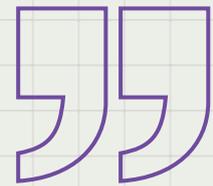


“I am delighted that Leeds has been able to produce the first significant analysis of the state of women’s health and what this means for our city.

We will use it across the city to help improve women’s health, and hope it will also be useful beyond Leeds, helping people to understand the need for services for women.

**Councillor  
Rebecca Charlwood**  
Executive Member for Health,  
Wellbeing and Adults



# THE STATE OF WOMEN’S HEALTH IN LEEDS: A SUMMARY

The full **State of Women’s Health in Leeds** report can be found at: <http://bit.ly/WomensHealthLeeds19> and [www.womenslivesleeds.org.uk/womenshealth](http://www.womenslivesleeds.org.uk/womenshealth). It has analysis of available data relating to the health and social lives of women in Leeds and a comprehensive literature review of key issues facing women. This work was also informed by the Women’s Voices Study and consultative events held by the Leeds Women and Girls Hub.



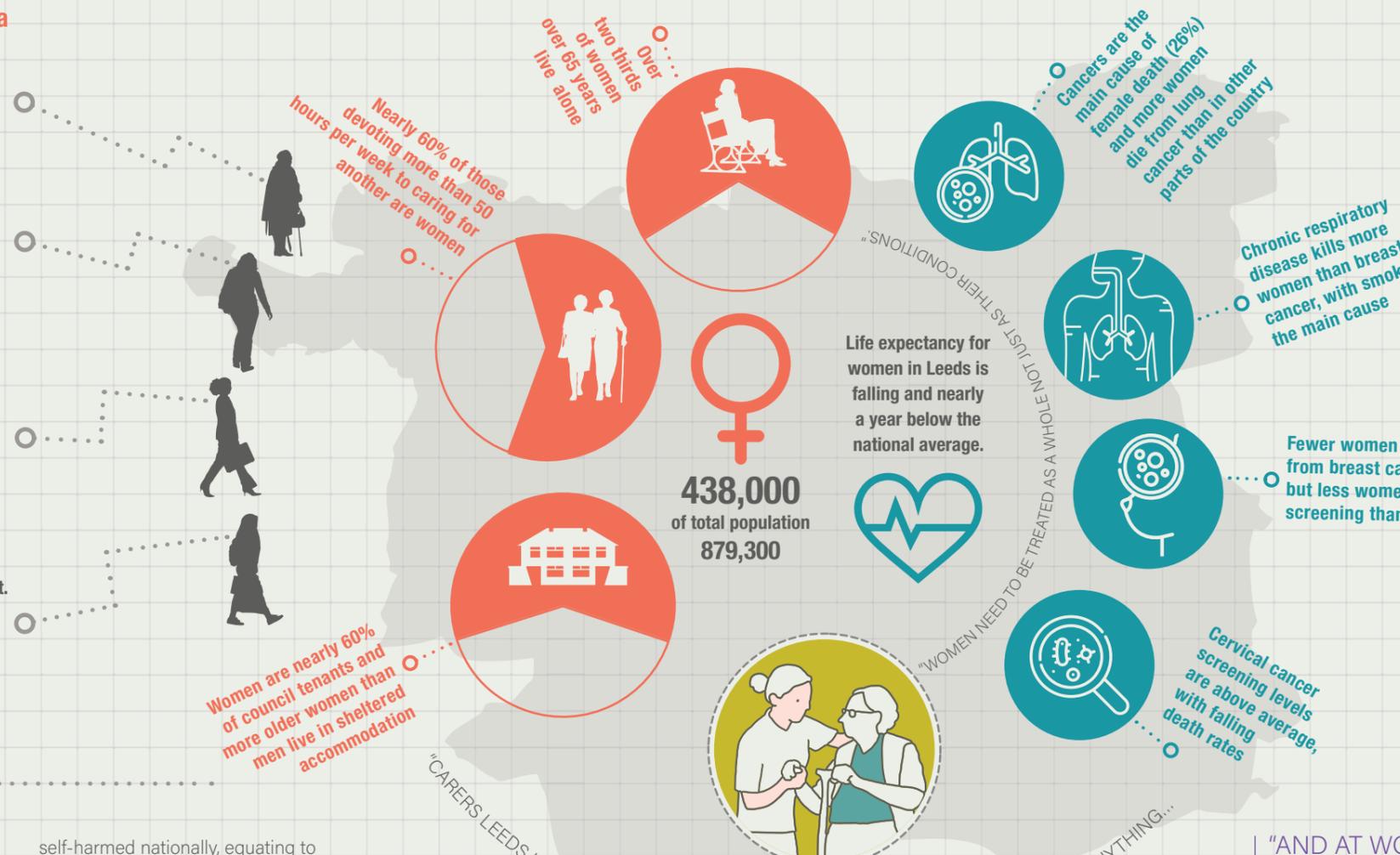
## Women in Leeds – population data

Could live 21.8 years with some form of disability

Less economically active (79.9% men compared to 69.2% women), but labour market participation is increasing and more likely to be part-time work

Despite a levelling part-time work pay gap, median female full-time pay of £24,072 contrasts with £30,315 male pay, showing significant disparity

23% (98,500) of women live in the most deprived areas of Leeds, 8% in the wealthiest. Women from ethnic minority backgrounds are more likely to be living in the poorest areas (nearly 74% of all Bangladeshi women and 68% of all Black Africans)



## Health status of women in Leeds

Dementia is the single highest recorded reason for women dying

Cardiovascular disease in women is down by 27% in the last 10 years

Over 3,000 females have Type 1 and over 16,000 Type 2 diabetes

Over 150,000 women in Leeds have one or more long-term conditions and nearly 20,000 are very frail

Women over 65 years have twice as many emergency admissions due to a fall as men

Women have higher rates of sexually transmitted disease, but there is improved effectiveness in targeting those most at risk

## Poverty

A House of Commons report showed 86% of the burden for austerity has fallen on women. In Leeds the mortality rate in more deprived Leeds areas is 40% higher than the wealthiest areas. In-work poverty is rising and more people live in poverty overall.

self-harmed nationally, equating to almost 16,000 women in Leeds aged 16-24 years old.

**"MY DAUGHTER COULDN'T TELL HER FRIENDS ABOUT HER MENTAL HEALTH DUE TO STIGMA"**

Violence, abuse and trauma are notable causes of mental health problems.

## Mental ill health – Women in Leeds

More young women are developing mental health problems.

Twice as many women as men are recorded as having a common mental health disorder.

Black women, asylum seekers, refugees, and Gypsy and Traveller women have higher rates of common mental health issues and are less likely to receive mental health treatment.

30% of women accessing support for drug/alcohol treatment have a mental health condition, compared to 21% of men

Self-harm and eating disorders are more common in girls and women. Around one in four young girls, report having



Twice as many women access the Improving Access to Psychological Therapies Service as males.

Between 10-20% of women will experience mental ill health during or just after pregnancy.

## Healthy Lifestyles for Women in Leeds

Women are more likely than men to become addicted to smoking, alcohol and drugs and find it harder to stop.

Fewer Leeds women are smoking now, but levels are higher than both regional and England averages. More men than women smoke, but Leeds school age girls

are more likely to smoke than similar aged boys. In Leeds 9.8% of pregnant women smoke – below the national average.

Women from wealthier parts of the city tend to drink more, but alcohol-related mortality is higher in the poorest areas.

Women dying because of drug and substance abuse has recently risen, with Leeds rates higher than England rates. Women increasingly use alcohol and detox rehabilitation. Lesbian, bisexual, and trans women are more at risk of substance abuse.

Problem gambling – predominately seen in men – is now increasing for women.

Obesity has significant health consequences for women, including increased risk of diabetes, cardiovascular problems and implications for fertility and problems during pregnancy. 7.1% of adult women in Leeds are obese, rising to over 30% in some areas of the city, with a strong link to poverty. Women have double the rate for hospital admissions for obesity

treatment. More women than men are diagnosed as underweight, which also raises health risks.

Women tend to be less physically active than men, particularly in more deprived areas. South Asian girls have the lowest of physical activity levels in the city.

## Reproductive health for Women in Leeds

Complex needs related to reproductive health impact on women in Leeds. This includes a significant proportion suffering monthly due to premenstrual syndrome and dysmenorrhoea. This can affect schooling and work.

Many conditions linked to women's reproductive health, such as chronic pelvic pain, can significantly affect quality of life. However, these are often under-recognised by society and health services. The menopause affects every woman and can cause severe problems, yet remains poorly understood.

**"AND AT WORK WHEN I WAS GOING THROUGH THE MENOPAUSE I DID END UP GOING OFF WITH WHAT WAS LABELLED AS STRESS. FOR A VERY LONG TIME I NEVER WENT BACK TO THAT JOB."**

## Maternal health and motherhood in Leeds

Around 10,000 babies are born in Leeds every year.

Teenage conception rates in Leeds are higher than the UK, but falling.

There are an increasing number of women in Leeds pregnant over the age of 30.

There were nearly 3,000 abortions in Leeds in 2016.

There are 182 child deaths through miscarriage and stillbirth and the neonatal period in Leeds.

At 3.1% Leeds has an increasing number of home births, with the hope to continue this progress.

Fewer babies are taken into care, but there are still more than average repeat care proceedings.

Breastfeeding numbers vary greatly, from 73% initiating breastfeeding in non-deprived areas to 65.5% in deprived areas. Just 19.5% of white British women living in the most deprived areas maintain breastfeeding.

Long-term consequences of pregnancy and childbirth, such as incontinence and pelvic organ prolapse, can have a marked effect on a woman's physical and emotional health and quality of life.

## Violence and abuse against women

Girls and women still face significant safety risks, both within the home and in wider society. Sexual assault, child sexual abuse and exploitation, domestic violence, bullying, female genital mutilation, forced marriage and sexually exploited women, are all cause for concern.

Across Leeds 77% of those reporting domestic violence are female and 21% male and where a suspect was identified 26% were female and 74% were male. ■



This report provides a comprehensive picture of life, health and wellbeing for women and girls in Leeds.

Commissioned by Leeds City Council in collaboration with Women's Lives Leeds and their partners, the report comes from conversations with women-centred organisations and services about health and wellbeing. People from across Leeds have built on these

conversations to develop this report and focus groups capturing women's voices are presented in the associated ***The State of Women's Health in Leeds: Women's Voices report.***

Many positive steps are being taken to improve women's health and overall lives in Leeds, but too often women have poor health and live in difficult circumstances. This reflects

pressures on communities in a fast changing world and a society not properly aware of the significant health challenges women face. This leaves many struggling with complex needs beyond the point where support should have been available.

## RECOMMENDATIONS

### Women's voices are heard

Ensure women are listened to and involved in policies that affect them, with Leeds Women and Girls Hub and other partners involved in designing and delivering services. Priorities include maternity services, screening and mental health (including perinatal support); and female-only services and women's organisations are adequately resourced.



Ensure everyone has same opportunities for breast feeding, home births and personalised maternity care.

Provide greater support for women with perinatal and postnatal physical and emotional health problems.

### Women are safe

Ensure a whole city approach is actioned to make Leeds a city where women and girls feel safe.

Support a greater focus on healthy relationship work in schools.

Provide further support and funding for women at risk of domestic violence, bullying, forced marriage, female genital mutilation, and sexually exploited women.

Work with public transport and taxi services to ensure women feel safe travelling both during the day and at night time.

### Women live longer, healthier lives

Increase bowel, lung, breast and cervical cancer screening rates. Work with women's groups to increase awareness of the need for screening and to make cervical screening more acceptable.

Develop female focused lifestyle services.

Reduce the number of women having falls.

### Mental Health is improved

Provide further support and funding for resilience and youth work targeted at girls and young women.

Develop increased awareness of the link between trauma and mental ill health, by ensuring that all relevant services in the city sign up to the Visible policy statement and good practice checklist.

Ensure women's mental health and physical health needs are supported holistically – recognising the significant connection between poor physical health and mental health.

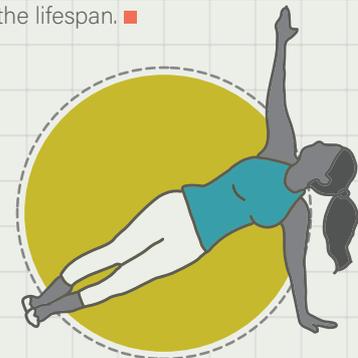
Increase support available to women with dementia.

### Enhancing women's quality of life

Combat the stigma many women experience as they age.

Offer greater recognition of the role of female carers.

Combat the risk of social isolation and loneliness across the lifespan. ■



### Society is more equal for women

The public, private and voluntary sectors should recognise and address the impact of austerity on women in Leeds and ensure this is reflected in service and business developments.

Businesses / statutory sector should offer and promote greater opportunities and flexible working for women.

Ensure the Leeds Inclusive Growth Strategy has specific women-focused aspects.

### Reproductive and maternal health

Offer greater support and compassion for girls and women with reproductive health issues, such as PMS, dysmenorrhoea, chronic pelvic pain and endometriosis.

Provide greater provision of services and guidance for women going through the menopause, with a city wide recognition of its implications for women.