

CAHN

Caribbean & African Health Network



International Women's Day Event and Womb Health Survey Report

2024

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1 INTRODUCTION

Why focus on Womb health

The uterine and reproductive health journey of Black women, from menstruation to menopause, is fraught with challenges. Nearly 80% of Black women will experience fibroids by age 50, and by age 35, this number rises to 60%. Black women are two to three times more likely to have recurring fibroids or suffer from complications. Often, they are under-diagnosed and under-treated, with fibroids occurring at younger ages and growing to larger sizes, sometimes weighing over 5kg.

Data from the Office for National Statistics (ONS, 2019) reveals that the mortality rate for uterine cancer deaths among Black women is more than twice that of white women, even after accounting for age differences. Conditions like polycystic ovarian syndrome and endometriosis, which are common among Black women, also take much longer to diagnose.

Black women face significant barriers in fertility treatments. They are less likely to be aware of egg freezing options, and when they encounter infertility challenges, the Human Fertilisation and Embryology Authority (HFEA) reports that Black people in the UK are over 25 times less likely to access fertility treatment than white people and 7% less likely to be successful. Additionally, Black women are 43% more likely to have a miscarriage and are four times more likely to die from pregnancy-related causes.

The CAHN Greater Manchester Survey on Black women's experiences with womb health-related disorders shows that Black women have poor lived experiences across provider services, which is linked to their intersecting identities and subsequent unfair access to services. To truly understand the womb health experiences of Black women from menstruation to menopause, there needs to be a thorough exploration of their lived experiences. This exploration should lead to findings that will help improve the health and wellbeing of Black women in Greater Manchester.

Aim

The aim of International Women's day event was to embolden Black women with a comprehensive focus on womb health issues, fostering economic prosperity, and igniting synergistic collaboration with esteemed Black led organisations on International Women's Day 2024.

Objectives:

- To improve women's reproductive health and well-being.
- To increase awareness and education on womb health issues.
- To promote economic empowerment and financial independence for women.
- To enhance access to healthcare and support services for women.
- To foster community and collaboration among women for shared prosperity.

Health topics:

- Infertility
- Fibroids
- Endometriosis
- Polycystic Ovary Syndrome
- Menopause
- Cervical Cancer & Lifestyle Factors
- Egg Freezing and Infertility
- Menstrual Cycles
- Menstrual Cycles

Target Audience: All professionals, employers, commissioners and all communities (men, women and children).

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THE PLANNING GROUP

We had a great opportunity to plan and collaborate with women-led organisations such as Women Worth, MGTY, Cancer Care Diaspora, Afrocats, Nigerian Women Group, and Ministry of Angels for this year's event. Weekly planning meetings were held between January to March 2024, which allowed for concentration on planning key actions for the events.

Attendance

Total Attendees: approximately 300 individuals attended the event, including CAHN staff and volunteers. Refreshments were also provided at no cost to all attendees.

Programme Schedule

The event was organized into three segments:

Conference and workshop:	13:00hrs - 16:30hrs
Networking dinner:	16:30hrs - 18.00 hrs
Celebration of women:	18.00 hrs - 20:30hrs

For the full programme please see appendix A



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HIGHLIGHTS OF THE EVENT

The event compere was Dr. Vanessa Apea - Consultant physician in Genito-urinary and HIV medicine at Barts Health NHS Trust and an Honorary Senior Lecturer at Queen Mary University.

Dr Vanessa has been instrumental in CAHN Health Hours as a regular host and steering group member and overall support for the work CAHN undertakes around health inequalities. Dr Vanessa is driving change around Black Women's health in the development of a National Black Women's Health Manifesto.

Speakers, community performers and groups were present at this year's event.

Guest speakers:

- Dr. Aziza Sesay, General Practitioner and Educator
- Dr. Edmond Edi-Osagie, Consultant Gynaecologist and Reproductive Medicine
- Jackie Driver OBE, Strategic Lead: Equality and Inclusion
- Sara Todd, Chief Executive, Trafford City Council
- Professor Erimna Bell MBE DL - Community Peace Activist
- Mark Adlestone (CAHN Patron & Chairman of Beaverbrooks)
- Mayor Delores (Mayor of Trafford)
- Dr. Loretta Oduware Ogboro-Okor - Consultant Obstetrician and Gynecologist.
- DL/High Sheriff and rep of the Lord Lieutenant Liz Mary Walker

Presentations:

- Womb Health Womb Health and overall life quality by Dr. Aziza Consultant Obstetrician & Gynecologist
- Shattering the Stigma of female Infertility, Hormonal Imbalance and PCOS - Insights, Challenges, and Hope
- Dr. Loretta Oduware Ogboro-Okor - Consultant Obstetrician and Gynecologist.
- Greater Manchester Women's health strategic forum
- Importance of Intersectional Voices - Jackie Driver OB
- Strategic Lead: Equality and Inclusion
- Infertility - Lived Experience - Dr Itunu Johnson
Sogbetun General Practitioner (Consultant in Family Medicine)
- Egg freezing and infertility
- Edmond Edi-Osagie, Consultant Gynaecologist and Reproductive Medicine
- Understanding Cervical Cancer, and lifestyle factors
- Miss Joanna Abiola - Consultant Obstetrician and Gynaecologist

Response to Interim Survey Findings - Greater Manchester ICB

A GM Women's Health Strategy perspective by Jackie Driver - Equalities and Inclusion Involvement Lead, NHS Greater Manchester

IWD Partner Performances:

- Magdalen Afrocats
- African Dancer
- Jet Black
- Across Umah (Drama)
- Nigerian Women Groups (Dancing and Drumming)
- Cancer Care Diaspora

Welcome Address

Dr. Faye Ruddock, DL- Chair, CAHN



Dr. Faye Ruddock DL, on behalf of the Caribbean & African Health Network (CAHN) and its partners, welcomed attendees to the International Women's Day (IWD) #Inspire Inclusion IWD2024, event.

This two-part event explores uterine/womb health, including menopause, and its challenges for Black women, Part 1, and featured cultural and lively entertainment celebrating women in Part 2.

Dr. Ruddock noted that in 2023, CAHN collaborated with the Nigerian Women's group and Women of Worth to highlight Black women's menopause experiences and this year, emphasized CAHN's alignment with the IWD theme #inspire inclusion, focusing on valuing, belonging, and empowering Black women, through an expansion of partnerships with six organizations dedicated to education and celebration.

She emphasized that the voices of marginalized communities are often overlooked in health care priority setting, calling for a grassroots movement to address and act on health disparities. She highlighted the specific challenges Black women face in womb health due to systemic bias and racism and mentioned the interim survey findings to be presented at the event. Dr. Faye highlighted the significance of the Greater Manchester Women's Health Strategy and expressed her privilege in being part of the decision-making process. However, she stressed that merely having a seat at the table and being heard is insufficient; there must be investment and action to meet the needs of Black women and improve their health outcome.

Further, Dr. Ruddock thanked the speakers and surveyed participants, noting that findings will contribute to the Greater Manchester Women's Forum, and the National Black Health Manifesto for improvement, and encouraged participation in the evening's cultural celebration. Finally, she concluded by expressing gratitude to all partners and ensured a commitment to ongoing collaboration.



Keynote Address

Dr. Aziza Sesay

General Practitioner - NHS



Dr. Aziza Sesay, a NHS General Practitioner, delivered a powerful keynote presentation on the topic of "Disparities in Womb Health and Overall Quality of Life," in celebration of International Women's Day. Dr. Sesay began by emphasizing the importance of this day as a global platform to address critical issues affecting women's health and well-being.

She highlighted the significant disparities that exist in womb health across different demographics, emphasizing that socioeconomic status, race, and geographic location are major determinants of the quality-of-care women receive. She provided compelling statistics showing that women from lower-income backgrounds and ethnic minorities are disproportionately affected by conditions such as fibroids, endometriosis, and reproductive cancers. These disparities, she explained, often result from a combination of limited access to healthcare, inadequate medical resources, and implicit biases within the healthcare system.

She also discussed the broader impact of womb health on overall quality of life, noting that chronic conditions related to womb health can lead to severe physical pain, emotional distress, and significant financial burdens. Moreover, the stigma and lack of awareness surrounding these conditions further exacerbate the challenges faced by affected women.

Dr. Sesay called for increased public education and awareness campaigns to destigmatize womb health issues and encourage women to seek timely medical attention.

In her address, she also advocated for policy changes to ensure equitable access to healthcare for all women, urging that healthcare providers adopt a more holistic and inclusive approach to women's health, including consideration of the diverse backgrounds and unique needs of each patient.

By doing so, she argued, we can work towards closing the gap in health disparities and improve the quality of life for all women.



Dr. Sakinat Baiyewu

Head of Health & Wellbeing (CAHN)



Interim findings of the survey on womb health challenges among Black women.

Interim findings from the survey presented by Dr. Sakinat Baiyewu, Head of Health & Wellbeing at CAHN, revealed critical insights into the experiences and impacts of uterine fibroids and other womb health challenges among Black women.

The survey, aimed at understanding the social, emotional, and psychological effects of these health issues, garnered responses from over one hundred participants.

Key findings highlighted significant delays in diagnosis and inadequate treatment. One respondent, for example, reported experiencing symptoms from age 14 and had over 20 consultations and 10 scans before receiving a diagnosis. Another attendee shared that despite being diagnosed four years ago, she is still awaiting surgery as her condition is worsening.

Most respondents, over 55%, indicated their conditions were not managed in a timely manner, while 58.5% expressed dissatisfaction with the quality of care. Additionally, 71.7% felt health information was not tailored to their needs as Black women.

Many participants reported feeling their symptoms were trivialized or misunderstood by healthcare professionals.

Dr. Baiyewu emphasized the urgent need for policy changes and better education for healthcare providers to address these disparities. She called for the inclusion of Black women's lived experiences in healthcare strategies to ensure equitable and effective care, advocating for immediate action to improve the quality of womb health care for Black women.



Dr. Loretta Oduware Ogboro-okor

(Consultant Obstetrician and Gynecologist)



Consultant Obstetrician and Gynecologist, Dr. Loretta Ogboro Okora, delivered a compelling address on "Shattering the Stigma of Fibroids/Endometriosis and PCOS: Insights, Challenges, and Hope."

She began by highlighting the pervasive stigma surrounding fibroids, endometriosis, and polycystic ovary syndrome (PCOS), conditions that affect a significant number of women

worldwide; emphasizing that these conditions are often misunderstood and underdiagnosed, leading to unnecessary suffering and delayed treatment.

Dr. Loretta further shared insights into the biological and environmental factors that contribute to these conditions, noting that fibroids and endometriosis can severely impact a woman's quality of life, causing chronic pain, heavy menstrual bleeding, and fertility issues.

Similarly, PCOS is associated with symptoms such as irregular periods, excessive hair growth, and metabolic problems. Dr. Loretta further underscored the importance of early diagnosis and comprehensive treatment plans tailored to individual needs.

Addressing the challenges, Dr. Loretta pointed out that many women face significant barriers in accessing quality healthcare, including cultural stigmas and lack of awareness among healthcare providers, and called for increased education and advocacy to dismantle these barriers and improve patient outcomes.

Concluding on a hopeful note, Dr. Loretta highlighted recent advancements in medical research and treatment options, encouraging continued efforts to support affected women. She urged the medical community to prioritize empathetic care and work collectively towards shattering the stigma, ensuring that all women receive the support and treatment they deserve.



Jackie Driver OBE

Strategic Lead: Equality and Inclusion

NHS Greater Manchester Integrated Care



Jackie, a key advocate for equity and inclusion, accurately emphasized the importance of early intersectional voices influencing how services are designed and implemented. Throughout the presentation she highlighted the ongoing work towards equity in Greater Manchester and how an intersectional approach is crucial in all initiatives.

There was a clear drive towards strategic investment to ensure that Women's Health is given the prioritisation it requires. She provided a good insight into the work currently taking place to integrate care boards and a women's health strategy with a focus on increasing involvement and collaboration in ongoing initiatives.

Throughout the talk she gave a detailed overview into several disparities including gender and disabled people recognising that despite women in the UK living longer than men they experience a significant period of ill health (often from chronic conditions like mental health, heart disease) and disability. Jackie went on to address intersectionality in the healthcare strategy that considers the compounding impact of racism, disability, and other forms of discrimination.

In her presentation it was evident that collaboration with partners in housing, transport, police, and criminal justice sectors is underway and being built into the women's health strategy. Not only was there a focus upon addressing women's health by working with cross-sector agencies, but there was also a shifting financial strategy for community engagement that involves collaboration with voluntary, community, and system partners.

Continuing with the disparities in women's health there was an acknowledgement of the impact of economic childcare and gender inequality. Embedded in the strategy is the impact of childcare on employment and it was good to see how GM collaborate with organisations like Women's Alliance which ensures access to housing for disadvantaged groups and other agencies like Pregnant and Screwed that reveals 54,000 mothers annually lose jobs due to childcare issues, costing employers £65 billion.

Jackie in her talk rightly supported the prevalence of womb health challenges and spoke about their aim to learn from events like CAHN IWD and incorporate this knowledge into strategies for better women's healthcare.



Dr Itunu Johnson-Sogbetun

General Practitioner

(Consultant in Family Medicine)



Dr Itunu Johnson-Sogbetun shared a moving lived experience encountered as someone that straddles the medical field but also must experience the NHS as a patient and gave her perspective.

Dr Itunu spoke about her lived experience of loss of her twin babies at 23 weeks and emphasized how much the culturally competent game matters. She spoke about the night when she was attended too by a Nigerian consultant who treated her like a sister and the difference it made when she suspected she was going to lose her babies. Going through her scenario which involved a lot of distress resulting in infections, sepsis and other complications, Dr Itunu wanted to share how important the level of support was to get her through her ordeal. She said, "it was such a huge ordeal because in our culture, (especially Nigerians) pregnancies are seen as such a huge thing that people aspire to have". She spoke about the likelihood of further miscarriages but stressed how having a culturally competent team helped her get to the end of her next pregnancy and result in a healthy baby boy.



Dr Edi-Osagie - Edmond Edi-Osagie,

Consultant Gynaecologist and Reproductive
Medicine



Dr Edi- Osagie presented a gripping talk about Egg Freezing, egg donation Infertility and menopause awareness.

Through this presentation he emphasised the importance of knowledge and empowerment.

Edi-Osagie provided a brief overview of fertility issues highlighting the body's efficient design, particularly focusing on the reproductive system.

He spoke about factors affecting female fertility which include - healthy sperm production as necessary for fertilization - The female reproductive system and the numerous factors throughout a woman's life that can influence fertility.

An in-depth overview of the Female Reproductive Biology: Egg Supply and Menopause was provided with details of the woman's egg supply established at birth, with an estimated 7 million eggs initially. He spoke about this number decreases significantly by the time a woman reaches reproductive age, to half a million.

Dr Edi-Osagie touched on - Menopause the end of natural fertility. Menopause onset and vitality decline in West African Women often experience menopause approximately 3 years earlier than white women. In addition, there is a significant decline in vitality which occurs about 10 years prior to menopause. What was particularly of concern was the fertility decline and miscarriage risk.

Dr Edi-Osagie talked about the egg number decrease with age in correlating with reduced fertility but that our miscarriage rates increase significantly after age 35. He mentioned fertility trends in the African population, noting higher rates at younger ages and a steeper decline compared to other groups.

Further disparities in Fertility Treatment Success Rates were shared and again highlighted a significant decline in fertility is often observed in some individuals before seeking treatment - African women show a 30% lower chance of successful fertility treatment compared to others. Dr Osagie said that further research was needed to understand the reasons for these differences and to find solutions.

The presentation went onto discuss egg donation disparities in the UK and how using donor eggs increases pregnancy chances compared to using one's own eggs, especially as age increases.

There is a significant disparity that exists in the UK regarding egg donation, with only 3% of donors being of Black origin in 2018. This highlights a considerable gap between the demand for and supply of donor eggs within the African Caribbean community.

Dr Osagie ended his presentation with a call to action and said that addressing healthcare disparities in the African Community is a must. He said there is a need to increase awareness and advocacy as solutions to improve access to healthcare fertility services.

Miss Joanna Abiola

Consultant Obstetrician and Gynaecologist.



Examples cited reference a longitudinal study on risk factors - A study in an American city tracked 1070 participants over 11 years. The research investigated the development of a specific health issue, noting correlations with housing characteristics and other unidentified factors. Ongoing research continues to explore contributing factors and refine understanding of the issue.

Hair care, energy, and genetic predisposition have led to alternative hair care methods being suggested over chemical treatments again to reduce the risk of cancer.

Miss Abiola noted the correlation between family history and bowel cancer risk, highlighting the importance of genetic testing. She ended her presentation with some key prevention messages to help people reduce their risk and engage with screening.

Miss Joanna gave a much-needed presentation on ovarian development and described it as a lesser-known area. The focus of her presentation was on cancer risk factors and prevention and highlighted certain factors that increase the risk of developing cancer. A lot of evidence-based information was provided which emphasised the importance of maintaining a healthy lifestyle and avoiding excessive sugar intake which can reduce cancer risk. She spoke about specific medications and underlying conditions that can also contribute to increased cancer risk.

Miss Abiola highlighted studies that show a correlation between specific syndromes and increased risks of diabetes and cancer. There was also recent evidence regarding hair relaxers that have led to increasing uterine health risks.



The International Women's Day event held on the theme of "Womb Health and Wealth" brought together a diverse group of participants in breakout room sessions to discuss various aspects of women's health, particularly related to womb health, fertility, cultural perceptions, and the healthcare system.

5.1 Methodological approach

The discussions ranged from lived experiences of menopause, fertility challenges, and the cultural nuances of health practices, to the critical importance of education, advocacy, and awareness in the management of womb-related health issues.

There was a breakout session discussion where attendees self-assigned themselves to one of the topic areas below. Each group was facilitated by an expert in the topic area supported by a CAHN member of staff, volunteer or IWD women's group partner.

A summary of the six breakout sessions

- Lived experience and health challenges.
- Cultural and structural awareness.
- Nutrition and Womb Health.
- Stigma and support.
- Navigating healthcare systems
- Black Women's Health Manifesto

A series of focus group questions were initiated:

- What would you like to see in a Black Women's Health Manifesto
- Food and womb health, does it matter what we eat?
- Infertility/PCOS: Is there a cultural and faith aspect?
- Navigating fibroids in a bias system – do barriers exist.
- Experiences/ menstrual health/Period pains/heavy periods – are there disparities.
- Findings and analysis from the Breakout sessions

5.2 Thematic Analysis & Findings

The thematic analysis that emerged from these discussions include

- 1) Cultural and Structural Awareness, (Experiences/ menstrual health/Period pains/heavy periods.
- 2) Nutrition and Womb Health
- 3) Stigma and Support (Infertility/PCOS: cultural pressure and faith).
- 4) Navigating Healthcare Systems (manifesto, fibroid in a bias system).

BREAKOUT SESSION 1

Lived Experience and Health Challenges (Menopause led by founder of Black menopause).

From the session one group focused on the lived experiences of menopause and its associated challenges. Themes of physical discomfort, social stigma, and medical neglect were discussed at length. Key issues included:

- **Menstrual Irregularities and Medical Neglect:**

Participants highlighted personal experiences of irregular periods (e.g., periods occurring twice a month), painful smears, and a general lack of understanding from healthcare professionals, especially regarding Black women's health. These women expressed frustration over being labelled as "difficult" by medical professionals when questioning or advocating for themselves.

- **Endometriosis and Misdiagnosis:**

The discussion also covered experiences with endometriosis, with participants noting that misdiagnosis and delayed treatment often compounded health challenges. There was also mention of the traumatic experiences related to C-sections and the subsequent complications, including endometriosis, which were inadequately addressed by medical practitioners.

- **Healthcare Biases and Discomfort:**

A particularly poignant observation was the lack of comfort many participants felt when receiving care from white medical staff, with some stating that Black medical staff were often more empathetic and understanding of their conditions.

The overarching theme here was the struggle for recognition and validation in healthcare spaces, as well as the need for more tailored, culturally competent care.

BREAKOUT SESSION 2

Cultural and Structural Awareness

A critical element of these discussions focused on the intersection of cultural factors and healthcare awareness. The second breakout session, titled 'The Black Women's Health Manifesto,' explored ways to address the health challenges faced by Black women. The themes that emerged from this session were

- **Language and Terminology:**

There was a clear emphasis on the importance of using appropriate language when discussing health. The use of accurate, culturally aware terminology was seen as essential to combat unconscious biases and stereotypes that often influence healthcare treatment.

- **Advocacy and Online Resources:**

Many participants expressed the need for greater advocacy for Black women's health, especially by way of online resources, platforms such as health hour, and community spaces. The availability of health information in accessible formats (e.g., WhatsApp voice notes, focus groups) was seen as key to empowering women to understand and manage their health effectively.

- **Unconscious Bias and Stigma:**

A pervasive issue discussed was the stigma attached to Black women's health, particularly regarding conditions like endometriosis, fibroids, and infertility. The need to address unconscious bias in healthcare settings and ensure culturally competent care was strongly emphasised.

BREAKOUT SESSION 3

Nutrition and Womb Health

The vital role nutrition plays in womb health. Themes included:

• **Diet and Intentional Eating:**

Participants stressed the importance of being intentional about what one eats, noting that womb health begins with dietary choices. Rainbow foods, rich in a variety of colours (fruits and vegetables), were recommended to ensure a wide range of vitamins and nutrients. Fibre-rich foods were highlighted for their ability to reduce unhealthy bacteria in the colon.

• **Holistic Health:**

Participants spoke about the interconnectedness of womb health with gut health and mental well-being, citing the importance of drinking a lot of water, managing mental stress, and maintaining a healthy gut to improve overall health outcomes.

• **Microorganisms and their Impact:**

The session also touched on the types of microorganisms in the body, categorising them into pathogenic, opportunistic, and metabolites. Understanding these interactions and their effects on womb health was considered crucial for making informed health decisions.

The theme of holistic care emerged here, where the emphasis was not just on womb health but on how diet and lifestyle factors, such as hydration and mental health, collectively contribute to women's well-being.

BREAKOUT SESSION 4

Stigma and Support

This session addressed infertility, polycystic ovarian syndrome (PCOS), faith and the cultural pressures faced by women, particularly those with black identities. Key themes included:

• **Cultural Stigma around Infertility:**

There was a strong sense of shame associated with conditions like PCOS and infertility, particularly within cultural and faith-based contexts. Issues such as delayed pregnancy, perceived masculinity due to facial hair, and the societal pressure to have children at a specific age were discussed in depth.

• **Need for Support Networks:**

Participants emphasised the need for support groups where women could freely discuss their struggles without judgment. There was a shared understanding that accessing support—whether emotional or practical; was essential for navigating fertility challenges.

• **Faith and Medical Care:**

For some, faith-based beliefs interfered with seeking medical support for conditions like infertility, with an expectation that prayer alone would resolve health issues. This created a barrier to both self-advocacy and medical treatment.

• **Empowerment through Knowledge and Connection:**

Connecting with other women facing similar struggles and being educated by medical professionals were seen as key to breaking down feelings of isolation and shame.

BREAKOUT SESSION 5

Navigating Healthcare Systems (fibroid in a bias system)

The session, Navigating Fibroids in a Bias System, dealt with how Black women experience healthcare systems, especially in relation to conditions like fibroids. Key themes included:

• Education and Awareness:

A significant gap in education and awareness regarding conditions like fibroids, their symptoms, and available treatments was identified. Participants stressed the need for community-led education, particularly through platforms like community radios, youth-focus groups, and healthcare leaflets.

• Barrier-Breaking and Advocacy:

The theme of speaking up and advocating for one's health was central. Participants expressed the need to push for second opinions, personalised treatment options, and persistence when seeking care.

• Cultural Competence and Sensitivity:

There was a call for mandatory cultural sensitivity training for healthcare professionals as well as personalised healthcare plans that consider a patient's specific needs, background, and experiences.

• Access to Resources:

Creating directories of support groups and increasing the visibility of health fairs and other community-driven initiatives were suggested as ways to improve accessibility to resources for marginalised groups.

BREAKOUT SESSION 6

Black Women's Health Manifesto

1. Addressing Health Inequalities

Ensure equitable access to healthcare services, tackling systemic racism and unconscious bias in medical settings.

Improve maternal health outcomes by addressing the disproportionate rates of Black maternal mortality and complications.

Increase representation of Black women in clinical trials, medical research, and decision-making roles in healthcare.

2. Mental Health & Wellbeing

Provide culturally competent mental health services tailored to the experiences of Black women, including trauma-informed care.

Tackle stigma around mental health in Black communities through targeted awareness campaigns and community engagement.

Expand access to free or affordable therapy and counselling services, especially for those facing financial barriers.

3. Womb & Reproductive Health

Prioritise funding for research on conditions disproportionately affecting Black women, such as fibroids, endometriosis, and PCOS.

Mandate workplace policies that support menstrual health, menopause, and reproductive wellbeing, including paid leave for severe period pain.

Improve education on reproductive health from an early age, ensuring culturally relevant information is provided.

4. Access to Preventative Care & Screenings

Increase awareness and uptake of cancer screenings (breast, cervical, and ovarian) within Black communities.

Ensure targeted outreach campaigns to improve engagement in routine health check-ups.

Improve GP training to recognise and address the unique health concerns of Black women, reducing misdiagnosis rates.

5. Black Women's Voices in Healthcare Policy

Establish dedicated Black Women's Health Advisory Groups to influence NHS policies and public health initiatives.

Ensure Black-led organisations are funded to deliver health programmes tailored to the community's needs.

Advocate for the mandatory inclusion of Black health disparities in medical training curricula.

6. Workplace Health & Maternity Rights

Strengthen legal protections for Black women experiencing pregnancy and maternity discrimination in the workplace.

Encourage employers to introduce Employee Assistance Programmes (EAP) that include culturally competent support.

Ensure workplace policies accommodate Black women's health needs, such as flexible working for those managing chronic illnesses.

7. Community-Led Health Initiatives

Increase funding for grassroots organisations providing culturally sensitive health education and support services.

Develop safe spaces for Black women to discuss health issues without stigma, including peer support groups.

Launch mentorship and advocacy programmes to empower Black women to take control of their health and demand better care.

8. Tackling the Impact of Racism on Health

Recognise and address the impact of racial trauma on physical and mental health through specific healthcare interventions.

Hold medical professionals accountable for racial disparities in treatment outcomes through policy enforcement.

Challenge stereotypes and biases that contribute to Black women's pain and symptoms being dismissed in medical settings.

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PROPOSED NEXT STEPS FROM THE EVENT

- Continue survey on Black women's womb health experiences and analyse the data
- Develop a Black Women's Health Manifesto to be presented to policymakers and NHS leadership
- Build findings from IWD and survey into the Greater Manchester Women's Health Strategy and any other system wide actions
- Encourage Black women to participate in healthcare governance and advocacy at local and national levels

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CONCLUSION

The event emphasised the importance of education, advocacy, cultural sensitivity, and holistic care. It became clear that for women to experience true health and wealth in relation to their wombs, there must be a multi-faceted approach that includes education, community engagement, tailored medical care, and societal change. Addressing these issues will require both individual empowerment and systemic reform to ensure that all women, particularly those from marginalised backgrounds, have access to the care, support, and knowledge they deserve.

INTERNATIONALS WOMENS DAY 2024 PROGRAMME SCHEDULE
8TH MARCH PART 1 - 1PM TO 4:30PM

Start Time	Activity	Facilitator
14:30	Registration/ Networking and visiting stalls/refreshments	
	Welcome and house-keeping Introduction of the event	Dr Vanessa Apea Consultant Physician in Sexual Health and HIV Medicine
	Welcome address/introduction of partners	Dr Faye Ruddock DL Chair, CAHN
	Welcome to Trafford	Mayor of Trafford Councillor Dolores O'Sullivan
	Keynote Presentation - Disparities in womb health and overall quality of life	Dr Aziza Sesay NHS GP,
	Interim findings from the survey	Dr. Sakinat Baiyewu Head of Health & Wellbeing, CAHN
	Lived experiences sharing (FGM)	Mariatu Sesay
	Greater Manchester Women's health strategic forum – Importance of Intersectional Voices	Jackie Driver OBE Associate Director, Equality and Inclusion NHS Greater Manchester
	Wake up shake up/Dance	Magdalen Bartlett, CEO, Founder Afrocats
	Keynote Presentation: Shattering the Stigma of Fibroids/Endometriosis PCOS - Insights, Challenges, and Hope"	Dr Loretta Ogboro Okora - Consultant in Obstetrician and Gynaecologist
	Performance	Yesizewe Arts productions
14:45	Breakout sessions:	Facilitating partners and medics
	<ol style="list-style-type: none"> 1. Lived experience - Menopause and its challenges. 2. Black Women's health manifesto 3. Food and womb health 4. Infertility/PCOS: cultural pressure and faith 5. Navigating fibroid in a bias system 6. Experiences/ menstrual health/ Period pains/heavy periods 	Black women in menopause Women of Worth/Manchester Got Talent Youth Nigerian Women's group, Cancer care Diaspora, Afrocats Across Ummah
15:30	BREAK	
	Keynote Presentation: Egg freezing and infertility	Dr Edi-Osagie - Consultant Gynaecological Surgeon in Reproductive Medicine
	Infertility – Lived Experience	Dr Itunu Johnson-Sogbetun General Practitioner (Consultant in Family Medicine)

Keynote Presentation: Understanding Cancer, and lifestyle factors	Miss Joanna Abiola - Consultant Cervical Obstetrician and Gynaecologist
Panel Discussion and questions from audience	Keynote Presenters
Closing remarks End part 1	Fabiola Bayavuge - Strategic Lead: Population Health, CAHN

SESSION 2 - 18:00 TO 20:30HRS

	Activity	Facilitator
18:00	African Woman Welcome and House Keeping	Video Dr Vanessa Apea Consultant Physician in Sexual Health and HIV Medicine
	Partners opening remarks Summary of part One	Charles Kwaku-Odoi DL Chief Executive, CAHN
	Welcome Address	Liz Mary Walker High Sheriff and representative of the Lord Lieutenant
	Performance	Jet Black Dancers
	Speech	Mark Adlestone Chairman of Beaverbrooks the Jewellers & Patron of CAHN
	Performance/Dance	Across Umah (Drama)
	Empowerment and motivational talk	Dr Loretta Ogboro Okora - Consultant in Obstetrician and Gynaecologist & Motivational speaker
	Speech	Sara Saleh - Deputy Chief Executive & Corporate Director of Strategy & Resources, Trafford City Council
	Dance	Cancer Care Diaspora
	Speech	Professor Erimna Bell DL Peace councillor
19:35	Performance	CAHN
	Partners presentations	All partners
	Speech	Sara Saleh - Deputy Chief Executive & Corporate Director of Strategy & Resources, Trafford City Council
	Performance	Nigerian women's group
	Speech	Shane Ryan Writer, advisor, advocate, strategist, 21st century consultant, Senior Advisor@ The National Lottery Community Fund
	Let's all dance and jubilate	Sharlene Sangster MTGY DJ Faidat
	Closing remarks and vote of thanks	Dr Faye Ruddock DL, Chair CAHN
20:30	Close	

9

PART 2

Findings of the Womb Health Survey

9.1. Abstract

This report presents findings of a study on common womb health problems faced by Caribbean and African women living in the UK. The study was carried out by the Caribbean & African Health Network (CAHN) between February and May 2024. Surveys and group discussions were used to better understand the experiences of 179 Caribbean and African women. Findings suggest that women's womb health are impacted by multiple conditions. Among these include infertility, fibroids, endometriosis, polycystic ovary syndrome, uterine prolapse, painful periods and pre- menstrual syndrome, and menopause.

Recommendations for improvement centre on the need for better and more urgent screening based on listening to Black women early, the creation of support networks, the promotion of self-advocacy, training around cultural competency, and engagement in further research.

6.2. Introduction

Disorders of the womb (uterus) are problems that affect its health and proper functioning. Common among these include a Prolapsed uterus, Fibroids, Endometriosis, Polycystic Ovary Syndrome (PCOS), Adenomyosis, Menorrhagia (symptoms of heavy bleeding) and Menopause. In addition to causing some women pain and discomfort, these conditions often result in infertility.

Black women are subject to disparities in their reproductive and sexual health and overall uterine health. To name a few uterine health disparities here the evidence found in the CAHN survey and that evidenced in

published papers highlight that although Black women are less likely than white women and Asian women to be diagnosed with endometriosis (Farland and Horne, 2019), in relation to uterine fibroids, Black women are three times more likely to develop this condition. They also have higher rates of diagnoses at an earlier age, have the larger fibroids, along with incidences of more debilitating and frequent symptoms (Jeffries et al, 2024). While affecting every 1 in 10 women in the United Kingdom, PCOS (a hormonal disorder that can cause irregular menstrual cycles, cysts on the ovaries, and other health issues such as insulin resistance and increased risk of type II diabetes) disproportionately affects women from Black backgrounds.

In March 2024, as part of the International Women's Day, The Caribbean & African Health Network hosted the 'Womb Health and Wealth Event. The event afforded the opportunity to plan and collaborate with women-owned with a focus on womb health issues. While the event aimed to provide Black women with a comprehensive focus on womb health issues, events were especially organised to:

- Improve women's reproductive health and well-being.
- Increase awareness and education on womb health issues.
- Promote economic empowerment and financial independence for women.
- Enhance access to healthcare and support services for women.
- Foster community and collaboration among women for shared prosperity.

Among the topics covered in the event included:

- Infertility
- Fibroids
- Endometriosis
- Polycystic Ovary Syndrome
- Menopause

A pre and post event survey was administered, the findings of which were triangulated with feedback provided from the breakout sessions. All findings are represented under key findings in this report, the aim of which is to report on some of the factors that impact womb health, among the Caribbean & African population. This has been expressed in the following aim of this report.

Aim:

To understand better, some of the factors that impact womb health, among Caribbean & African women in the UK.

9.3. Research Question

1. Among Caribbean & African women what common womb health issues are experienced, and equally, among varied demographics?
2. What common challenges do women face in obtaining an early diagnosis and timely treatment?
3. What opportunities are available for women to source assistance for womb health concerns?
4. In what ways can care for womb health issues be improved, with specific reference to diagnosis and treatment options?

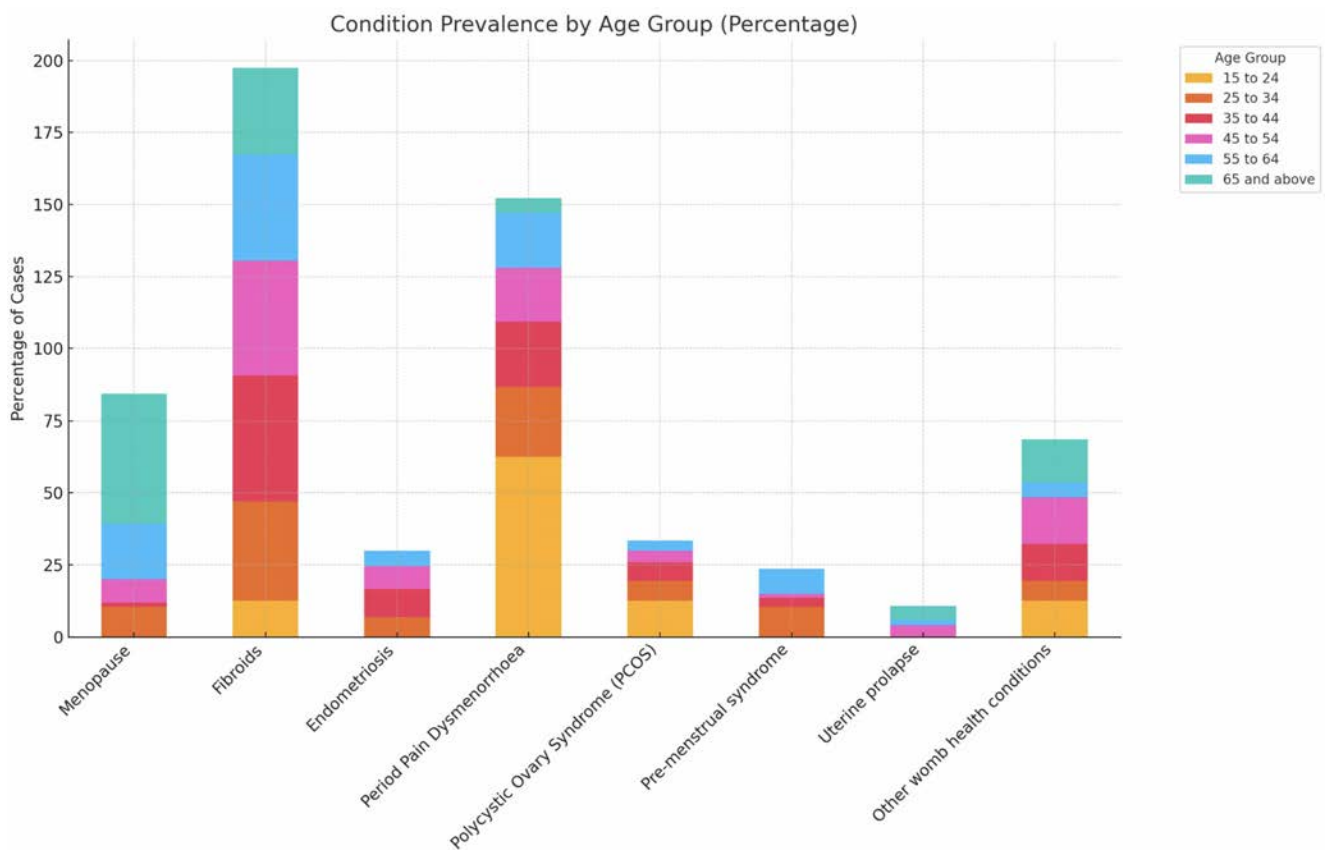
9.4. Methodology

The study employed a multi-methods approach. Quantitative surveys were administered on the JISC platform between March and December 2024, while qualitative focus group discussions (FGDs) were held with a sub-group of these participants in March 2024. Findings of the survey and FGD are reported below.

9.5. Key Findings

9.5.1 Who is affected by womb health issues?

- **Age and Menopause:** As women get older, they are more likely to experience menopause or menopausal symptoms. For every year a woman ages, the chances of experiencing menopausal symptoms more than doubled.
- **Age and Period Pain:** On the other hand, as women get older, they are less likely to have painful periods (dysmenorrhea). For every increase in age, the likelihood of having period pain decreased by 22%.
- **Age is Key:** When considering both age and ethnic background, a woman's age is the most important factor in whether she experiences womb health problems.
- **Older Women and Menopause:** Women aged 65 and older were much more likely to report menopausal symptoms.
- **Fibroids and Age:** Women between 35 and 64 years old had a significantly higher chance of being diagnosed with fibroids.
- **Younger Women and Period Pain:** Women aged 65 and older were much less likely to have painful periods than younger women.
- **Ethnicity and Fibroids:** Black Caribbean women were almost twice as likely to be diagnosed with fibroids compared to Black African women.
- **Ethnicity and Premenstrual Syndrome (PMS):** Mixed (white and black) Caribbean women were ten times more likely to be diagnosed with PMS than Black African women.
- **Ethnicity and Miscarriage:** Black Caribbean women were up to 8-9 times more likely to have had a miscarriage compared to Black African women.
- **Ethnicity and Infertility:** Mixed (black and white) African women were ten times more likely to have infertility issues compared to Black African women.
- **Age and Multiple Conditions:** As women age, they were more likely to be diagnosed with more than one womb health condition. Women in their mid-50s to mid-60s were most likely to have multiple conditions.

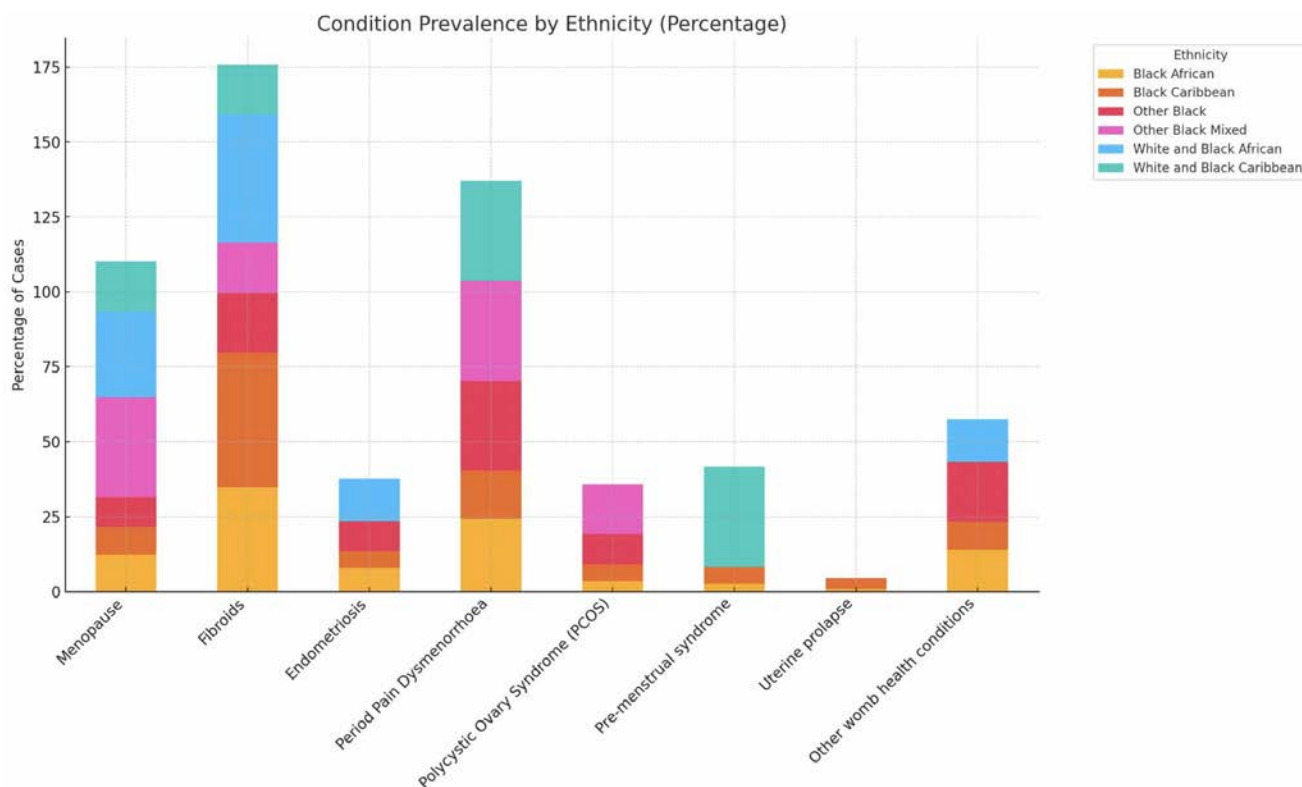


9.5.2. Challenges to early diagnosis and treatment

- **Medical Neglect:** Many women felt their concerns were dismissed by healthcare providers. They reported issues like irregular periods and painful smear tests not being taken seriously. Some felt labelled as "difficult" when they asked questions or advocated for themselves.
- **Misdiagnosis and Delays:** Getting the wrong diagnosis or experiencing delays in treatment made health problems worse for many women. Some women shared experiences of complications after C-sections, like endometriosis, that weren't properly addressed due to misdiagnosis or delays.
- **Lack of Empathy:** Some women felt a lack of comfort and empathy, particularly from white medical staff. They felt that Black medical staff were often more understanding.
- **Bias and Stigma:** Many women faced stigma and unconscious bias from healthcare workers, especially regarding conditions like endometriosis, fibroids, and infertility.
- **Cultural Stigma:** Some women felt shame about conditions like PCOS and infertility within their communities and faith groups. Issues like delayed pregnancy and societal pressure to have children were significant concerns.
- **Faith Healing:** Some women relied on faith healing instead of seeking medical help, creating a barrier to getting proper care.

9.5.3. Health-seeking behaviour

- **Second Opinions:** Most women in the study did not seek a second opinion about their diagnosis or treatment. However, when considering women who had been diagnosed with fibroids in particular, those who felt they were taken seriously by their doctors were less likely to seek a second opinion.
- **Reasons for Second Opinions:** The 25% of women who did seek a second opinion did so for various reasons, including:
 - o Cultural Understanding: Wanting a doctor who understood their cultural background.
 - o Dissatisfaction with Initial Care: Feeling ignored or not listened to by their first doctor.
 - o Alternative Treatment Options: Looking for different treatments, often to avoid surgery.
 - o Delays in Care: Seeking faster care privately due to long waits in the NHS.
 - o Confirming Diagnosis: Wanting to be sure about their diagnosis.
 - o Improvement After Second Opinion: Some women reported better health outcomes after getting a second opinion.



9.6. Recommendations for Improvement

Based on the study, here are some suggestions to improve womb health care for Caribbean and African women:

- **Better Screening:**

- o Improve fibroid screening for women in their mid-30s to mid-60s.
- o Pay extra attention to Black and mixed Caribbean women due to their higher risk of fibroids, PMS, and miscarriages.
- o Investigate infertility among women of mixed African heritage.
- o Encourage womb health screening for women in their mid-50s to mid-60s.

- **Further Research:**

- o Study the broader social factors affecting womb health in these communities.
- o Conduct larger studies on womb health among Caribbean and African women in the UK.
- o Look at different ethnic subgroups separately to understand their unique needs better.

- **Support Networks:** Create support groups where women can discuss their challenges without judgment.

- **Education:**

- o Educate women in support groups about womb health issues.
- o Provide online resources in accessible formats (e.g., WhatsApp voice notes, focus groups).
- o Organize community-led education through platforms like community radios, youth groups, and health fairs.

- **Self-Advocacy:** Encourage women to speak up for themselves, seek second opinions, and push for personalized treatment.

- **Cultural Competency Training:** Train healthcare workers to be more culturally sensitive and aware of their unconscious biases.

- **Nutrition and Womb Health:**

- o Emphasize the importance of a healthy diet, including plenty of fruits and vegetables (rainbow foods).
- o Promote holistic health, including gut health and mental well-being.
- o Educate women about the role of microorganisms in the body and their impact on womb health.

CONCLUSION

The findings from the qualitative breakout sessions in Part 1 and the quantitative survey in Part 2 both highlight the significant work needed to improve the uterine health experiences of Black Caribbean and African women in Greater Manchester. To effectively address these concerns, a deeper analysis focusing on specific issues like fibroids is essential. This effort will necessitate collaboration with healthcare system leaders, policymakers, researchers, and providers across both primary and secondary care in Greater Manchester and beyond.

9.7. References

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