

Equality Impact Assessment for Women's Health Plan: Phase Two

January 2026

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Title of policy: Women's Health Plan: Phase Two

Summary of aims and desired outcomes of Policy: This policy is a revised set of actions building on the 2021-2023 [Women's Health Plan](#). The overarching aims and policy ambition of the Women's Health Plan remain.

This second phase includes additional areas of health that women have told us need focus – in particular: gynaecology, eliminating cervical cancer, women's pelvic floor health and how we optimise future health to ensure women enjoy more years of healthy life.

Directorate: Directorate for Chief Medical Officer

Division: Chief Medical Officer Policy Division

Team: Women's Health Plan

Executive summary

Women and girls experience various health needs and risks during their lives which are not the same as those of men. This may relate to starting and managing periods, choosing contraception, accessing abortion services, planning for pregnancy, managing pelvic floor health, managing menopause symptoms and the manifestation of chronic conditions such as heart disease. We know women are more likely to experience osteoporosis and dementia, and therefore need specific support and information to manage their health and wellbeing in their later years.

Taking an intersectional lens, the Plan aims to address the inequalities that affect the health of all women and girls in Scotland. Phase Two includes cross-cutting actions focussing on data, information provision, research, awareness raising and innovation alongside specific actions relating to different areas of women's health including gynaecology, cervical cancer, menopause, menstrual health, heart health, bone health and brain health.

Background

The aim of the Plan is to improve health outcomes and health services for all women and girls. Acknowledging that a range of biological and social factors impact women's health, the Plan sets out how the Scottish Government intends to reduce inequalities in health outcomes affecting women.

The Scope of the EQIA

Under the Equality Act 2010 (Scotland) public authorities must carry out an Equalities Impact Assessment (EQIA) as well as a general duty for listed public authorities to promote equality by advancing equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good community relations between persons' who share a protected characteristic and those who do not. To achieve this, the Scottish Government promotes a mainstreaming approach to equality to ensure that the impact of policies, programmes and legislation on groups of people who share a protected characteristic are assessed by all areas and at all levels.

This policy will primarily impact women and girls, and has the potential to affect all women in Scotland across their life course. However, the benefits of reducing health inequalities has the potential to directly and indirectly impact everyone in Scotland.

The Women's Health Plan aims to take an intersectional approach, recognising that many women and girls in Scotland will face multiple inequalities and barriers to accessing good healthcare. These factors include the named protected characteristics in the Equality Act, and extend beyond, including: income, education, geography, culture and more. People experience different combinations of these

factors, which has implications for the health inequalities that they are likely to experience.

While, for this purposes of this EQIA, each protected characteristic is presented separately it is acknowledged that women and girls often face multiple and/or interdependent inequalities. We hope that by taking an intersectional, holistic and life course approach in the development of this plan, inequalities experienced by women and girls will be better understood, addressed and reduced.

Approach

The Women's Health Plan: Phase Two is an update to an existing policy. As such, this EQIA will focus on what has changed for women and girls in Scotland since the publication of the Women's Health Plan in 2021.

Officials reviewed a number of recent and relevant reports and research papers. A list of the key resources and reports which have informed this plan can be found at Annex A.

Two reports are of particular importance to highlight:

- A 'Review of the Data Landscape' that sets out some of the routinely published data on women's health currently available in Scotland and highlights key gaps.
- A Women's experiences of discrimination and the impact on health: research report, published in 2023, as part of the implementation of the 2021-23 Women's Health Plan. This two-phase research project was carried out to build an evidence base on women's health inequalities in Scotland. The findings in this project have contributed to the evidence base on women's health inequalities, discrimination and young women through an in-depth exploration of women in Scotland's intersectional experience.

Additionally, to ensure the views and experiences of women and girls were central to Phase Two, the Scottish Government commissioned 5 third sector organisations to carry out focus groups with the specific aim of hearing from women and girls who are often not heard from in the policy making process. This targeted approach was taken to ensure we heard from those with a diverse range of views and experiences. Focus groups were held by:

- Age Scotland
- British Heart Foundation Scotland
- Council of Ethnic Minority of Voluntary Organisations (CEMVO)
- Simon Community Scotland
- The Young Women's Movement

A full summary report detailing findings from these focus groups is published alongside the Plan.

Key Findings

Age

The focus groups heard from women of all ages to inform development of these actions. Girls aged 12 onwards to women up to their 90s were engaged with through targeted focus groups facilitated by the Young Women's Movement and Age Scotland, as these young girls and older women are less often represented.

We know that:

- 12 is the average age at which a woman has her first period¹.
- The average age at which a woman will reach menopause is 51².
- In Scotland, 359,313 women are of menopausal age, between 45 to 54 years.³
- In Scotland, life expectancy for women is 80.8, compared to 76.8 for men.⁴
- The number of older people in the UK workforce has reached record levels in recent years, making it essential for employers to retain the skills and experience of this demographic to stay competitive and mitigate skills and labour shortages.⁵ In Scotland, over a third (33.38%) of the female workforce is over 50.⁶
- The number of people aged 50 and older who suffer hip fractures has increased by just over 25% between 2017 and 2023. More than twice as many women are admitted into hospitals for hip fractures than men.⁷
- Women account for the majority of hip fracture patients in Scotland.⁸ In 2023 the Scottish Hip Fracture Audit (SHFA) found that socio-economically deprived patients suffer hip fractures 5.6 years earlier than the least deprived patients, which may impact overall life expectancy.⁹

Phase Two includes a greater focus on the needs of older women. This includes actions to support women's pelvic floor health, brain health, bone health and how we optimise future health to ensure women enjoy more years of healthy life. We know women are more likely than men to experience osteoporosis and dementia and

¹ NHS (2023), [Starting your period](#)

² British Menopause Society (2022), [What is the menopause](#)

³ NRS (2024), [Mid-2023 population estimates Scotland](#),

⁴ National Records of Scotland (hereafter NRS) (2024), [Life Expectancy in Scotland 2021-2023](#),

⁵ UK Government (2024), [Shattering the Silence about Menopause: 12-Month Progress Report](#)

⁶ Nomis (2023), [Annual population survey – regional – labour market by age](#)

⁷ Public Health Scotland (2024), [Scottish Hip Fracture Audit Report 2024](#).

⁸ PHS, [SFHA Report 2024](#).

⁹ Ibid., p. 417.

therefore need specific support and information to manage their health and wellbeing in their later years.

In addition through our lived experience engagement, girls and young women consistently asked for more support and education to understand their health, particularly menstrual health. A specific action has been included in Phase Two in response to this. We will review, update and promote the Women's Health content on RSHP.scot to help girls and young women better understand their health, and know where and how to access help and support as well as developing new, more detailed educational resources on menstrual health and periods, to augment the RSHP.scot offer.

Disability

There is limited data available regarding disabled women in Scotland and understanding of disabled women's experiences is limited, particularly women with a learning disability.

We do know that:

- Disabled women in the UK make up 20% of women of reproductive age¹⁰
- On average, the life expectancy of women with a learning disability is 23 years shorter than for women in the general population¹¹.

In the 2023 Scottish Government commissioned report titled '[Women's experiences of discrimination and the impact on health](#)', a focus group participant described how structural discrimination affects her access to women's health services. She spoke of being unable to get onto the table for a smear test, with "lack of thought" about her access to such appointments. This participant no longer attends women's health appointments because of the ableism she experienced. The specific needs of disabled women will be a consideration in the implementation of this Plan, particularly regarding access to cervical screening and gynaecology service transformation.

Through our lived experience engagement women told us they would like more support to live well and optimise their health for the future. We know the prevalence of disability is strongly correlated with age, increasing from 11% among children to 23% for working-age adults and 45% for adults over State Pension age across the UK.^{12d} Specific actions have been included within the Plan to support women throughout the life course, for example: NHS Boards will maximise the use of women's health 'touchpoints' – for example smear tests - to promote future health,

¹⁰ [Report reveals maternity care inequities for disabled women in the UK | LSHTM](#)

¹¹ MENCAP (2023), [Learning Disability - Health Inequalities Research](#)

¹² House of Commons Library, [UK disability statistics: Prevalence and life experiences](#) (2024)

staying well and preventative options to women by building on existing work to deliver holistic women's health care.

Sex

Women and girls experience various health needs and risks during their lives which are not the same as those of men. This may relate to starting and managing periods, choosing contraception, accessing abortion services, planning for pregnancy, managing pelvic floor health, managing menopause symptoms and the manifestation of chronic conditions such as heart disease. We know women are more likely than men to experience osteoporosis and dementia, and therefore need specific support and information to manage their health and wellbeing in their later years.

Sex-based disparities are evident across Scotland's health and social data. Women make up 51.4% of the population.

The '[Review of the Data Landscape](#)¹³' notes that:

- Women have a higher healthy life expectancy than men but because they live longer, they spend more time in poor health compared with their male counterparts.
- Women are consistently experiencing a greater burden of mental health issues than men.
- Anxiety amongst young women is more than double that of their male counterparts.
- Alzheimer's disease and dementia are the leading causes of death in women and breast cancer is the most common cancer for women.
- Women are more likely to be living with chronic pain compared with men.
- Women are less likely to be physically active than men and almost two thirds of adult women are overweight or obese.
- Women in Scotland lose 11,574 years of health due to falls, compared to 10,925 for men¹⁴.

Gynaecology waiting lists in Scotland have grown by 193% since the pandemic began in February 2020¹⁵. Gynaecology is the only single-sex specialty. With approximately 10% of women and girls of reproductive age worldwide affected by endometriosis, it represents a significant global public health concern.¹⁶

¹³ [Women's Health Plan: Review of the Data Landscape](#)

¹⁴ Public Health Scotland (2021), '[Scottish Burden of Disease Study](#)'

¹⁵ Royal College of Obstetricians and Gynaecologists (2024), '[Waiting for a Way Forward](#)'

¹⁶ Josep Darbà and Alicia Marsà. '[Economic Implications of Endometriosis: A Review](#)', *Pharmaco Economics*, Vol. 40, No. 12 (2022), pp. 1143-1158.

A 2024 report published by the NHS Confederation identified that the economic cost of absenteeism due to gynaecological conditions is estimated to be nearly £11 billion per annum. It found that for every £1 of investment in obstetrics and gynaecology services per woman in England, there is an estimated return on investment of £11.314. The report found that if an additional £1 per woman in England were invested in these services, the economy could benefit from an additional £319 million in total gross value added (GVA). While this report focussed on NHS services in England, Northern Ireland and Wales, findings from the report are pertinent to the situation in Scotland¹⁷.

Women are disproportionately impacted by caring responsibilities. In 2023–24, 73% of all carers were female, and 80% of working-age carers were women.¹⁸ Women typically begin caregiving responsibilities at age 45, 12 years earlier than men. Women are also more likely to be victims of domestic abuse, with 83% of incidents involving a female victim and male perpetrator.¹⁹

The primary purpose of the Women's Health Plan, and Phase Two, is to reduce health inequalities for women and girls in Scotland.

Gender Reassignment

There is limited evidence on the experiences of transgender people in Scotland. Many surveys and data sources do not include questions on a person's trans status or provide a non-binary response to the sex/gender question.

We recognise that there are specific barriers faced by trans, intersex and non-binary people in accessing health services.

Transgender and non-binary individuals in Scotland face substantial health and social inequalities. Discrimination and negative experiences with healthcare providers are prevalent. Over half of non-binary people reported that their GP did not understand their needs, and 40% of trans people described negative or harmful encounters in medical settings, including being ignored or subjected to inappropriate questions.²⁰ These barriers often lead to avoidance of essential healthcare and reports indicate that these delays lead to severe mental health issues, including heightened anxiety and depression.²¹

The Women's Health Plan makes clear that some transgender men, non-binary people, and intersex people or people with variations in sex characteristics may also

¹⁷ [Women's health economics: investing in the 51 per cent | NHS Confederation](#)

¹⁸ [Information on Unpaid Carers - Carers Census, Scotland, 2023-24 - gov.scot](#)

¹⁹ [Domestic Abuse Statistics | Scottish Women's Aid](#)

²⁰ [Chapter 2: Non-Binary Equality and Protected Characteristics - Non-binary equality action plan: equality impact assessment - gov.scot](#) [Trans Report 2024 digital](#)

²¹ [EHRC - Healthy Fact Sheet](#)

experience menstrual cycles, pregnancy, endometriosis and the menopause and require access to gynaecology and reproductive health services.

Healthcare services should be inclusive and responsive to the individual and clinical needs of all.

Pregnancy and Maternity

There were 44,383 maternities (a pregnancy ending in a live or stillbirth) recorded in Scotland in 2025 compared to 44,714 in 2022/23. The known upward trend in maternal age continued. In around a quarter of maternities, women were aged 35 years or older²².

The Scottish Government remains committed to continuous improvement in maternity services to ensure that all women and their babies receive the best possible care. There are a number of pieces of work in this area, focused on continuous improvement in experiences and outcomes for women, their babies and their families.

Specifically, the Women's Health Plan adopts a life course approach, emphasising the importance of identifying opportunities to prevent disease and promote health at key stages of life from pre-pregnancy through pregnancy. Pregnancy is a key opportunity to support women and improve health.

Phase Two includes specific actions to support improvement in preconception health.

Sexual Orientation

Public Health Scotland reports that there is evidence that lesbian, gay, bisexual, transgender and intersex (LGBTI) people are particularly at risk of negative sexual health outcomes such as STIs and unintended pregnancies. There is also evidence of low uptake of, or late access to services, and that stigma and discrimination is experienced by LGBTI people in Scotland²³.

Race

Scotland's population is becoming increasingly ethnically diverse. In the 2022 Census, 87.1% of the population identified as white, while 12.9% were from a minority ethnic background. This represents a significant increase in ethnic diversity, doubling from 4% in 2011.²⁴ Despite this, within the social care system,

²² [Births in Scotland - Year ending 31 March 2024 - Births in Scotland - Publications - Public Health Scotland](#)

²³ [Overview - Sexual health and health inequalities - Sexual health - Conditions and diseases - Population health - Public Health Scotland](#)

²⁴ [Scotland's Census](#)

approximately 98% of people receiving social care in 2022-2023 were of white ethnicity.²⁵

Health inequalities between different ethnic groups exist. Ethnic minority populations experience higher rates of conditions such as diabetes and cardiovascular disease and were disproportionately affected by COVID-19 mortality.²⁶

A study on the burden of poor reproductive health found that 10.5% of women reported polycystic ovary syndrome, with 8.8% reporting endometriosis. Participants from minority ethnic groups were more likely to report heavy and/or very painful periods²⁷. It is estimated that, by the age of 50 years, 80% of Black women and nearly 70% for white women will have had fibroids²⁸.

Recommendations and Conclusion

The Women's Health Plan, and Phase Two, have been informed by a broad range of evidence on health inequalities in Scotland, including disparities experienced by individuals and communities across various protected characteristics. All actions included within the Plan ultimately are included to reduce health inequalities for women and girls.

The intersectional needs of women and girls will be central in the implementation of Phase Two of the Women's Health Plan. We will continue to work closely with the Health and Social Care Alliance and Lived Experience Group to ensure the lived experience of women and girls is a central consideration in how these actions are delivered.

Shaping Policy and Monitoring

This EQIA is an ongoing process and this remains a working document covering the development and implementation of the Women's Health Plan policy and subsequent Phases.

²⁵ [PHS Support provided or funded by health and social care partnerships in Scotland 2022/23](#)

²⁶ [PHS Health Inequalities](#)

²⁷ Palmer, M.J., McCarthy, O.L. and French, R.S. (2025), [The Burden of Poor Reproductive Health in England: Results From a Cross-Sectional Survey](#). BJOG, 132: 2052-2063.

²⁸ [Prevalence | Background information | Fibroids | CKS | NICE](#)



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