations:

- **Young women and girls must be involved at all stages of the design and implementation of the strategy in order for policy change to be meaningful.** Participation and engagement of young women will ensure that the strategy reflects their unique needs. We recommend DHSC review the extent to which young women have contributed to the call for evidence so far and suggest additional targeted consultation and participation (especially for young women more likely to experience marginalisation, e.g. young carers / BAME young women). In general, we support wider involvement of young women within policy and decision making. We welcome the creation of the Government's Equality Hub, which aims to improve the quality of evidence and data about disparities and the types of barriers people face. We recommend that the Equality Hub includes experiences of young women.
- **Young women have a right to health, as outlined by the United Nations Convention on the Rights of the Child (UNCRC)[58] and the Convention on the Elimination of All Forms of Discrimination against Women** (as upheld by the Committee on the Elimination of Discrimination Against Women)[59]. The strategy must adopt a life course approach and not prioritise the needs of certain age groups above others. Taking action to improve young women's health will provide rewards within the future in terms of reducing the overall burden of health and for the health of future generations.
- **The strategy must acknowledge intersectionality of women's experiences.** There is no one strategy or intervention that could be applied to all women. There is a complex and connected relationship between gender and age, which impacts on the health of young women. Young women's experiences of healthcare are also impacted by the intersecting relationship with other factors (such as deprivation, ethnicity and geography). Different groups of young women will have different experiences and accessibility concerns that need to be considered within the strategy.
- **Improved data collection by protected characteristics (including age, gender and deprivation) would allow for the development of evidence-based policy solutions that work for young women.** Current healthcare data is limited in the extent to which it is disaggregated by age, gender and deprivation. In order to appropriately plan and design services for young women, we need to better understand their current experiences and how this influences their health outcomes.

[58] United Nations. 1989. United Nations Convention on the Rights of the Child (UNCRC). [Available online at: https://www.unicef.org.uk/what-we-do/un-convention-child-rights/ Accessed on 1/6/21]
[59] United Nations. 1979. Convention on the Elimination of All Forms of Discrimination against Women. [Available online at: https://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx Accessed on 10/6/21[

- **Current provision of young women's health services varies widely depending on where young people live in England.** Between areas the provision of key services is divided or shared between the NHS, public health and/or a third-sector organisations, and different organisations may have different eligibility criteria (for example, sexual health and eating disorder services). The reach and accessibility of services can be patchy, especially for young women living in rural locations. This variation and postcode lottery increases health inequalities for certain young women, particularly those who are unable to afford to travel to services.
- **Young people, including young women, need to be able to access youth friendly and developmentally appropriate healthcare services.** There is growing evidence to demonstrate that youth health services are more accessible, are well liked by young people and improve their health outcomes.[60] There is a general need to improve health services for young people by making them more accessible, which should be considered within this strategy. For example, self-referral services for young people are limited but young women may prefer this option when accessing services (such as sexual health) rather than speaking to their GP. Even if health professionals provide effective reassurance about confidentiality, young people may mistrust this if the professional is thought to be "known" to their family. It is vital that we get health services right for young people as their experiences during this period will shape the extent to which they engage with and access services throughout their lives.
- **Young women need access to reliable information about their health and wellbeing.** There can be stigma surrounding aspects of young women's health which are commonly referred to as "women's problems". Young women would benefit from improved education and advice about how to access specific women's health services and how to positively discuss their healthcare needs. There should be caution in the language used to talk about women's health. For example, if we claim that "women and girls need to talk about things more" this may make young women feel as if they are the problem, ignoring that there are a number of wider issues at play. Increased education and reduction of stigma is crucial but it should be targeted at young women and young men, and is not the only solution.

This strategy provides an opportunity to overcome these challenges by providing a range of policies and interventions to support young women's health and development. A number of these recommendations sit outside of the responsibility of the Department for Health and Social Care. In order to wholly address gender inequalities within young women's health there needs to be coordinated and concerted action across a range of government departments. We recommend that the strategy includes responsibilities for different governmental departments, with targets for monitoring and evaluating the extent to which the strategy is successfully implemented. A successful strategy would see improved healthcare outcomes for women and girls and a reduction of gender inequalities.

[60] Rigby et al. 2021. 'Getting health services right for 16-25 year olds', *Archives of Diseases in Childhood*, 1(13).

## 5. The Young People's Health Partnership (YPHP)

The Young People's Health Partnership represents the interests of young people and young adults aged 10 – 25. We focus specifically on young people facing health inequalities. We are a partnership of six organisations with VCSE networks across England from the youth and young people's health sectors.

- We support young people to exercise empowered and active voices
- We provide advice on how policies and services can affect young people differently, particularly marginalised groups.
- We increase understanding of good age appropriate care for young people and why it is important
- We focus on young people's wellbeing and increasing understanding of effective prevention work
- We support the youth and young people's health sectors to work in partnership with the health system

Together with AYPH the partnership includes: Brook, StreetGames, UK Youth, We Are With You, and Youth Access. Our network is made up of over 1600 services and members around the UK.

For more information, please contact: info@youngpeopleshealth.org.uk

Young People's Health Partnership