

# WOMEN'S HEALTH & WELLBEING SURVEY

## How to submit your survey responses:

- Complete the survey online at [gov.je/womenshealth](https://gov.je/womenshealth)
- Alternatively, you can print, fill in, and post this paper survey to the following address:  
*Public Health Intelligence  
Strategic Policy, Planning and Performance  
Cabinet Office  
Government of Jersey  
19-21 Broad Street  
St Helier  
Jersey, JE2 3RR*
- Responses must be submitted no later than 21<sup>st</sup> May 2024

## Introduction

The Minister for Health and Social Services is undertaking a review of the health and wellbeing needs of women and girls in Jersey to help inform the development of services that support women and girls to live longer and healthier lives.

The Minister has launched this public consultation to understand:

- the factors that women and girls feel affect their health and wellbeing
- the extent to which their health and wellbeing needs are met
- any barriers they face in accessing health and wellbeing services
- the areas women and girls want prioritised for improvement

The consultation seeks input from all Islanders. You can respond:

- 1) based on your own experiences as a woman / girl in Jersey
- 2) on behalf of a specific woman / girl you know or care for, based on their experiences
- 3) based on your experiences of women / girls in Jersey in general

If you wish to provide a professional or organisational view, please contact [jsna@gov.je](mailto:jsna@gov.je)

The findings of this consultation will be published and will inform a Joint Strategic Needs Assessment (JSNA) on women's health and wellbeing in Jersey.

*For the purposes of this consultation the terms ‘women’ and ‘girls’ are used inclusively to apply to anyone who identifies as a woman or girl, irrespective of whether they have undergone gender reassignment or are transgender.*

## **Completing the survey**

The survey should take approximately 15 minutes to complete. It begins with some demographic questions which will help us to analyse the results. It then asks for views on a range of topics related to health and wellbeing.

Responses must be submitted no later than 21<sup>st</sup> May 2024. Please answer as openly and honestly as possible. There are no right or wrong answers to our questions, we are simply looking to hear your views and experiences.

At the end of the survey, you will be given the opportunity to let us know if you want to take part in follow-up focus group discussions or interviews to talk about your responses in more detail. You do not have to provide your details if you do not want to.

**Important:** Do not include any personally identifying information in your free text responses.

## **Consultation on contraceptive services in Jersey**

The Minister for Health and Social Services has also launched a separate consultation on contraceptive services in Jersey. You can choose to give your views on contraceptive services in Jersey at the end of this survey. The additional questions for the consultation on contraception will take approximately 5 minutes to complete.

## **Data Protection**

Your responses will be treated confidentially and in line with Jersey’s data protection legislation. Any comments you provide will remain anonymous. Learn more about how we handle personal data for this consultation here:

[gov.je/PublicHealthPrivacy](https://gov.je/PublicHealthPrivacy)

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**1. Do you give permission for your comments to be published in relevant reports?** Any quotes published would be anonymised.

Yes  No

*For information on how we handle personal data for this consultation visit:*

[gov.je/PublicHealthPrivacy](https://gov.je/PublicHealthPrivacy)

**About you:** We ask these questions to help us analyse the results of the survey.

**2. What is your sex?** (answer this question about yourself, even if you are responding to the survey based on the experience of a woman/girl you know).

Female  Male  Prefer not to say

**3. Is your gender the same as the sex you were registered at birth?**

Yes  No  Prefer not to say

#### 4. Are you responding to this survey based on:

- your own experiences as a woman / girl in Jersey
- your experiences of women / girls in general in Jersey → go to Q45 (pg 18)
- the experiences of a specific woman / girl you know or care for in Jersey → go to Q25 (pg 10)
- your experiences as a professional or organisation with views on women / girls in Jersey → instead of completing survey, contact [jsna@gov.je](mailto:jsna@gov.je)

#### 5. What age-group are you in?

- Under 13\* → end survey
- 20 to 24
- 45 to 54
- 75 to 84
- 13 to 15
- 25 to 34
- 55 to 64
- 85 and over
- 16 to 19
- 35 to 44
- 65 to 74
- Prefer not to say

\*you must be aged 13 or older to take part in this survey.

#### 6. Which of these describes your status for housing and work?

- Not applicable - I do not live in Jersey
- Entitled (*someone who has lived in Jersey for 10 years or more, can work for any employer, and can rent or buy any property*)
- Entitled for work (*someone who has lived in Jersey for 5 consecutive years immediately before status is granted, or is married to or the civil partner of someone who is 'entitled', 'entitled to work' or 'licensed'. They can work for any employer, but buying and renting property is restricted*)
- Licensed (*someone whose employer has a licence to employ them as an essential worker – can rent or buy any property*)
- Registered (someone who does not qualify under the other categories)
- Don't know
- Prefer not to say

#### 7. What is your cultural and ethnic background? Select one option which best describes your ethnic group or background.

##### White:

- Jersey
- Polish
- British
- Portuguese / Madeiran
- Irish
- Romanian
- French
- South African

##### Black, Black British, Black Jersey:

- African
- Caribbean

##### Mixed:

- Asian and Black
- White and Asian
- Black and White

##### Asian, Asian British or Asian Jersey:

- Indian
- Chinese
- Thai

##### Other:

- Prefer not to say
- Other (please specify):

Do not include any personally identifying information

**8. Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?**

Yes  No  Prefer not to say

**If yes and you're happy to share, please specify. OPTIONAL**

*Do not include any personally identifying information*

**9. Which of the following best describes your current employment status?**

Select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Working one job full-time           | <input type="checkbox"/> Looking after home and / or family                         |
| <input type="checkbox"/> Working one job part-time           | <input type="checkbox"/> Retired  |
| <input type="checkbox"/> Working more than one full-time job | <input type="checkbox"/> Unable to work because of long-term sickness or disability |
| <input type="checkbox"/> Working more than one part-time job | <input type="checkbox"/> Unemployed   |
| <input type="checkbox"/> School or studying full-time        | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> School or studying part-time        | <input type="checkbox"/> Other (please specify):                                    |

*Do not include any personally identifying information*

**10. Are you a parent? Select all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> No, I do not have any children → go to Q12         | <input type="checkbox"/> Yes, to one or more children over 18 years old |
| <input type="checkbox"/> Yes, to one or more children aged 0 – 3 years old  | <input type="checkbox"/> Prefer not to say → go to Q12                  |
| <input type="checkbox"/> Yes, to one or more children aged 4 – 17 years old |   |

**11. Are you a single parent or do you co-parent?**

- |  |  |
|--|--|
| <input type="checkbox"/> Yes, single parent (i.e. the only parent raising one or more children)  | <input type="checkbox"/> No                |
| <input type="checkbox"/> Yes, co-parent (i.e. sharing duties of raising one or more children with the other parent, but do not live with them) | <input type="checkbox"/> Prefer not to say |

Other (please specify):

*Do not include any personally identifying information*

**12. Are you currently a carer? A carer is anyone who cares, unpaid, for a family member, partner or friend who due to illness, frailty, disability, a mental health problem or an addiction, cannot cope without their support.**

Yes  No  Prefer not to say

**This next section will ask you about your physical health, mental health, and general wellbeing.**

Physical Health refers to the condition of the body, encompassing fitness, nutrition, and the absence of illness or injury.

Mental Health refers to the state of one's mind, encompassing emotional and psychological aspects that affect thoughts, feelings, and behaviours.

Wellbeing refers to the more general state of being comfortable, healthy, or happy, encompassing various aspects of life satisfaction and fulfilment.

**13. In general, how would you describe the following aspects of your health?**

	Very poor	Poor	Fair	Good	Very good	Prefer not to say
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. As a woman or girl in Jersey, to what extent do you agree or disagree that your following needs are met?**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
Physical health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbeing needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15. Briefly outline the reason(s) for your answers to the above question, including any examples of what you feel is working well / less well, and if there are any areas where services may be lacking for women and girls in Jersey.**

**OPTIONAL**

**Physical health** **OPTIONAL**

*Do not include any personally identifying information*

### Mental health **OPTIONAL**

*Do not include any personally identifying information*

### Wellbeing **OPTIONAL**

*Do not include any personally identifying information*

**16. Thinking about wider factors that may affect health and wellbeing...  
As a woman or girl in Jersey, which of the following do you feel are most  
beneficial to your health and wellbeing? Select your top 3.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Secure employment               | <input type="checkbox"/> Financial security                            | <input type="checkbox"/> Safety                                  |
| <input type="checkbox"/> Healthcare and support services | <input type="checkbox"/> Balanced diet                                 | <input type="checkbox"/> Hobbies / leisure activities            |
| <input type="checkbox"/> Work-life balance               | <input type="checkbox"/> Environment (i.e. nature, outdoor activities) | <input type="checkbox"/> Physical activity                       |
| <input type="checkbox"/> Being a parent                  | <input type="checkbox"/> Social connections and companionship          | <input type="checkbox"/> Comfortable housing / living conditions |
| <input type="checkbox"/> Religion and culture            | <input type="checkbox"/> Sleep and relaxation                          | <input type="checkbox"/> Don't know                              |
| <input type="checkbox"/> Other (please specify):         |  |  |

*Do not include any personally identifying information*

**17. Again, thinking about wider factors that may affect health and wellbeing...  
As a woman or girl in Jersey, which of the following do you feel are most  
harmful to your health and wellbeing? Select your top 3.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Poor school / work environment   | <input type="checkbox"/> Poor sleep and relaxation             | <input type="checkbox"/> Limited access to transport |
| <input type="checkbox"/> Violence against women and girls | <input type="checkbox"/> Poor housing / living conditions      | <input type="checkbox"/> Environment and pollution   |
| <input type="checkbox"/> Loneliness and social isolation  | <input type="checkbox"/> Physical inactivity                   | <input type="checkbox"/> Discrimination              |
| <input type="checkbox"/> Poor physical health             | <input type="checkbox"/> Parental / childcare responsibilities | <input type="checkbox"/> Financial insecurity        |

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Unemployment        | <input type="checkbox"/> Other caring responsibilities (non-childcare) | <input type="checkbox"/> Poor mental health                       |
| <input type="checkbox"/> Work-related stress | <input type="checkbox"/> Poor diet                                     | <input type="checkbox"/> Substance use (drinking, smoking, drugs) |
| <input type="checkbox"/> Don't know          | <input type="checkbox"/> Other (please specify):                       |   |

*Do not include any personally identifying information*

**18. Briefly outline the reason(s) for your answers to the above two questions.**

**OPTIONAL**

*Do not include any personally identifying information*

**19. As a woman or girl in Jersey, what, if anything, stops you from accessing health and wellbeing services? Select all that apply.**

*Health and wellbeing services include services provided by health and care professionals as well as other services, or initiatives outside of the health system that help people to connect and access activities and resources to meet their physical, social and emotional wellbeing needs.*

- Nothing prevents me from accessing health services
- Nothing prevents me from accessing wellbeing services
- Difficulty attending appointments / activities (e.g. not having time, long waiting lists, inconvenient time slots, etc.)
- Inability to self-refer to specialists
- Issues with location of appointments / activities (e.g. too far away, not wheelchair accessible etc.)
- Issues with transport to appointments / activities (e.g. cannot easily travel to or park at venue)
- Cost issues (e.g. service too expensive)
- Lack of information about health services (e.g. don't know what health services are available or helpful)
- Lack of information about wellbeing services (e.g. don't know what wellbeing services are available or helpful)
- Anxiety, embarrassment, or privacy concerns
- Previous negative experiences (e.g. concerns being dismissed by professionals)
- Required services not available in Jersey
- Don't know

Other (please specify):

*Do not include any personally identifying information*

**20. As a woman or girl in Jersey, do you feel there are any particular difficulties you face accessing health and wellbeing services as a result of your personal characteristics (e.g. age, ethnicity, residential status, sexuality etc)? If so, please describe what these difficulties are. OPTIONAL**

*Do not include any personally identifying information*

**21. Is there anything the Government of Jersey could do to make it easier for you to access the health and wellbeing services that you need as a woman or girl in Jersey? If so, what? OPTIONAL**

*Do not include any personally identifying information*

**22. Thinking about health and wellbeing services for women and girls in Jersey in general... Which items below do you think the Government of Jersey should prioritise for improvement? Select up to 5. These 5 can be from across any categories.**

<u>Wider factors related to health and wellbeing</u>	<u>Services related to female reproductive health needs</u>	<u>Services for specific health conditions</u>
<input type="checkbox"/> lifestyle behaviours (e.g. diet, exercise, sleep, substance use)	<input type="checkbox"/> gynaecological health (e.g. endometriosis, fibroids, pelvic floor issues)	<input type="checkbox"/> cardiovascular diseases (e.g. heart attack, stroke, hypertension)
<input type="checkbox"/> housing / living conditions	<input type="checkbox"/> maternal health (e.g. pregnancy, childbirth, antenatal and post-	<input type="checkbox"/> chronic conditions (e.g. diabetes, inflammatory bowel disease)



- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> the environment (access to nature / free from pollution) | <input type="checkbox"/> natal care, pregnancy loss)                                   | <input type="checkbox"/> family planning (e.g. fertility, assisted reproduction, contraception) | <input type="checkbox"/> genetic and congenital disorders (e.g. down syndrome, cystic fibrosis)         |
| <input type="checkbox"/> promoting health and wellbeing at work / school          | <input type="checkbox"/> menstrual health (e.g. period pain, heavy menstrual bleeding) | <input type="checkbox"/> menopause  | <input type="checkbox"/> infectious diseases (e.g. colds, flu, COVID-19)                                |
| <input type="checkbox"/> promoting financial independence                         | <input type="checkbox"/> sexual health (e.g. sexually transmitted infections)          | <input type="checkbox"/> neurodiverse conditions (e.g. autism, ADHD, dyslexia)                  | <input type="checkbox"/> mental health disorders (e.g. depression, anxiety, schizophrenia)              |
| <input type="checkbox"/> ageing well and tackling frailty                         | <input type="checkbox"/> health information and education                              | <input type="checkbox"/> neurological disorders (e.g. dementia, epilepsy, multiple sclerosis)   | <input type="checkbox"/> musculoskeletal disorders (e.g. arthritis, osteoporosis, joint pain or injury) |
| <input type="checkbox"/> ease of access to health and wellbeing services          | <input type="checkbox"/> support for carers  | <input type="checkbox"/> respiratory diseases (e.g. asthma, pneumonia)                          | <input type="checkbox"/> cancer and preventative screening (e.g. bowel, breast, cervical)               |
| <input type="checkbox"/> support for parents                                      | <input type="checkbox"/> ensuring women's voices are heard                             | <input type="checkbox"/> Don't know   |   |
| <input type="checkbox"/> violence against women and girls                         | <input type="checkbox"/> research focused on women's health issues                     | <input type="checkbox"/> Other (please specify):  |   |
- Do not include any personally identifying information*

**23. Briefly outline the reason(s) for your answer. OPTIONAL**

*Do not include any personally identifying information*

**24. We are coming to the end of the survey. The questions largely focused on your personal experiences as a woman / girl in Jersey. Is there anything else you would like to say about women and girls' health and wellbeing in Jersey?**

**OPTIONAL**

*Do not include any personally identifying information*

→ go to Q57 (pg 23)

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**Only answer the following questions if you are completing the survey based on the experiences of a specific woman / girl you know or care for. If not, go to Q57 (pg23).**

**25. What age-group is the woman / girl you have in mind in?**

- |                                   |                                   |                                   |  |
|-----------------------------------|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Under 13 | <input type="checkbox"/> 20 to 24 | <input type="checkbox"/> 45 to 54 | <input type="checkbox"/> 75 to 84          |
| <input type="checkbox"/> 13 to 15 | <input type="checkbox"/> 25 to 34 | <input type="checkbox"/> 55 to 64 | <input type="checkbox"/> 85 and over       |
| <input type="checkbox"/> 16 to 19 | <input type="checkbox"/> 35 to 44 | <input type="checkbox"/> 65 to 74 | <input type="checkbox"/> Prefer not to say |

**26. Which of these describes the woman / girl you have in mind's status for housing and work?**

- Not applicable - they do not live in Jersey
- Entitled (*someone who has lived in Jersey for 10 years or more, can work for any employer, and can rent or buy any property*)  
Entitled for work (*someone who has lived in Jersey for 5 consecutive years immediately before status is granted, or is married to or the civil partner of someone who is 'entitled', 'entitled to work' or 'licensed'. They can work for any employer, but buying and renting property is restricted*)
- Licensed (*someone whose employer has a licence to employ them as an essential worker – can rent or buy any property*)
- Registered (*someone who does not qualify under the other categories*)
- Don't know
- Prefer not to say



- No, they do not have any children → **go to Q32**
 Yes – to one or more children over 18 years old
- Yes - to one or more children aged 0 - 3 years old
  Prefer not to say → **go to Q32**

**31. Is the woman you have in mind a single parent or does she co-parent?**

- Don't know
  No
- Yes, single parent (i.e. the only parent raising one or more children)
  Not applicable
- Yes, co-parent (i.e. sharing duties of raising one or more children with the other parent, but do not live with them)
  Prefer not to say

**32. Is the woman/girl you have in mind a carer?** *A carer is anyone who cares, unpaid, for a family member, partner or friend who due to illness, frailty, disability, a mental health problem or an addiction, cannot cope without their support.*

- Yes
  No
  Prefer not to say
  Don't know

**This next section will ask you about the woman/girl you have in mind's physical health, mental health and general wellbeing.**

Physical Health refers to the condition of the body, encompassing fitness, nutrition, and the absence of illness or injury.

Mental Health refers to the state of one's mind, encompassing emotional and psychological aspects that affect thoughts, feelings, and behaviours.

Wellbeing refers to the more general state of being comfortable, healthy, or happy, encompassing various aspects of life satisfaction and fulfilment.

**33. In general, how would you describe the following aspects of the woman/girl you have in mind's health?**

	Very poor	Poor	Fair	Good	Very good	Don't know	Prefer not to say
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**34. To what extent do you agree or disagree that the person you have in mind's following needs are met, as a woman or girl in Jersey?**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
Physical health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
Mental health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbeing needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**35. Briefly outline the reason(s) for your answers to the above question, including any examples of what you feel is working well / less well, and if there are any areas where services may be lacking for women and girls in Jersey.**

OPTIONAL

**Physical health** OPTIONAL

*Do not include any personally identifying information*

**Mental health** OPTIONAL

*Do not include any personally identifying information*

**Wellbeing** OPTIONAL

*Do not include any personally identifying information*

**36. Thinking about wider factors that may affect health and wellbeing... Which of the following do you feel are most beneficial to the person you have in mind's health and wellbeing, as a woman or girl in Jersey? Select your top 3.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Secure employment               | <input type="checkbox"/> Financial security | <input type="checkbox"/> Safety                       |
| <input type="checkbox"/> Healthcare and support services | <input type="checkbox"/> Balanced diet      | <input type="checkbox"/> Hobbies / leisure activities |

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Work-life balance       | <input type="checkbox"/> Environment (i.e. nature, outdoor activities) | <input type="checkbox"/> Physical activity                       |
| <input type="checkbox"/> Being a parent          | <input type="checkbox"/> Social connections and companionship          | <input type="checkbox"/> Comfortable housing / living conditions |
| <input type="checkbox"/> Religion and culture    | <input type="checkbox"/> Sleep and relaxation                          | <input type="checkbox"/> Don't know                              |
| <input type="checkbox"/> Other (please specify): |  |  |

*Do not include any personally identifying information*

**37. Again, thinking about wider factors that may affect health and wellbeing... Which of the following do you feel are most harmful to the person you have in mind's health and wellbeing, as a woman or girl in Jersey? Select your top 3.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Poor school / work environment   | <input type="checkbox"/> Poor sleep and relaxation                     | <input type="checkbox"/> Limited access to transport              |
| <input type="checkbox"/> Violence against women and girls | <input type="checkbox"/> Poor housing / living conditions              | <input type="checkbox"/> Environment and pollution                |
| <input type="checkbox"/> Loneliness and social isolation  | <input type="checkbox"/> Physical inactivity                           | <input type="checkbox"/> Discrimination                           |
| <input type="checkbox"/> Poor physical health             | <input type="checkbox"/> Parental / childcare responsibilities         | <input type="checkbox"/> Financial insecurity                     |
| <input type="checkbox"/> Unemployment                     | <input type="checkbox"/> Other caring responsibilities (non-childcare) | <input type="checkbox"/> Poor mental health                       |
| <input type="checkbox"/> Work-related stress              | <input type="checkbox"/> Poor diet                                     | <input type="checkbox"/> Substance use (drinking, smoking, drugs) |
| <input type="checkbox"/> Don't know                       | <input type="checkbox"/> Other (please specify):                       |   |

*Do not include any personally identifying information*

**38. Briefly outline the reason(s) for your answers to the above two questions.**  
**OPTIONAL**

*Do not include any personally identifying information*

**39. As a woman or girl in Jersey, what, if anything, stops the person you have in mind from accessing health and wellbeing services? Select all that apply.**

***Health and wellbeing services include services provided by health and care professionals as well as other services, or initiatives outside of the health system that help people to connect and access activities and resources to meet their physical, social and emotional wellbeing needs.***

- Nothing prevents them from accessing health services
- Nothing prevents them from accessing wellbeing services
- Difficulty attending appointments / activities (e.g. not having time, long waiting lists, inconvenient time slots, etc.)
- Inability to self-refer to specialists
- Issues with location of appointments / activities (e.g. too far away, not wheelchair accessible etc.)
- Issues with transport to appointments / activities (e.g. cannot easily travel to or park at venue)
- Cost issues (e.g. service too expensive)
- Lack of information about health services (e.g. don't know what health services are available or helpful)
- Lack of information about wellbeing services (e.g. don't know what wellbeing services are available or helpful)
- Anxiety, embarrassment, or privacy concerns
- Previous negative experiences (e.g. concerns being dismissed by professionals)
- Required services not available in Jersey
- Don't know
- Other (please specify):

*Do not include any personally identifying information*

**40. Do you feel there are any particular difficulties the woman / girl you have in mind faces accessing health and wellbeing services as a result of their personal characteristics (e.g. age, ethnicity, residential status, sexuality etc)? If so, please describe what these difficulties are. OPTIONAL**

*Do not include any personally identifying information*

**41. Is there anything the Government of Jersey could do to make it easier for the woman / girl you have in mind to access the health and wellbeing services that they need? If so, what? OPTIONAL**

*Do not include any personally identifying information*

**42. Thinking about health and wellbeing services for women and girls in Jersey in general... Which items from the list below do you think the Government of Jersey should prioritise for improvement? Select up to 5. These 5 can be from across any categories.**

<u>Wider factors related to health and wellbeing</u>	<u>Services related to female reproductive health needs</u>	<u>Services for specific health conditions</u>
<input type="checkbox"/> lifestyle behaviours (e.g. diet, exercise, sleep, substance use)	<input type="checkbox"/> gynaecological health (e.g. endometriosis, fibroids, pelvic floor issues)	<input type="checkbox"/> cardiovascular diseases (e.g. heart attack, stroke, hypertension)
<input type="checkbox"/> housing / living conditions	<input type="checkbox"/> maternal health (e.g. pregnancy, childbirth, antenatal and post-natal care, pregnancy loss)	<input type="checkbox"/> chronic conditions (e.g. diabetes, inflammatory bowel disease)
<input type="checkbox"/> the environment (access to nature / free from pollution)	<input type="checkbox"/> family planning (e.g. fertility, assisted reproduction, contraception)	<input type="checkbox"/> genetic and congenital disorders (e.g. down syndrome, cystic fibrosis)
<input type="checkbox"/> promoting health and wellbeing at work / school	<input type="checkbox"/> menstrual health (e.g. period pain, heavy menstrual bleeding)	<input type="checkbox"/> infectious diseases (e.g. colds, flu, COVID-19)
<input type="checkbox"/> promoting financial independence	<input type="checkbox"/> menopause	<input type="checkbox"/> mental health disorders (e.g. depression, anxiety, schizophrenia)
<input type="checkbox"/> ageing well and tackling frailty	<input type="checkbox"/> sexual health (e.g. sexually transmitted infections)	<input type="checkbox"/> musculoskeletal disorders (e.g. arthritis, osteoporosis, joint pain or injury)
<input type="checkbox"/> health information and education		<input type="checkbox"/> neurodiverse conditions (e.g. autism, ADHD, dyslexia)
<input type="checkbox"/> ease of access to health and wellbeing services		<input type="checkbox"/> neurological disorders (e.g. dementia, epilepsy, multiple sclerosis)



- |  |  |
|--|--|
| <input type="checkbox"/> support for carers                                  | <input type="checkbox"/> respiratory diseases (e.g. asthma, pneumonia)   |
| <input type="checkbox"/> support for parents                                 | <input type="checkbox"/> cancer and preventative screening (e.g. bowel, breast, cervical)                              |
| <input type="checkbox"/> ensuring women's voices are heard                   | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> discrimination and violence against women and girls | <input type="checkbox"/> Other (please specify):   |
| <input type="checkbox"/> research focused on women's health issues           | <div style="border: 1px solid black; padding: 5px;"><i>Do not include any personally identifying information</i></div> |

**43. Briefly outline the reason(s) for your answer. OPTIONAL**

*Do not include any personally identifying information*

**44. We are coming to the end of the survey. The questions largely focused on the experiences of the specific women/girl you know or care for. Is there anything else you would like to say about women and girls' health and wellbeing in Jersey? OPTIONAL**

*Do not include any personally identifying information*

➔ go to Q57 (pg 23)

**Only answer the following questions if you are completing the survey based on your experiences of women / girls in general in Jersey. If not, go to Q57 (pg23).**

**45. This section will ask you about women/girls in Jersey's physical health, mental health and general wellbeing.**

Physical Health refers to the condition of the body, encompassing fitness, nutrition, and the absence of illness or injury.

Mental Health refers to the state of one's mind, encompassing emotional and psychological aspects that affect thoughts, feelings, and behaviours.

Wellbeing refers to the more general state of being comfortable, healthy, or happy, encompassing various aspects of life satisfaction and fulfilment.

**To what extent do you agree or disagree that women's / girls' following needs are met in Jersey?**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
Physical health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbeing needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**46. Briefly outline the reason(s) for your answers to the above question, including any examples of what you feel is working well / less well, and if there are any areas where services may be lacking for women and girls in Jersey.**

**OPTIONAL**

**Physical health** **OPTIONAL**

*Do not include any personally identifying information*

**Mental health** **OPTIONAL**

*Do not include any personally identifying information*

**Wellbeing** OPTIONAL

*Do not include any personally identifying information*

**47. Thinking about wider factors that may affect health and wellbeing... Which of the following do you feel are most beneficial to women and girls' health and wellbeing in Jersey?** Select your top 3.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Secure employment               | <input type="checkbox"/> Financial security                            | <input type="checkbox"/> Safety                                  |
| <input type="checkbox"/> Healthcare and support services | <input type="checkbox"/> Balanced diet                                 | <input type="checkbox"/> Hobbies / leisure activities            |
| <input type="checkbox"/> Work-life balance               | <input type="checkbox"/> Environment (i.e. nature, outdoor activities) | <input type="checkbox"/> Physical activity                       |
| <input type="checkbox"/> Being a parent                  | <input type="checkbox"/> Social connections and companionship          | <input type="checkbox"/> Comfortable housing / living conditions |
| <input type="checkbox"/> Religion and culture            | <input type="checkbox"/> Sleep and relaxation                          | <input type="checkbox"/> Don't know                              |
| <input type="checkbox"/> Other (please specify):         |  |  |

*Do not include any personally identifying information*

**48. Again, thinking about wider factors that may affect health and wellbeing... Which of the following do you feel are most harmful to women and girls' health and wellbeing in Jersey?** Select your top 3.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Poor school / work environment   | <input type="checkbox"/> Poor sleep and relaxation                     | <input type="checkbox"/> Limited access to transport              |
| <input type="checkbox"/> Violence against women and girls | <input type="checkbox"/> Poor housing / living conditions              | <input type="checkbox"/> Environment and pollution                |
| <input type="checkbox"/> Loneliness and social isolation  | <input type="checkbox"/> Physical inactivity                           | <input type="checkbox"/> Discrimination                           |
| <input type="checkbox"/> Poor physical health             | <input type="checkbox"/> Parental / childcare responsibilities         | <input type="checkbox"/> Financial insecurity                     |
| <input type="checkbox"/> Unemployment                     | <input type="checkbox"/> Other caring responsibilities (non-childcare) | <input type="checkbox"/> Poor mental health                       |
| <input type="checkbox"/> Work-related stress              | <input type="checkbox"/> Poor diet                                     | <input type="checkbox"/> Substance use (drinking, smoking, drugs) |
| <input type="checkbox"/> Don't know                       | <input type="checkbox"/> Other (please specify):                       |   |

*Do not include any personally identifying information*

**49. Briefly outline the reason(s) for your answers to the above two questions.**

**OPTIONAL**

*Do not include any personally identifying information*

**50. What, if anything, do you think stops women and girls from accessing health and wellbeing services in Jersey? Select all that apply.**

***Health and wellbeing services include services provided by health and care professionals as well as other services, or initiatives outside of the health system that help people to connect and access activities and resources to meet their physical, social and emotional wellbeing needs.***

- Nothing prevents them from accessing health services
- Nothing prevents them from accessing wellbeing services
- Difficulty attending appointments / activities (e.g. not having time, long waiting lists, inconvenient time slots, etc.)
- Inability to self-refer to specialists
- Issues with location of appointments / activities (e.g. too far away, not wheelchair accessible etc.)
- Issues with transport to appointments / activities (e.g. cannot easily travel to or park at venue)
- Cost issues (e.g. service too expensive)
- Lack of information about health services (e.g. don't know what health services are available or helpful)
- Lack of information about wellbeing services (e.g. don't know what wellbeing services are available or helpful)
- Anxiety, embarrassment, or privacy concerns
- Previous negative experiences (e.g. concerns being dismissed by professionals)
- Required services not available in Jersey
- Don't know
- Other (please specify):

*Do not include any personally identifying information*

**51. Do you feel there are any particular difficulties certain women and girls face accessing health and wellbeing services in Jersey as a result of their personal characteristics (e.g. age, ethnicity, residential status, sexuality etc)? If so, please describe what these difficulties are. OPTIONAL**

*Do not include any personally identifying information*

**52. Is there anything the Government of Jersey could do to make it easier for women and girls to access the health and wellbeing services that they need? If so, what? OPTIONAL**

*Do not include any personally identifying information*

**53. Thinking about health and wellbeing services for women and girls in Jersey in general... Which items from the list below do you think the Government of Jersey should prioritise for improvement? Select up to 5. These 5 can be from across any categories.**

<u>Wider factors related to health and wellbeing</u>	<u>Services related to female reproductive health needs</u>	<u>Services for specific health conditions</u>
<input type="checkbox"/> lifestyle behaviours (e.g. diet, exercise, sleep, substance use)	<input type="checkbox"/> gynaecological health (e.g. endometriosis, fibroids, pelvic floor issues)	<input type="checkbox"/> cardiovascular diseases (e.g. heart attack, stroke, hypertension)
<input type="checkbox"/> housing / living conditions	<input type="checkbox"/> maternal health (e.g. pregnancy, childbirth, antenatal and post-natal care, pregnancy loss)	<input type="checkbox"/> chronic conditions (e.g. diabetes, inflammatory bowel disease)
<input type="checkbox"/> the environment (access to nature /	<input type="checkbox"/> family planning (e.g. fertility, assisted	<input type="checkbox"/> genetic and congenital disorders (e.g. down

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> free from pollution)                                | <input type="checkbox"/> reproduction, contraception)                                  | <input type="checkbox"/> syndrome, cystic fibrosis)   |
| <input type="checkbox"/> promoting health and wellbeing at work / school     | <input type="checkbox"/> menstrual health (e.g. period pain, heavy menstrual bleeding) | <input type="checkbox"/> infectious diseases (e.g. colds, flu, COVID-19)                                |
| <input type="checkbox"/> promoting financial independence                    | <input type="checkbox"/> menopause   | <input type="checkbox"/> mental health disorders (e.g. depression, anxiety, schizophrenia)              |
| <input type="checkbox"/> ageing well and tackling frailty                    | <input type="checkbox"/> sexual health (e.g. sexually transmitted infections)          | <input type="checkbox"/> musculoskeletal disorders (e.g. arthritis, osteoporosis, joint pain or injury) |
| <input type="checkbox"/> health information and education                    |  | <input type="checkbox"/> neurodiverse conditions (e.g. autism, ADHD, dyslexia)                          |
| <input type="checkbox"/> ease of access to health and wellbeing services     |  | <input type="checkbox"/> neurological disorders (e.g. dementia, epilepsy, multiple sclerosis)           |
| <input type="checkbox"/> support for carers                                  |  | <input type="checkbox"/> respiratory diseases (e.g. asthma, pneumonia)                                  |
| <input type="checkbox"/> support for parents                                 |  | <input type="checkbox"/> cancer and preventative screening (e.g. bowel, breast, cervical)               |
| <input type="checkbox"/> ensuring women's voices are heard                   | <input type="checkbox"/> Don't know  | <input type="checkbox"/>  |
| <input type="checkbox"/> discrimination and violence against women and girls | <input type="checkbox"/> Other (please specify):                                       |   |
| <input type="checkbox"/> research focused on women's health issues           | <i>Do not include any personally identifying information</i>                           |   |

**54. Briefly outline the reason(s) for your answer. OPTIONAL**

*Do not include any personally identifying information*

**55. We are nearly at the end of the survey. Is there anything else you would like to say regarding women and girls' health and wellbeing in Jersey?**

OPTIONAL

*Do not include any personally identifying information*

**56. Whose experiences did you have in mind when answering this survey?**

Select all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> My partner / spouse | <input type="checkbox"/> My grandmother                  | <input type="checkbox"/> Women / girls in general |
| <input type="checkbox"/> My daughter(s)      | <input type="checkbox"/> Other female family member(s)   | <input type="checkbox"/> Don't know               |
| <input type="checkbox"/> My sister(s)        | <input type="checkbox"/> My female friend(s)             | <input type="checkbox"/> Prefer not to say        |
| <input type="checkbox"/> My mother           | <input type="checkbox"/> Other women / girls that I know | <input type="checkbox"/> Other (please specify):  |

*Do not include any personally identifying information*

**57. We may wish to follow up to understand your responses in further detail, by inviting you to a follow-up focus group discussion or interview.**

These would take place either online (via Microsoft Teams), or in person (venue TBC), and take no longer than 90 minutes.

You would be compensated for your time with a [\*\*£20 Co-op Voucher\*\*](#).

**If you are happy for us to contact you about this, please provide your name, email and / or phone number below** OPTIONAL

*Please note your contact details would only be used to invite you to an interview / focus group discussion and will be stored securely / confidentially, in line with data protection legislation.*

Name	
Email	
Phone number	

## Contraceptive Services in Jersey

Before you complete this survey, the Minister for Health and Social Services has also launched a separate consultation on contraceptive services in Jersey, to understand:

- if islanders are using their contraception of choice and if not, why not
- where they go to get their contraception and why
- where they want to go to get their contraception

The consultation seeks input from all islanders. You can choose to give your views on contraceptive services in Jersey now by answering some additional questions. This should take no longer than 5 minutes to complete.

The findings of the consultation will be published in a report and used to inform potential changes to contraception services in Jersey.

### 58. Do you wish to answer these additional questions on Contraceptive Services in Jersey? **OPTIONAL**

- Yes     No → end survey

**We are asking these questions to understand if you are using your contraception of choice and if not, why not.**

### 59. Do you use contraception?

- Yes, always     No → go to Q68  
 Yes, sometimes     Prefer not to say → go to Q68

**60. Is the contraception you use your contraception of choice? (for example, if you are using the contraceptive pill, are you happy using the pill or would you prefer to use a different type of contraception, such as a coil?)**

- Yes, I am happy with the type of contraception I am currently using → go to Q62  
 No, I would rather use a different type of contraception → go to Q61  
 Maybe, I'm not sure → go to Q61  
 Prefer not to say → go to Q62

**61. Why are you not using your contraception of choice? Select all that apply**



- |  |   |
|--|---|
| <input type="checkbox"/> I cannot afford my contraception of choice  | <input type="checkbox"/> I am concerned about side effects or pain related to my contraception of choice  |
| <input type="checkbox"/> I do not have enough information about other types of contraception to decide what to use         | <input type="checkbox"/> I am anxious or embarrassed about getting my contraception of choice (for example, a doctor or nurse asking questions about sex or examining me) |
| <input type="checkbox"/> I do not know where to get my contraception of choice   | <input type="checkbox"/> I cannot use my contraception of choice due to a medical condition   |
| <input type="checkbox"/> I am too busy to get my contraception of choice (e.g., long appointment to fit a coil or implant) | <input type="checkbox"/> My partner does not want me to use my contraception of choice  |
| <input type="checkbox"/> Prefer not to say   | <input type="checkbox"/> Other (please specify):  |

*Do not include any personally identifying information*

**62. Where do you get your contraception?** Select all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Contraception Clinic (Le Bas Centre) | <input type="checkbox"/> Pharmacy  |
| <input type="checkbox"/> GUM (sexual health) Clinic           | <input type="checkbox"/> Supermarket or shop   |
| <input type="checkbox"/> Brook Jersey (under 21s only)        | <input type="checkbox"/> Online  |
| <input type="checkbox"/> My doctor / GP in Jersey             | <input type="checkbox"/> Jersey General Hospital (female sterilisation or vasectomy) |
| <input type="checkbox"/> Prefer not to say                    | <input type="checkbox"/> Other (please specify):                                     |

*Do not include any personally identifying information*

**63. If you use the contraception clinic (Le Bas Centre) to get your contraception, why do you go there?** Select all that apply

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> I am confident that the doctors or nurses who work here have good knowledge about contraception | <input type="checkbox"/> It is cheaper to get my contraception here        | <input type="checkbox"/> I can get my contraception for free                        |
| <input type="checkbox"/> It is easy to book an appointment   | <input type="checkbox"/> I feel comfortable with the doctor or nurse I see | <input type="checkbox"/> A family member or friend goes here                        |
| <input type="checkbox"/> Appointments generally run on time  | <input type="checkbox"/> The location is convenient                        | <input type="checkbox"/> I do not know where else to go to get contraception I want |
| <input type="checkbox"/> Female doctor or nurse is guaranteed  | <input type="checkbox"/> I can park nearby                                 | <input type="checkbox"/> I can see a doctor or nurse that I know                    |
| <input type="checkbox"/> I get a better service than from other clinics or places  | <input type="checkbox"/> Not applicable – I do not use the                 | <input type="checkbox"/> Don't know   |

contraception clinic  
(Le Bas Centre)

Other  
(please  
specify):

*Do not include any personally identifying information*

**64. If you use the GUM clinic to get your contraception, why do you go there?**

Select all that apply

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> I am confident that the doctors or nurses who work here have good knowledge about contraception | <input type="checkbox"/> It is cheaper to get my contraception here        | <input type="checkbox"/> I can get my contraception for free                        |
| <input type="checkbox"/> It is easy to book an appointment   | <input type="checkbox"/> I feel comfortable with the doctor or nurse I see | <input type="checkbox"/> A family member or friend goes here                        |
| <input type="checkbox"/> Appointments generally run on time  | <input type="checkbox"/> The location is convenient                        | <input type="checkbox"/> I do not know where else to go to get contraception I want |
| <input type="checkbox"/> Female doctor or nurse is guaranteed  | <input type="checkbox"/> I can park nearby                                 | <input type="checkbox"/> I can see a doctor or nurse that I know                    |
| <input type="checkbox"/> I get a better service than from other clinics or places  | <input type="checkbox"/> Not applicable – I do not use the GUM clinic      | <input type="checkbox"/> Don't know   |

Other  
(please  
specify):

*Do not include any personally identifying information*

**65. If you use Brook Jersey to get your contraception, why do you go there?**

Select all that apply

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> I am confident that the doctors or nurses who work here have good knowledge about contraception | <input type="checkbox"/> It is cheaper to get my contraception here        | <input type="checkbox"/> I can get my contraception for free                        |
| <input type="checkbox"/> It is easy to book an appointment   | <input type="checkbox"/> I feel comfortable with the doctor or nurse I see | <input type="checkbox"/> A family member or friend goes here                        |
| <input type="checkbox"/> Appointments generally run on time  | <input type="checkbox"/> The location is convenient                        | <input type="checkbox"/> I do not know where else to go to get contraception I want |
| <input type="checkbox"/> Female doctor or nurse is guaranteed  | <input type="checkbox"/> I can park nearby                                 | <input type="checkbox"/> I can see a doctor or nurse that I know                    |
| <input type="checkbox"/> I get a better service than from other clinics or places  | <input type="checkbox"/> Not applicable – I do not use Brook Jersey        | <input type="checkbox"/> Don't know   |

Other (please specify):   
*Do not include any personally identifying information*

**66. If you use your GP to get your contraception, why do you go there? Select all that apply.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> I am confident that the doctors or nurses who work here have good knowledge about contraception | <input type="checkbox"/> It is cheaper to get my contraception here                                      | <input type="checkbox"/> I can get my contraception for free   |
| <input type="checkbox"/> It is easy to book an appointment   | <input type="checkbox"/> I feel comfortable with the doctor or nurse I see                               | <input type="checkbox"/> A family member or friend goes here   |
| <input type="checkbox"/> Appointments generally run on time  | <input type="checkbox"/> The location is convenient  | <input type="checkbox"/> I do not know where else to go to get contraception I want  |
| <input type="checkbox"/> Female doctor or nurse is guaranteed  | <input type="checkbox"/> I can park nearby   | <input type="checkbox"/> I can see a doctor or nurse that I know   |
| <input type="checkbox"/> I get a better service than from other clinics or places  | <input type="checkbox"/> I can speak to my doctor about other health matters during the same appointment | <input type="checkbox"/> People do not know that I am there to get contraception; my appointment could be for something else |
| <input type="checkbox"/> Not applicable – I do not use my GP   | <input type="checkbox"/> Don't know  | <input type="checkbox"/> Other (please specify):   |

*Do not include any personally identifying information*

**67. If you use the contraceptive pill, would you prefer to get it:**

- |  |  |
|--|--|
| <input type="checkbox"/> from your GP                              | <input type="checkbox"/> from a local pharmacy without having to see your GP or any other contraceptive services first (e.g. Le Bas Centre, Brook, GUM clinic) |
| <input type="checkbox"/> from Contraception Clinic (Le Bas Centre) | <input type="checkbox"/> no preference   |
| <input type="checkbox"/> from GUM (sexual health) clinic           | <input type="checkbox"/> don't know  |
| <input type="checkbox"/> from Brook Jersey (if under 21)           | <input type="checkbox"/> not applicable – I do not use the contraceptive pill  |
| <input type="checkbox"/> Other (please specify):                   |  |

*Do not include any personally identifying information*

**68. We are nearly at the end of the survey. Is there anything else you would like to say about contraceptive services in Jersey? OPTIONAL**

*Do not include any personally identifying information*

**Thank you for completing this survey!**

- Remember to post your completed survey to the following address by 21<sup>st</sup> May 2024:  
*Public Health Intelligence  
Strategic Policy, Planning and Performance  
Cabinet Office  
Government of Jersey  
19-21 Broad Street  
St Helier  
Jersey, JE2 3RR*
- If you have any questions, please contact [jsna@gov.je](mailto:jsna@gov.je).