Themes from Women's Health Interviews

Eleanor Hedley
Holly Passey
Agatha Agema
Ellie Story
Alex McNeice

Nottinghamshire County Council

Methodology:

Semi-structured interviews	Thematic Analysis
Semi-structured interviews were conducted via MS Teams and face to face. Transcription of the conversations was completed using MS Teams and then the recordings subsequently deleted. A £25 voucher incentive was offered in exchange for participation. Consent for participation was sought from all participants.	Each interview was coded by a member of the project team who did not deliver the interview, to try to seek impartiality. Due to capacity restrictions, each interview was coded by a single reviewer. The team took a deductive approach to code the interviews separately and then describe themes once they were all completed.

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Women's Health Interviews

Seldom Heard Group	Progress
Women from Ethnic Minority Groups	1
Women who have experienced homelessness	3
Women with drug and/or alcohol dependence	2
Migrants and refugees	1
Gypsy, Roma, and Traveller communities	0
Women in contact with the justice system	0
Survivors of modern slavery	0
Sex workers	0
Survivors of domestic abuse	6
Women with a disability	1
Young women	3
Women living in NCC's priority places	0 (1 ex-resident?)

- Participants for semi-structured interviews were sought with vulnerable groups and groups that were clearly underrepresented in the women's health survey (concluded in December 2024). A call for participants was developed in December 2024 and shared with Nottinghamshire system partners e.g. CGL, Framework, the VCSE.
- The target groups were established through the NHS Inclusion Health Framework (1) and suggestions in the Women's Health Survey 2022 (2).
- Expressions of interest were sought from women from multiple groups as outlined to the left. Many expressions of interest were received by women. Please note, in the numbers to the left, some women covered and experienced multiple disadvantages, so the totals are higher than the total number of interviews conducted.
- A total number of 9 interviews were completed with 10 participants in the months of January and February 2025.
- Participants were aged between 16-61 years and came from 5 out of Nottinghamshire's districts and boroughs; those not represented were Bassetlaw and Rushcliffe.
- Some groups were harder to reach or recruit from, despite efforts from the project team going to community events and making connections with certain groups e.g. GRT community. Other groups, such as women experiencing homelessness, were significantly oversubscribed for the interviews. It is acknowledged that this is not an entirely representative sample of all of the women in Nottinghamshire, but it is intended to provide further insights into women's health and their lived experiences.
- The semi-structured interview guideline can be found in the Appendices.

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Whilst all participants in these interviews identify as female, their sex is the only thing that unites them. The participants provided a significant array of different themes from the interview, largely reflecting the differences between the women, as they come from diverse age ranges, ethnicities, socioeconomic backgrounds, and live in different parts of the County.

Despite the differences in these women's lived experiences, there were several similarities that it is important to highlight that ran through many or all the interviews. These are outlined below, and the following slides will explore these themes in more detail. Please note, there are some overlaps between some of the themes. Summaries of each interview can be found in the appendices.

Overall themes from all interviews

Semi-structured interviews

- Access to healthcare services
- Not being listened to
- Mental health & wellbeing
- Social support & community
- Stigma & awareness
- Building Blocks of Health
- Violence Against Women & Girls
- Menopause

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Accessing healthcare

Semi-structured interviews

Across the interviews, a series of barriers to accessing healthcare have been identified.

Waiting times were a barrier to many women; both in terms of waiting at hospital services-and on waiting lists to be seen for outpatient care they made me wait four months to get the results". Participants described the impact that the waiting times were having on their mental health and wellbeing "you can imagine what an emotional wreck I was at the time, not knowing what the MRI was saying".

GP access was a consistent barrier and the lack of appointment availability. However, some said they have not struggled with appointment access.

Timings of appointments was a common theme, and the barrier of needing to miss work and/or education to access appointments. Women described not being able to book appointments in advance as a barrier to accessing care due to shift patterns, as they need to plan around work rotas "I'll ring and I'll book it around the days I'm off". Women described wanting to access services such as a menopause support group but "it was during the day and it was working time anyway, so I can't make it".

Navigating the system was also a consistent barrier for many women. Complex forms and paperwork are barriers to many , specifically those with English as an additional language (such as refugees and asylum seekers) "as we are not English and when we see a very long form, we will never do it…. I will never understand all these questions." The digitally excluded also identified barriers, as one participant put it, "I need to apply for a blue badge, but I can't use the Internet. Is there anywhere I can go to help me do that?". Availability of resources was also flagged as a barrier, both in terms of general health and wellbeing information such as websites and leaflets "there weren't enough information around" and having them available in other languages, which will enable more women to "understand the meaning and don't have to translate".

Young women described the barriers to navigating health and care services on the cusp of adulthood, around what they were allowed to do without a parent's consent and knowing their rights around competency to make decisions around health and care. One participant described an episode where they didn't want information sharing with parents/ carers and it despite an explicit request not to, it was shared: " I asked them, don't contact my mum, contact me. I was over 16 so … they don't have to contact my mum…. so I wrote down my phone number, my e-mail. They put it into the system. The next day… they call my mum". The participant described the lack of trust this made them feel in healthcare services.

A number of women expressed their preference of being seen by female healthcare professionals, such as for LARC "it's just that kind of thing where I prefer to have the option of going to a female". However, this preference can result in a barrier to access in needing to wait longer and/or having to rearrange where females were not available, which can result in delayed care. One woman described needing to rearrange a hospital appointment three times in order to see a female doctor for religious and cultural reasons.

Women described once they had navigated into the right place they had positive experiences. One participant stated "[I was] pushing to…. see that, for over a year…And then all of a sudden, it just everything got done really quickly. It was brilliant." Another described their experience of "constantly going back to the GP and going through the hoops that I was asked to go through like 'oh, we've got a counsellor. You can see them, etc' and going back and this guy actually said, 'I'm going to refer you to the next step,' which is local mental health team and then everything changed because they understood immediately... And that made all the difference". This chimes with many participants having had very positive experiences with services across the system, but struggling to find them in the first place.

Whilst most people shared barriers to accessing healthcare, many talked about positive experiences once they were signposted to the correct service and helpful interactions with healthcare professionals. For those that had successfully navigated the system, there was awareness of the services available: "I can access lots of things because there are lots of things".

Not being listened to

Semi-structured interviews

Not being listened to was one of the most common themes throughout nearly all interviews, across ages and diverse backgrounds.

Most women describe the need to repeatedly self-advocate for their health and wellbeing, but notably use evocative, negative and even aggressive language like “pushing”, “fighting”, “battles” to be able to maintain this over time. As one participant put it, “it takes a lot of battling sometimes to be heard”. For many women, it is a surprise when they have been listened to by professionals: “again, pushing and pushing and pushing that, the GP actually listened to me and didn't sort of write me off as an hysterical woman. It’s all your periods that kind of thing”. Most described feeling “fobbed off”, stating examples where they had been actively dismissed by services. One participant described an interaction with a consultant, where they were told ‘’we can't help you. And they, they just they seem very uncaring”, and another highlighting “then they just discharged me. But I knew it wasn’t right. And I went back and complained quite a few times”.

Some women described this feeling of not being listened to having happened throughout multiple interactions with healthcare services, which has resulted in them having less confidence to raise issues in the future. One participant stated “it's very hard because then you don't feel empowered and confident about things and saying, oh, there's something wrong”. Others say that once they had been dismissed once they did not want to return.

Many women stated preferences of being seen by female healthcare professionals, where they feel they are more likely to be heard and understood. Young women described barriers in accessing contraception when being seen by male healthcare professionals “I went and it was a bit difficult because it was a male” , but “when I got the women, they were completely understanding. So they made me more relaxed.”

Women described advocating for themselves but not being listened to by male healthcare professionals. One woman described an interaction with a male GP, where she felt “he didn't understand anything… to do with Women's Health, breast, anything, which is completely pushed to one side. And I felt a sense of shame”. Limited communication and lack of support from male workers was also reported in other services outside of health and care, with examples shared from professionals in the police, education and supported accommodation.

Some women also spoke about scenarios where healthcare professionals required further training or empathy relating to how to address challenging topics like infertility. Participants felt that when they were misunderstood, not treated empathetically, or brushed off, they felt that the healthcare professionals “have absolutely no idea of what I'm going through”. Women describe such interactions as “sticking with them” and making them more reluctant to access health and care support in the future.

Content warning: mental health, suicide, suicidality, self-harm

Mental Health and Wellbeing

Semi-structured interviews

Mental health and wellbeing was discussed in eight out of the nine interviews, making it one of the most commonly discussed topics from the interviews. This demonstrates an openness among participants to discuss their mental health and wellbeing. As one participant put it “sometimes I feel women are more open about mental health and willing to access support and help when they need it” [compared to men].

Women discussed the many different factors impacting their mental health and wellbeing, and there were a broad array of factors impacting their mental health. The mental health diagnoses also varied quite significantly, from depression and anxiety, to long-term eating disorders, and bipolar disorder. One participant spoke about how bullying at school had impacted their self-esteem and had followed into adulthood “I've been bullied throughout. School life has affected my mental health.” Others spoke about struggling with mental health and wellbeing following domestic abuse, caring for a disabled child, bereavement, moving to a new country, and struggling with physical health issues e.g. chronic illness and/or injury. The use of hormonal contraception was also stated by one participant as being the start of struggling with depression.

From participants’ responses, mental health has a bidirectional relationship with physical health, and it was clear that when participants were not feeling well mentally, they were struggling to engage in healthy behaviours such as eating healthy foods or exercise “about keeping well, because if I have good mental health, then I'll look after my physical mental health better”. Similarly, the lack of being able to engage in healthy behaviours worsened people’s mental health “I think of the things I used to be able to do before my knees. I used to go for long walks like 6-7 miles every weekend…But I can't do now because of my knee.”.

Many women described not knowing where to access mental health support specifically or finding it hard to find the right support. One participant described how the job centre supported them to access mental health support from the GP “I went to my job centre for help about mental health and he managed to get me an appointment.” One describes accessing privately and through the voluntary sector “So there is things out there, but it just seems either very costly or takes a long time”. The participant felt that if she had been able to pay for private medical insurance than she may have been seen quicker which would have improved her health outcomes overall.

Women also talked about the barriers to reaching out for mental health support and not having the confidence to talk about their mental health “So I was so felt so little of myself that I didn't look up to myself and so I didn't have the confidence in myself to actually go and see anybody and talk about myself”. Another talked about having the “power” to access mental health support. One participant spoke about enrolling in mental health support services but “not being able to face it”. Another participant spoke about generational stigma about mental health and being historically told to “get on with things” as a barrier to them accessing support.

Those being supported by mental health services within Nottinghamshire spoke very highly of the support they had received and the benefits of the services. One participant spoke about how accessing talking therapy after a bereavement supported them “I've found that that helps me as well to talk about things, to help process things”. Participants spoke positively of self-referral routes “was first invited to self refer within mental health services. And it was like, oh, OK, I didn't realise that was available”.”. Local Mental Health Teams were also highly praised by those engaged with them ; “everything changed because they understood immediately. I got a great psychiatrist, saw a great CPN. And that made all the difference”. In school mental health services were also commended; “they were brilliant with me”.

Social Support and Community

Semi-structured interviews

Almost all women discussed the importance of peer support amongst female friends and family about women's health. It was a common theme that women speak about their health within their social circles and share information and advice.

Women's peer-to-peer support was clearly highly valued by many women. As one participant put it simply "Just having people you can talk to and be honest with, isn't it", with another stating that this was a common part of all female friendships and interactions. Young women discussed taking their friends with them for support to GP appointments instead of a parent/ carer, others talked about how regularly their female friends provided them with advice. However, for some it was sometimes conversations with female strangers that also provided solidarity and support "I've had menopause conversations just in the ladies loo with people in passing". Solidarity in experiences was a common theme, where women feel less alone and more confident through speaking to those around them "I've got weird questions like that as well. I thought it was just me... Everybody does it."

A number of participants found support and benefitted from community initiatives within the voluntary sector, for example in terms of refugee support, mental health support and carers peer support groups. Two participants highlighted the success of social prescribers and the benefits that they bring to their patients to address issues like loneliness, and others have praised the work of VCSE providers who have supported alongside NHS services. Support from the VCSE for mental health was described as "absolutely fantastic… cannot praise them enough".

Family also plays an important role in support networks. Young women described the importance of their mums for support, not least in support to transport to services "my mum will have brought me" and navigating healthcare services, for answering questions about women's health e.g. periods, advocating for care in school "You got a note from your mum or somewhere like I'm on my period. I need to go to the toilet when I need to" and for supporting with understanding what healthcare professionals are explaining.

Conversely, some women also talked about the impact of having no support where it was lacking, and how this was a challenge or issue for them. One participant put it "I have no one, I have no support" and another . One participant spoke about how groups set up by GPs or voluntary groups may support people who have "nobody else to talk to."

Most participants mentioned different ways of supporting their mental health and wellbeing alongside clinical service support. For many, physical activity and spending time in outdoor spaces is vital to self-care. For others, creative ventures such as art, music, cooking and writing were all beneficial for participants' mental wellbeing. Community ventures such as volunteering were also highly beneficial. For young people, youth services were a positive space for them to follow passions, feel safe and make friends.

Stigma and awareness of women's health

Stigma about women's health was raised in a number of the interviews. Whilst there was a general acceptance of women needing to address different things at different stages of life "women's bodies change, and we have to go through that", there were common barriers to doing this due to stigma, lack of awareness or shame.
Stigma was seen as a barrier for care or sharing with others about their health. Some participants disclosed lying or fabricating stories to not talk about taboo subjects, like sexual health or domestic violence.

Menstruation and gynaecological challenges have a particular stigma and challenge and were quoted by many women as being difficult to talk about. Some women even felt ashamed to talk about women's health by its anatomical names and used alternative nomenclature. As one participant put it "we have our lady problems. I have it with my monthlies". Another called it the "time of the month". Another stated that talking about needing feminine hygiene products made a male staff member "uncomfortable".

One participant spoke strongly about how her lack of awareness around the menopause had reduced her health outcomes because "maybe you could have done more to support yourself… you could have accessed things earlier". She wanted to ensure that there was increased awareness across the system, wanting to raise awareness amongst employers that different people are experiencing "different things going on" with their health and wellbeing and should be able to request reasonable adjustments for things like the menopause like any other health condition.

Some women felt as though they were dismissed for those around them for speaking out about women's health, or for talking or campaigning about it. One stated that she is called "woke" for campaigning and another received a complaint at work for talking openly about the menopause.

Semi-structured interviews

Content warning

Violence against Women & Girls

Semi-structured interviews

Nearly a third of interview participants disclosed they were survivors of historical sexual assault, domestic violence and abuse. This can be grouped under the terminology violence against women and girls (VAWG).

Whilst a challenging subject to speak about, these women spoke honestly about their experiences. Whilst for many, their assaults and violence were some time ago, the impact that it has had on their lives is still palpable.

One participant spoke about how she felt that domestic violence doesn't happen to women like her (white, middle class). She spoke about there still being strong stereotypes about which women will experience violence against women and girls i.e. "it might not be educated females… [but] the way you're treated behind closed doors is very different". This participant felt ashamed admitting that she had been in a domestically abusive relationship "I suppose I was screaming for help whilst trying to keep things a secret" and didn't want to reach out for help. She also carried significant guilt for not leaving the relationship sooner "surely any educated, strong-minded woman would just leave" but did leave the relationship after several years and has since sought support to come to terms with her experiences.

Two of the participants discussed their interactions with services about their abuse. For one, concerns were raised that "nothing has been done" and not knowing how to reach out for other support regarding their sexual assault: "I've dealt with it. Like I never kind of reached out to any kind of professionals or GPs or anything around that experience". On the other hand, another had more positive experiences with support by attending a course for survivors of DVA which significantly helped address their shame, stereotypes and stigma, and carried less guilt for not leaving sooner.

There were some suggestions of how the system could improve its response to VAWG , in terms of support for women experiencing DVA or SA, and prevention through education, both in terms of consent "you have to teach…consent and all the rest of it" and more broadly around how to spot the signs of abuse and what to do.

For some, there was an acceptance of the position of the fact that women are a higher risk of assault from perpetrators known to them. As one participant put it: "women get hurt more".

Building Blocks of Health

Semi-structured interviews

Housing

Three women shared their experiences with precarious housing and becoming homeless. Like other themes in this document, homelessness was also discussed with fighting terminology like “I’m battling homelessness”. There were a number of reasons for why some women became homeless, demonstrating the complexity of the homelessness picture. This included a relationship breakdown, relying upon staying with friends and family and needing to move following a sexual assault. Others who had not experienced homelessness raised concerns about the cost of housing going up “the rent is absolutely scandalous. I'm living in a shoebox”.

Those who had been homeless talked about the challenges of living in temporary accommodation (hotels, B&Bs) and not having access to basic facilities e.g. laundry or cooking facilities, it not meeting the needs of their disabilities, and the benefits of living in supported accommodation. They spoke about their fears moving into supported accommodation “at first I was scared to death because I didn’t know who I was gonna be with or what it was gonna be like and it’s not that bad actually”, and they all spoke positively of their experiences in these spaces. Such experiences have been so positive that participants shared their fears about moving into other housing “I'm looking for a place of my own, but I can’t. I don't want to leave. Like institutionalised” and another shared that the thought of move on had caused her to struggle with her mental health. They spoke about their relationships with other residents within the accommodation being positive and forming trusted relationships with housing support workers.

Community Safety

Some women describe not feeling safe in their communities, and this being a barrier to engaging in activities like running or walking after dark “As a woman, though, I cannot run at certain times in certain places”. They described teaching their female child to protect herself using a key in her fist.

The refugee participant on the other hand described how Nottinghamshire has provided safety for her and her children.

Role of Caring

Many women described the difficulties of balancing their own health needs alongside caring responsibilities, either for dependent children, or other adult family members who require additional support. The burden of care is often described as a “worry” by many women, and a constant “I have to be available…24/7”. Several women spoke about the challenges of being a single parent, and how that felt compared to friends who had partners for support “but she's got a husband. She's got someone to help” and feeling alone and without support. One participant put it “I put others first” before her own needs.

Building Blocks of Health

Semi-structured interviews

Public Transport

Many women described the benefits of public transport and where it lacks, what the challenges are. Public transport is a vital connector for communities. For example, the young participants travel up to 3 hours per day on public transport to access education. Others spoke fondly about previous homes where good public transport access made somewhere a good place to live “I got a lovely flat in the perfect position. It was above Sainsbury’s... There’s a Bus Stop opposite”. Others living closer to Nottingham City in the surrounding boroughs discussed the benefits of the tram line to access work and education. Where it lacked, the participant spoke about feeling in “the middle of nowhere” without access to basic resources like a post office or supermarket without a car.

Green spaces & physical activity

A number of women described walking as being beneficial to their mental and physical health “I love walking”. Others shared the benefits of other physical activity, such as Pilates for improving mental and physical wellbeing. A number of participants mentioned the benefit of dog ownership to improving getting out “And I do try and push myself to get out there. I've got to for her sake and for my sake, to keep moving, to get fresh air. ” Nottinghamshire’s blue and green spaces are mentioned as good building blocks to mental health and wellbeing and to support activities like walking and running. Women talked about this as a benefit of living in Nottinghamshire and having easy access to these spaces being “absolutely huge” for mental and physical wellbeing. The benefit of these spaces is also that they are free, as financial barriers to accessing physical activity venues like gyms was raised by one participant “it’s like £40 a month, which I could do a lot with”. Green spaces are also an opportunity to connect within communities “just generally going outside. Going for a walk, going for a run, whatever. Just it is nice to just see people”.

Work

Participants described the challenges of working alongside trying to maintain a healthy lifestyle “I used to enjoy going swimming, but I found I can't manage that with work”. Some talked about the difficulty of prioritising healthy behaviours alongside work and family caring commitments “but having a teenage daughter and working and everything else it’s hard to fit it in”.

Some women described continuing to work despite ill health “I was still at work and I just ran up and down stairs and did everything else with this fat ankle**”,** and others were unable to work for ill health reasons “I’ll probably never go back into active work”. Others discussed the difficulty of getting sick notes from the GP, and the challenges this has caused with workplaces.

For many, they talk about the need to work to support themselves and their families, as a necessity, however sometimes this was challenging. Many talked about working part time to improve work-life balance “I decided that it was better to work part time and just have a bit more time so that I'm not rushing around and trying to fit everything in”. Another talked about needing to work part-time for health reasons but this having a significant impact “I'm on minimum wage. We're just about making ends meet”. Reduction in working hours is a particular theme during menopause- one participant spoke about a friend who had given up work entirely due to the menopause. Some had requested reasonable adjustments for the menopause; they raised that there still seems to be a stigma to reduce working hours other than for childcare “I saw a lot of the younger women….who maybe have dropped hours because of childcare…but I don't know anybody who said I've dropped hours because of the menopause or because of family circumstances, like looking after elderly parents”.

Menopause

Semi-structured interviews

4/9 interviews spoke in depth about their experience with the menopause. Symptoms of the menopause discussed by these women were largely around low mood, anxiety, fatigue, forgetfulness, and heavy bleeding and fibroids.

Participants spoke about the benefits of women being open about their experiences and how this was improving women's health and wellbeing: "now it's not the case where it was years ago when nobody talked about GP but and nobody really knew when you think about it and understood the symptoms….everybody seems to be quite open about it nowadays". Women talking together about the menopause came up regularly, but also from a negative perspective "I find that my age group are obsessed with the menopause".

Despite increased openness about the menopause, participants spoke about not knowing enough about the menopause, and women not knowing what help is available to them. Women also discussed not being aware of the different stages of the menopause (perimenopause, menopause and postmenopause) and the different symptoms of each stage. "I didn't realise that it was perimenopause… I think you don't look for things to support you in that time. You just see it as a struggle…and it sort of almost ambushes you without realising". Women also spoke about changes to their physical health and mental wellbeing during the menopause "I've never suffered with anxiety at all in the past, but becoming perimenopause, I have started to suffer with it".

Despite this collective openness amongst women experiencing the menopause, participants wanted to continue to reduce the stigma and the misunderstandings about the menopause in the broader population "menopause is more than just a few hot sweats and maybe… you might go a bit a bit forgetful" and continue to raise awareness, be open and honest about it and advocate for better care for women "I've been shouting from the rooftops about the menopause".

There were also varying access to support relating to the menopause outside of clinical inputs. One participant talked about registering interest in a menopause support group at her GP but being unable to attend as it was during working hours. Participants also spoke about the impact of the menopause on work, with some having given up work or reduced hours due to fatigue, low mood and other menopause symptoms. One participant discussed her employer's menopause policy, but how it fell short of true reasonable adjustments for women. Another had had a challenge at work around discussing the menopause, following a complaint from a female colleague.

Appendix- Semi-Structured Interview Design

- **Opening Questions**
- Start with some icebreaker questions to make the interviewee comfortable.
  - Example: "Can you tell me a little about yourself and your connection to Nottinghamshire?"
- **General Perception of Women's Health**
  - What does good health mean to you? / what does it look like to you?
  - Do you and the women in your circles talk about health issues? What are the common health issues that come up in your conversation between you and women in your life?
- **Personal Experiences and Stories**
- Can you share any personal experiences around accessing healthcare in Nottinghamshire? Could you compare that to the experience of men within your circles?
- Can you share any personal experiences or stories related to women's health services in Nottinghamshire? (Prompt for VAWG, cancer screening, gynae health etc)
- **Building Blocks and Barriers**
- What helps you to be healthy? (prompts: time with family & friends., Financial security, other building blocks)
- What stops you being healthy?
- Can you describe any challenges you or others you know have faced in accessing healthcare services?
- What do you think could be done to improve access to these services?
- **Future Direction**
  - What are your hopes for the future of women's health in Nottinghamshire?
- **Closing Questions**
  - Is there anything else you'd like to share about women's health in Nottinghamshire?
- **Thank You and Next Steps**

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References

1. **NHS Inclusion Health Framework** NHS England » A national framework for NHS – action on inclusion health

2. **Women's Health Strategy for England** Women's Health Strategy for England - GOV.UK

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