



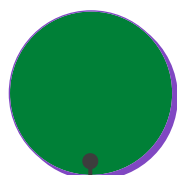
Health and Wellbeing



Women's Regional
Consortium

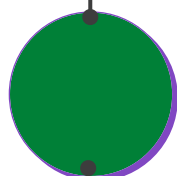
Quarterly Zine
Quarter 4
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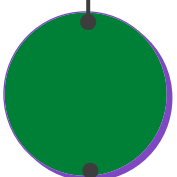
Women's Resource and Development Agency

Get informed about Cervical cancer



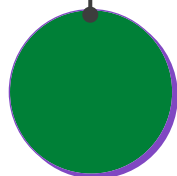
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January



CERVICAL CANCER AWARENESS MONTH



GET INFORMED ABOUT CERVICAL CANCER

By Megan McClure Botha | Communications and
Membership Worker, WRDA

The 23rd – 29th January is Cervical Cancer Prevention Week. Cervical cancer is most treatable when it is caught early so it is important to know the symptoms of cervical cancer and to attend for screening when called.

Cervical screening aims to prevent cervical cancers by detecting early precancerous changes in the cells that line the cervix. Women aged 25-49 should be called for a smear test every 3 years and women aged 50-64 should be called every 5 years.

Be aware of the symptoms associated with cervical cancer:

Leg swelling

Back ache

Pain or bleeding after sex

Abnormal vaginal discharge

Bloody stools

Dizziness, fatigue

unexpected weight loss

abdominal pain



If you are experiencing any of the symptoms of cervical cancer don't wait until your next scheduled screening, book an appointment with your GP. Cervical cancer often has no symptoms in the early stages and so it is vitally important to attend for screening when invited.

Cervical Cancer Myths:

- **Lesbians can't get it**
- **Post menopausal women don't need to worry**
- **If you've had the vaccine you don't need to go to screening**

All False!

There are many myths surrounding cervical cancer so it is important to be informed.

There is a common misconception that if you have had the Human Papilloma Virus (HPV) vaccine you don't need to go for screening, this is false. The HPV vaccine, which is now routinely offered to pupils aged 12-13 years protects against only two of the 'high risk' types of Human Papilloma Virus. It doesn't protect against those caused by other 'high risk' types of the virus, or against Human Papilloma virus infections you may have picked up before you were vaccinated.

The myth that lesbian and bisexual women don't need to worry about cervical cancer is false. Human Papilloma Virus spreads by intimate skin-to-skin contact. Lesbian and bisexual women can get infected with the virus and develop cervical cancer.

Post-menopausal women are still at risk of developing cervical cancer. Anyone with a cervix can get cervical cancer. Routine screening is offered between the ages of 25 and 64. If you are over 64 you can call your GP to make a screening appointment but you will not be called routinely.

Before taking part in WRDA's Breast, Cervical and Bowel Cancer Screening Awareness programme only 69% of women surveyed understood what their cervical smear test result meant. This increased to 99% after the programme.

WRDA's groundbreaking Breast, Cervical and Bowel Screening Awareness programme was developed to tackle the low uptake of screening invitations by women living in some areas of NI. The programme is delivered by Community Facilitators who have completed our accredited Level 3 Certificate in Learning and Development. The programme consists of three sessions and aims to raise awareness of the screening available, encourage participants to attend for screening and explores and addresses any fears surrounding the screening process.

The programme can also be tailored to meet the requirements of groups with additional needs such as sight impairment, learning disability and speakers of other languages. The programme is available free for community groups, if you would like to find out more call the office on 028 9023 0212.



MAS PROJECT: REDUCING STIGMA, PROVIDING SUPPORT AND VALUING LIVED EXPERIENCE

By Clare Anderson | MAS Project Coordinator, WRDA

The visibility of the Maternal Advocacy & Support Project (Mas) helps to reduce stigma in maternal mental health. There has been a lack of statutory and community support services specific to maternal mental health in Northern Ireland. This is improving with the set up of perinatal mental health specialist teams for women experiencing a severe perinatal mental health problem. However, community funded peer support is also essential for women who are mild/ moderate and for women who have been discharged from the specialist service after one year. Supporting women to share experiences in a non- judgmental space provides acceptance and a feeling of not being alone. Women attending Mas have reported an improvement in their emotional wellbeing and many have expressed a sense of belonging to the Mas group and wider project.

The visibility of maternal mental health peer support helps to reduce barriers to seeking help and indicates that it is okay to talk about your mental health. The additional support available within the women's centre also provides progression routes into other wellbeing courses, family support, accredited learning and complimentary therapies.

The lived experience and advocacy aspect of the project provides women with the opportunity to be heard and to tell their stories. We continue our campaign for a mother and baby unit in Northern Ireland. Women on the project are passionate about creating this change so that mums who are severely unwell and need hospital admission aren't forced to be separated from their babies. We know that the health service is under extreme pressure but we believe that this is an essential women's healthcare priority. The women have also developed a wishlist for change and designed the Mas Matter flyer for healthcare professionals.

The women's centres have always provided support, acceptance and opportunities for women in communities.

The Maternal Advocacy and Support Project has been even more essential during the covid 19 pandemic when women experienced increased isolation and had limited access to GP and health visitor support. Research by the maternal mental health alliance found that the pandemic had disproportionately impacted women and had posed mental health challenges for women in pregnancy and early motherhood.

The women's centres have always provided support, acceptance and opportunities for women in communities. The necessity of this support came to a different level with increasing levels of societal anxiety and other social supports closed off as lock-downs reduced access to family and friend support for new mums. The additional stress of a lack of

social housing has also been a prevalent issue raised by women across the project, impacting further on mental health. As the restrictions have been relaxed, new mums are faced with the cost of living crisis. Many Mas project participants have expressed concern about not having enough to manage and having a heat or eat dilemma. It is important to acknowledge the impact that poverty and financial concerns can have on mental health as highlighted by the Mental Health Foundation in their report 'Mental Health and the Cost of Living Crisis: another pandemic in the making?' One of the recommendations is that funding is provided for community social networks that are likely to help, reinforcing the need for long-term statutory funding for the Mas project.

Women attending Mas have been able to access support, receive lunch, make friends and benefit from a wide range of wellbeing workshops including crafts, life-coaching, mindfulness. Aware NI, our project partner have also delivered Mood Matters, Living Life to the Full and Mindfulness across the 8 centres. The project is currently developing the Mas group leader programme as we train women to deliver peer support groups across the centres.

The Mas project is an essential peer support, advocacy and campaigns project that highlights women's lived experience with the purpose of improving services in the future. Peer support, connection, hope, opportunities and training all contribute to good health and wellbeing. Mas is a project that values and is shaped, guided, led by women with lived experience and sends out the message irrefutably that 'Mas Matter'



Women's Centre Derry
ACCESS & EMPOWERMENT

WHAT'S THE COST OF GOOD MENTAL HEALTH

By Rayna Downey | Women's Centre Derry

It's no coincidence that mental health issues and poverty go hand in hand, when you are financially challenged in almost every area of your life then this will impact on your mental health. We have heard this time and time again from every woman that we have spoken to throughout the last 5 years.

It's almost impossible to have good mental health when you are struggling to provide the most basic essentials such as food, heat and electricity. Austerity has left these women in very a precarious situation without access to money these women feel hopeless, they feel under pressure to provide for their families and exhaust themselves both mentally and emotionally trying to sort out something that they have not created.

The 7 pillars to Self-Care are mental, emotional, physical, environmental, spiritual, recreational, and social. A well-balanced self-care routine involves each of these, so avoid restricting yourself to just one or two pillars.

The stigma of mental health is still very prevalent. Most women feel like they shouldn't talk about it because it shows outsiders that they cannot cope, its embarrassing for them that they are struggling. More and more families are using Foodbanks, Community Pantry's and Charity groups because they simply cannot afford to live.

Women in employment are feeling the same effects. Classed as the Working Poor, by the time they pay their essential bills they have no money left for food, hygiene items, petrol etc. This is not due to the fact that they can't budget their money, its because the government is failing them in every conceivable way.

Good mental health requires basic principles such as having a warm home, healthy diet, self-care routine and positive thinking, this is almost impossible when you have no financial stability or extra income. We can't keep expecting people to be O.K when everything is not O.K.

We can't keep expecting people to be O.K when everything is not O.K.

The Women's Regional Consortium is fighting every battle we can to help support women. Every community group involved with the Consortium is working tirelessly to provide support from employment, education, childcare, food, clothing, hygiene items etc; as well as working on various government strategies to ensure that these women have a voice and that the hardship being inflicted on them is recognised.



POVERTY CAUSES GENDERED HEALTH IMPACTS

By Megan McClure Botha | WRC

Poverty is a gendered issue. Our research has found that women are the 'shock absorbers' of poverty both for their families and government budgets. Research by the House of Commons Library shows that 86% of the savings to the Treasury through tax and benefit changes since 2010 will have come from women. In total, the analysis estimates that the cuts will have cost women a total of £79bn since 2010, against £13bn for men. It shows that, by 2020, men will have borne just 14% of the total burden of welfare cuts, compared with 86% for women.

The cumulative impacts of Austerity, the pandemic, and the cost of living crisis have devastated women's finances but also our health. Financial Conduct Authority Covid survey data looking at anxiety levels by gender shows that levels of stress due to negative changes in financial situation were higher among women compared to men (22% compared with 19%) and were generally higher on all measures for women. Evidence from a new report published by the Mental Health Foundation found that the cost of living crisis is causing a paradox. The behaviours which help us defend our mental health, such as maintaining connections with friends and family through social activities, are the same behaviours that we are being forced to cut to try and make ends meet.

Money problems and poor health are often linked. There is a strong relationship between debt and health as debt problems can lead to a deterioration in physical and mental health and health problems can be a trigger for increasing debt. Research by the Health Foundation shows that 20% of people in problems debt report 'bad' or 'very bad' health compared with 7% not in problem debt. One in two adults with debts has a mental health problem. For women the link between poverty and ill health is compounded by other intersecting oppressions such as gendered discrimination in health services access.

Research by Maya Dusenbery for her book, *Doing Harm: The Truth About How Bad Medicine and Lazy Science Leave Women Dismissed, Misdiagnosed, and Sick* found that women (and low income patients) wait longer for a diagnosis. This will doubly impact women during a cost of living crisis.

The legacy of the conflict means getting into debt can make women vulnerable to paramilitary lenders which has impacts on them and their families which exacerbates the link between debt and mental ill health. Advice NI believes that illegal lending is prevalent in Northern Ireland however it remains a hidden issue due to the underlying fear and secrecy surrounding this type of credit. Their research on behalf of the Consumer Council showed that clients who accessed illegal lending were vulnerable. Many suffered from poor health, including mental health and/or addiction issues and for most lack of access to credit, low income or benefit dependency caused them to turn to illegal lending. It was also evident from Advice NI research that there was a strong link between paramilitaries and illegal money lending. This brings an additional layer of secrecy, fear and intimidation.

Case Study from Women Living with Debt WRC Research

I live with my partner and our three children. I have a 7-year-old, a 2-year-old and a lockdown baby. I was working part-time as a waitress for 16 hours/week but I lost my job due to Covid as the business closed down. I applied for Universal Credit and got an Advance Payment to get me through the five-week wait. It was eight weeks by the time I got my first payment. I got an Advance Payment of £900 it lasted me about three weeks. I had to borrow off my parents and use a credit card for groceries and clothes for the kids.

I really noticed the loss of the £20 uplift, it paid for my gas and electric and really helped but now I'm really struggling with those bills. I struggle to pay the gas and electric and have to borrow off my family. My mum, brother and grandma are good about lending me money. I normally try and pay it back but if I'm really stuck they might let me off. The social supermarket helps me too.

I wasn't able to pay anything off my credit card bill, I was missing payments and the interest was going on. I just wasn't able to pay it off at all. Then my partner got a tax rebate and that meant we were able to pay it off. If he hadn't got that the debt would have went on and on for years as I would never have been able to repay it. If Covid hadn't hit, I wouldn't have had to borrow. I would never get another credit card again.

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Health and Wellbeing



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