

Exploring issues in women's health



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Introduction

This free course, *Exploring issues in women's health*, introduces social model approaches to health and wellbeing, which takes as their starting point not the scientific context of the body, but the social context in which women live. The focus is on women and the impact of social and cultural factors on women's health.

This OpenLearn course is an adapted extract from the Open University course [K219 Critical issues in health and wellbeing](#).

Learning Outcomes

After studying this course, you should be able to:

- understand the impact of social and cultural contexts on women
- describe how the women's movement has influenced the health and social care sector
- identify pertinent health issues in the field of women's health.

1 Thinking about women's health today

Before you start, you'll watch a video featuring OU academics, Dr Sara MacKian and Dr Sharon Mallon, as well as OU employees discussing issues in relation to women's health.

Activity 1 Issues in women's health

Watch the video and as you're watching consider your response to the question 'If you could click your fingers and solve a problem to improve women's health' what problem would you solve?

Video content is not available in this format.

Video 1



Provide your answer...

Discussion

In the video several 'click your fingers' examples are provided in relation to women's health, for instance:

- If men were magically given periods, they would experience the pain and disruption that these cause and the world is likely to change quite radically for the better as a result.
- In terms of mental health, addressing toxic diet culture and unrealistic expectations in terms of body image would make a major difference to the mental wellbeing of women.
- Appreciating women for who they are, by no longer objectifying them and focusing on how women look – this would be extremely beneficial.

- Improving access to abortion (especially in Northern Ireland) and addressing the stigma attached to abortion.
- Providing affordable treatment options for women who cannot get pregnant.

In the video there are other key messages. For example, Sara and Sharon highlight that women's bodies are often controlled by others, especially in relation to reproduction. There can also be a medicalisation of nature processes, such as menopause, which is frequently pathologised in an inappropriate way, given that it is a normal biological process. There is a need for a wider understanding of women's health and issues, because keeping these 'hidden' or 'unspeakable' is clearly problematic.

2 Exploring the social model

Being a man or a woman has a significant impact on health, as a result of both biological and gender-related differences. The health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors.

(World Health Organization, 2019)

It is clearly important to focus on women's health and to address the sociocultural issues that prevent women from attaining the best possible level of health. Additionally, as you will know, women lead complex lives and, if they become unwell, some will have aspirations that go beyond what a 'biomedical fix' can offer. But what might an alternative model of health look like? You will begin to explore this by considering challenges to health and wellbeing that are beyond the reach of biomedicine. In this section, you will consider how lay knowledge – that of women who are not medical or healthcare professionals – takes a more central, and even vital, role in the social model.



Figure 1 Health: this is important for women across the lifespan.

2.1 Why do we need a social model?

In Engel's seminal work, the biomedical model was defined as assuming '...disease to be fully accounted for by deviation from the norm of measurable biological (somatic) variables. It leaves no room within its framework for social, psychological, and behavioral dimensions of illness' (1977, p. 196). But this model clearly needs to be expanded to encompass a broader, more holistic approach to treatment and care. Although holism considers 'the complete woman' by looking, for example, for social and emotional explanations for their disease and symptoms (Henderson, 2014), the social model of health takes a different perspective. The social model explains health and wellbeing through the social context. Rather than starting with a woman in a particular state of health or disease, the main focus is on how living conditions and social factors affect health and wellbeing.

Looking at Dahlgren and Whitehead's diagram (Figure 2), you could think of holism as starting with 'Age, sex and constitutional factors' and working outwards. By contrast, the social model would focus first on general socioeconomic, cultural and environmental conditions before working its way through the layers to eventually consider a woman's constitutional factors.

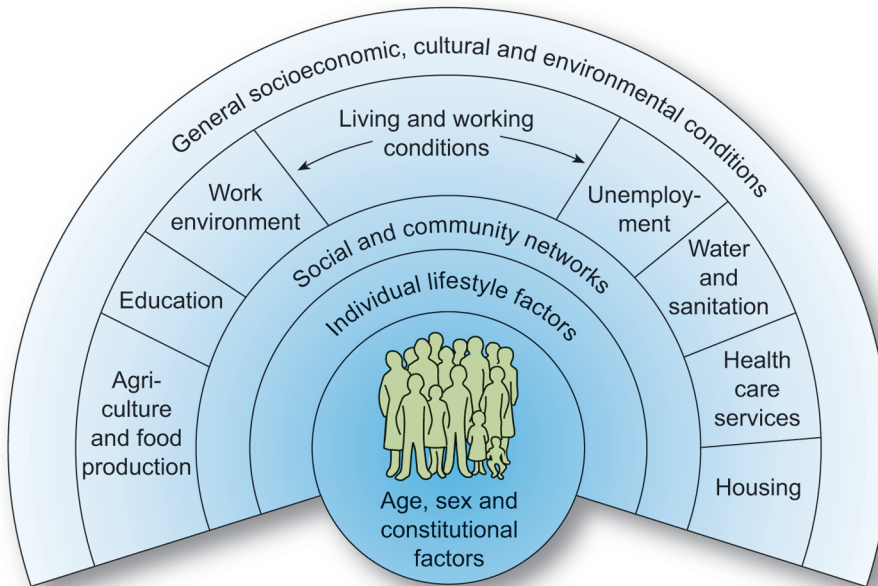


Figure 2 The determinants of health (Dahlgren and Whitehead, 1993, in Dahlgren and Whitehead, 2007).

Women frequently have limited control over the many sociocultural factors that affect their health and wellbeing. Therefore, the social model of health lends itself to campaigns arguing for social justice and better working and living conditions. In addition, the biomedical model isn't always able to account for how sociocultural factors can interact with the diagnosis it is – or isn't – able to provide, or how this can impact on a woman's sense of wellbeing.



Figure 3 Yvonne John.

For example, Yvonne John is an author who has documented the experiences of childless women. In the following activity you will hear her speak about her own experiences around childlessness.

Activity 2 Wellbeing beyond the reach of biomedicine

 Allow about 30 minutes

Part 1

Listen to Yvonne John talking on BBC Woman's Hour about her experiences of childlessness.

Audio content is not available in this format.



Audio 1

Part 2

Now answer the following questions.

1. What role did biomedicine play when Yvonne and her husband were trying to conceive, and how was biomedicine unable to help her?

Provide your answer...

Discussion

Yvonne received 'infertility investigations' that concluded she was unable to conceive. There was no particular cause found, which meant that there was no detectable 'defect' to treat medically.

2. What challenges to Yvonne's health and wellbeing did she face following the medical diagnosis? What was the impact of social and/or cultural expectations on her wellbeing?

Provide your answer...

Discussion

Yvonne experienced many challenges, starting with the difficulties of talking to her family when she was experiencing shock and grief. She was grieving when there was no visible loss. She also talked a lot about how being diagnosed with unexplained infertility challenged the beliefs and cultural expectations of her and her family, and this further had an impact on her wellbeing, in particular:

- There was an expectation that there should be a way of fixing her infertility (perhaps referencing a biomedical approach).
- Yvonne experienced shame in not being able to live up to the expectation that she would one day become a mother. Being from an immigrant family increased the pressure of this expectation. Perhaps the pressure of having to be positive about the situation was the worst element.
- The diagnosis interfered with her sense of identity and belonging.
- She experienced religious challenges, particularly surrounding expectations of turning to God.

Part 3

3. What did help Yvonne?

Provide your answer...

Discussion

Things that helped were simple human gestures, such as 'being allowed to be sad', receiving a hug and 'being accepted for being sad'.

4. Taking a social model perspective, what might you want to better understand in order to improve the health and wellbeing of Yvonne and other women in a similar situation?

Provide your answer...

Discussion

If taking a social model perspective, you might want to understand why immigrant families feel the pressures they do. You might also want to look at the place of women in society regarding their reproductive roles and expectations.



Figure 4 Biomedicine: does it offer all the answers?

The social model of health attempts to integrate social structures and women's bodily existence in the world. It goes beyond the body to address the social, economic and environmental determinants of health. As you have learned, female reproductive health is one example where the social model offers a useful perspective. The biomedical model would consider reproductive health in relation to the body and reproductive roles, whereas the social model starts from the perspective of the social, cultural and economic, as well as equality issues. You will read more about the social model of health next.

2.2 Understanding the social model of health

The social model of health is so broad that it can be difficult to get a sense of it as a whole, but at the heart of it is a woman's social context. As you have already touched on, a woman's social context can bring a wide range of factors to bear on her health and wellbeing.

Yuill and colleagues (2010) have highlighted six features of the social model of health which help to provide an overview of what this model or approach encapsulates.

These six features or factors are:

1. *An individual's health is enabled or inhibited by their social context.* People commonly believe that lifestyle factors such as diet and exercise are simply about personal choices, whereas the social model explains that people's behaviours are shaped by their social context.
2. *The body is simultaneously social, psychological and biological.* The biological aspects of bodies cannot be separated from social, psychological, cultural and individual processes. Identity is a good example of showing how social and cultural expectations blend with people's psychology to shape how people present their bodies to others.
3. *Health is cultural.* All cultures have developed their own norms for understanding illness and expressing its impact. Some South Asians can express mental distress by referring to physical pain in their bodies, whereas inhabitants of a community in North East Scotland were habitually stoical when facing illness and tended not to complain or draw attention to their problems.
4. *Biomedicine and medical science is something – but not everything.* Social scientists can tend to present an inaccurate 'caricature' of biomedicine. Although many criticisms are valid, one should not disregard the many strengths of biomedicine.
5. *Health is political.* Different political ideologies can lead to very different healthcare systems. For example, the free-market ideology of the United States has led to predominantly privatised healthcare provision.
6. *Other voices matter.* In terms of making sense of and experiencing health as well as ill-health, the social model acknowledges that other voices matter. Knowledge and perspectives must go beyond the biomedical approach.

In the next activity you will match these six features with illustrative examples.

Activity 3 The social model of health

 Allow about 15 minutes

Part 1

Drag and drop the correct illustrative example for each of the six factors about the social model of health as summarised by Yuill et al. (2010).

An individual's health is enabled or inherited by their social context.

The body is simultaneously social, psychological and biological.

Health is cultural.

Biomedicine and medical science is something, but not everything.

Health is political.

Other voices matter.

Match each of the items above to an item below.

Social class and a woman's context shapes her life, it affects access to material resources and the amount of control women have over their lives.

It is both through and with a woman's body that her self-identity is enacted and performed, for instance in the styling of her hair and selection of clothes.

Football sub-culture means that players frequently mask pain in order to keep their place in the squad.

Sometimes social scientists can present biomedicine in such a way that no medical practitioner/doctor would ever recognise the medical model that they are said to be delivering.

Many people in the United Kingdom feel passionately about the importance of the state-run, public sector delivered format of the National Health Service/NHS (i.e. the NHS is political).

Many people with a long-term or chronic illness feel that maintaining and creating an understanding of their situation provides a sense of self and identity that is just as important (if not more so) than medical discourses about their condition.

As you work through this free course, you will be encouraged to continue to think about the range of voices that can be brought to bear on our understandings of health and wellbeing.

2.3 Lay perspectives matter

It is important that professionals consider a woman's understanding of their health when responding to her health issues. The biomedical approach has traditionally viewed lay perspectives as inferior, driven by personal opinion, and they often deviate from the scientific and technical knowledge of experts. Traditionally therefore, under a biomedical approach, the voices of female patients, their carers and other non-experts are viewed as less important than professional voices, knowledge and expertise.

By contrast, the social model of health suggests that a good understanding of lay knowledge can usefully inform expert knowledge. Rather than reinforce the distinctions between these forms of knowledge, academics following the social model argue that understanding how people construct and interpret health and wellbeing is vital to maintaining and supporting health (Yuill et al., 2010).

Women construct and interpret their own health and wellbeing based on all aspects of their personal identity and background. Psychiatrist Dr Micol Ascoli believes that being able to work with people's own cultural interpretations of mental illness is crucial to supporting their recovery. She spoke to broadcaster and psychologist Claudia Hammond, about her work at Newham Centre for Mental Health in London. In the next activity, you will consider Dr Ascoli's approach to her work and hear from one of her patients, Angela.



Figure 5 A therapy session

Activity 4 Working with lay perspectives of illness

Part 1

Listen to the following audio, which is an extract from the radio programme *Mental health: mad or sad*.

Audio content is not available in this format.



Audio 2

Part 2

What lay perspectives on bipolar disorder are discussed in the audio? How did the speakers report the lay perspectives as being helpful? Add your findings below.

**Lay perspectives
described by:**

**How this knowledge can
help:**

Angela

Provide your answer...

Provide your answer...

Dr Ascoli

Provide your answer...

Provide your answer...

Discussion

You may have found it refreshing to hear a medical practitioner so deeply engaged with lay perspectives. Below are some notes in response to the questions.

Lay perspectives described by:	How this knowledge can help:
<p>Angela</p> <p>She talked about her upbringing and religious background, particularly with regards to her believing in 'the spirit'. She believes that her bipolar disorder is a gift from God. Medication is also a 'gift'.</p>	<p>She is able to make sense of manic and depressive episodes by linking to passages in the Bible. The way she views medication helps it to fit with her belief system.</p>
<p>Dr Ascoli</p> <p>A patient's desired outcomes from medical treatment can be quite different from the medical outcomes that the doctors normally work towards. Some groups can have different cultural constructs that cause professionals confusion. For example, some ethnic minorities may refer to 'brothers and sisters' in a completely different sense to that normally applied in Western societies.</p>	<p>Recognising that medical models are also culturally determined, and that taking lay views of health seriously helps patients. Better communication between healthcare professionals and service users can broaden understanding and 'fill the gap'.</p>

Part 3

Think about a condition – a disease or disorder – that you or perhaps someone close to you has. What are your own beliefs about the causes of this condition? Are there any aspects of your background that helped to shape these beliefs?

Reflect on the two questions and then write a brief response below.

Provide your answer...

Whatever a woman's beliefs about health are, it is likely they will have been shaped by many factors that are specific to that woman and may not always reflect wider assumptions held by society more broadly, or indeed fit with the biomedical model. This, however, does not diminish their potential value for understanding health and wellbeing because they will affect health behaviours, personal resilience and the ability to achieve health goals. Furthermore, sometimes the experiences and views of a particular group can have a profound and powerful effect on the views of wider society and alter the professional knowledge base as a result.

In the next section, you will consider the impact of social and cultural contexts on health and wellbeing by exploring issues of particular salience in terms of women's health.

3 Social change for health and wellbeing?

There is no such thing as a single-issue struggle because we do not live single-issue lives.

(Lorde, 2007, p. 138)



Figure 6 Women's rights protests spanning the decades.

The social model highlights how important it is to recognise that health is intricately related to the society in which people live. The model also allows for the influence of culture on

how illness is understood, treated and avoided. It follows that social policy can have a fundamental impact on women's health and wellbeing. But more than that, social policies affect access to healthcare services, as well as the type of services that are available. For example how legislation varies across the United Kingdom, meaning that Northern Ireland is one of only two regions in Europe where abortion effectively remains illegal (Malta being the other) (Galway and Mallon, 2018). (See the article [Abortion ban in Northern Ireland likely to worsen mental health crisis.](#))

Some social and cultural practices and beliefs can undermine the resilience and aspirations of women in a way that has very little to do with the underlying biomedical issue they may be facing. All of this can negatively influence an individual's sense of wellbeing and recovery in ways that are equal in impact to the physiological or mechanical fix that might come through a biomedical intervention. This section addresses the impact of social and cultural context on health and wellbeing by exploring selected pertinent issues in women's health.

3.1 Movements in women's health

Women need not always keep their mouths shut and their wombs open.

(Emma Goldman, 1916, see Anderson, 1970, p. 62)





Figure 7 Women protesting about reproductive rights: past and present.

Social movements have a history of challenging the dominance of biomedicine and developing their own focus on health issues. An important impact of the work of social movements relates to how they have liberated what people already instinctively know about health and illness and legitimised this lay knowledge as a counter to biomedical opinions and priorities.

For example, one of the ways in which the women's health movement has attempted to gain more control for women over their bodies and their health is by sharing experiences and information about health matters among women. The Boston Women's Health Book Collective, which began in 1969, has been influential in this area. The work of the women in Boston influenced the development of women's healthcare worldwide. Many of the early aims of the women's health movement were to challenge doctors' control over reproductive technology and to claim women's right to control their own bodies and develop self-help groups and feminist education (Doyal and Elston, 1986).

Although these concerns still exist, many women's organisations now focus on disadvantaged groups. The Women's Health and Equality Consortium, for example, has championed the needs of homeless women, migrant women, women with dementia, older women, and girls and young women in health policy. The consortium links these groups with issues such as economic disadvantage, caring roles and gender-based violence (WHEC, 2011), claiming that 'Women are the main "shock absorbers" of poverty of households' (p. 1).

Research can also disadvantage women if it does not accurately represent them. Alice Dan, a researcher who has been writing about women's health since the 1970s, suggested that women's experiences are 'distorted in the research' and that 'Women's lives exist in the gaps between the traditional disciplines' (Dan, 2013, p. 164).

Menstruation and menopause are significant examples of issues tightly bound with the social context, and which can fall between disciplines. Journalist Allison Pearson shared her experience of menopause for the BBC's Woman's Hour. In the next activity, you will hear her account and you will consider how a social model of health could help to change things for the better. You will also read about period poverty, and how this is being addressed in Scotland.

Activity 5 'Women's issues'



Allow about 45 minutes

Watch the following video in which the menopause is discussed. Then complete the activity.

Video content is not available in this format.

Video 2



Bearing in mind the concerns identified by the women's health movement and the 'gaps between disciplines' highlighted by Alice Pearson above, identify issues raised in the video and propose solutions to them from the perspective of the social model, adding your notes to the table below. Don't worry about the practicalities – that is for the policymakers. Simply get your ideas down. This is good practice for developing your skills in academic argument, because to complete the table below you will need to match 'evidence' (or, in this case, the issues raised in personal accounts) with a 'claim' of some sort (in this case, your proposed solution, e.g. 'Health professionals need better education on the menopause').

Rank	Issue	Proposed social model solutions
<i>Provide your answer...</i>	<i>Provide your answer...</i>	<i>Provide your answer...</i>
<i>Provide your answer...</i>	<i>Provide your answer...</i>	<i>Provide your answer...</i>
<i>Provide your answer...</i>	<i>Provide your answer...</i>	<i>Provide your answer...</i>
<i>Provide your answer...</i>	<i>Provide your answer...</i>	<i>Provide your answer...</i>

Provide your answer...

Provide your answer...

Provide your answer...

Provide your answer...

Provide your answer...

Provide your answer...

Discussion

Below is an example of a completed table.

Issue	Proposed social model solutions
Menopause is the butt of jokes.	Menopause needs more recognition and understanding in society generally, and especially in the workplace. Education in schools and workplaces would help. People need access to better information – in workplaces, on the internet, as well as in health centres.
Men's blood is acceptable in films, whereas women's blood is thought to be 'disgusting'.	
A woman can experience discrimination in the workplace because of menopausal symptoms.	
Women are commonly misdiagnosed with depression rather than as going through the menopause.	Health professionals need better education about the menopause.

Part 3

The personal account presented in the video is a good illustration of a women's health issue. However, if you really wanted to make a case for social change, you would clearly need more, and stronger, evidence, to represent the extent of the issue (how many people are affected, and the depth of the personal impact) and perhaps some economic statistics. The article below provides some of these details in relation to period poverty. Read the article and then answer the questions that follow:

[Ending period poverty: Scotland's plan for free menstrual products shatters taboos and leads a global movement.](#)

- What is the estimated average a woman in the United Kingdom will spend on period products in a lifetime?
 - ☐ £890
 - ☐ £4,800
 - ☐ £13,200
 - ☐ £27,300

Discussion

For households on low incomes, this kind of expense will be a heavy burden. For instance, even in a high income country like the United Kingdom, a survey of 1,000 girls and young women (14 to 21 years old) found one in ten were not able to afford period products (Plan International, 2017).

2. What are the cited consequences of period poverty for girls and women? Select all that apply.
- ☐ Using only pads.
 - ☐ Using products like socks and toilet paper.
 - ☐ Using a product for too long.
 - ☐ Using only tampons.

Discussion

Missing physical education lessons and dropping out of sport due to their period for adolescents could be a consequence, but this is also tied up with period stigma.

3. How does advertising maintain the taboo around periods? Select all that apply.
- ☐ They do not portray the pain or the physical discomfort of periods.
 - ☐ They only promote their own products.
 - ☐ They do not provide pricing details.
 - ☐ They conceal realities by using blue liquid instead of blood.

Discussion

Advertisers make the natural processes around menstruation appear pathological (e.g. by having blue liquid masquerade as blood). They also avoid mention of the pain and discomfort associated with periods.

Evidence, including statistics, can be powerful means by which to encourage social change. However, women have skillfully adopted other means by which to raise awareness about the challenges they face. For instance, Rayka Zehtabchi directed an Oscar winning short documentary about women in India fighting the stigma surrounding menstruation. Her 2018 documentary was entitled 'Period. End of Sentence'.

If you are interested in topics related to women's health, why not follow some women's organisations on Twitter, for example:

- [Wellbeing of Women](#)
- [WomensResourceCentre](#)
- [Women and Equalities](#)

If you don't have a Twitter account, you could explore their Twitter feeds instead by clicking on the links provided above.

Over time, the women's health movement became rather fragmented as differences based on race and ethnicity, class, sexuality, gender identity and age emerged. A recent report has highlighted, for example, the health inequalities faced by black and ethnic minority women in the UK, and their particular vulnerability to cuts to public services (Hall

et al., 2017). Despite this fragmentation, women's voices are stronger and more diverse than ever. In essence, women's movements have helped to assert the need for 'lay' knowledge to be taken seriously when considering responses to health-related issues.

Conclusion

Focusing on the subject of women's health is important, as this subject is frequently neglected when discussions occur on the topic of wellbeing more generally. This free course, *Exploring issues in women's health*, has provided an introduction to social model approaches to health and wellbeing as this applies to women, using examples including period poverty and the biomedicalisation of menopause to illustrate key points. The social model approach takes as its starting point not the scientific context of a woman's body, but the social milieu in which she lives.

If you have previously studied courses related to health and wellbeing, you will have already started to explore questions related to the various perspectives in the field; however, this is something you will think about in more depth if you study further at The Open University.

This OpenLearn course is an adapted extract from the Open University course [K219 Critical issues in health and wellbeing](#).

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Acknowledgements

This free course was developed by Mathijs Lucassen based on material written by Anthea Wilson and Sara MacKian. It was first published in June 2019.

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