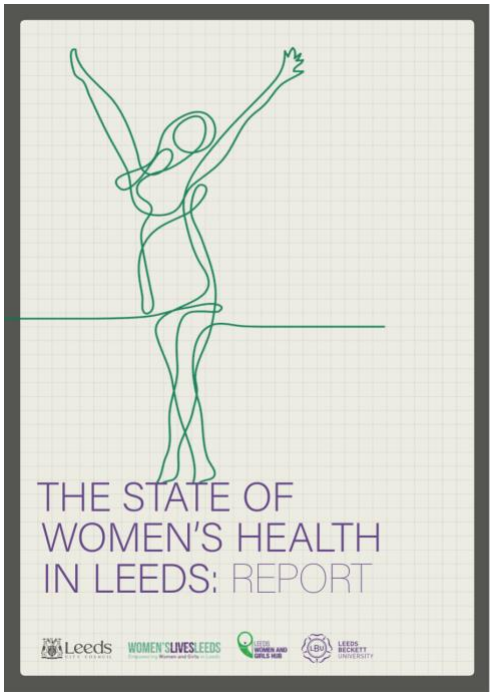

White A., Erskine S., and Seims A (2019) The State of Women's Health in Leeds, Leeds City Council, Leeds

16. Concluding thoughts

The lives of women have changed considerably since the success of the suffrage movement 100 years ago. There is high level representation of women in the city council and health sector, with female leads for the Health and Wellbeing Board (Cllr Charlwood), and the leader of the council (Cllr Blake), with Paula Dillon the first female President of the Leeds Chamber of Commerce and the election of Rachel Reeves MP (only the second women to represent a Leeds constituency). Despite these advances there still exists marked gender inequalities that seep into nearly all aspects of women's lives.

Women are now protected through the Equality Act [1] in a way that the sex-discrimination laws could not. There is now a legal responsibility of statutory bodies and employers etc. to prevent inequality from policy level through to women's (and men's) experiences on a day-by-day basis. Despite this protection, some women find they are still not paid the same as men for the same work or can find themselves penalised for pregnancy or for taking career breaks for children.

In the same way, what emerges time and time again from the studies and the articles relating to women and their health is the difficulty they have in getting their problems recognised as serious, and getting early help and attention [2,3]. Many of the health challenges women face are uniquely female biological disorders/conditions that women often struggle to have acknowledged/diagnosed. What came out of the Leeds Women's Voices study [4] was the need for women to feel listened to and for their perspective to be taken into consideration when services are planned and delivered.

"Listening to women and what they have to say first and foremost"

In part, this requires greater responsibility within the statutory bodies to treat women with more respect and to be more sensitive to the challenges they are facing, with regard to both their health and social wellbeing. We need to be faster at recognising when problems exist and striving to have a more responsive health service – as seen in the development of the menopause pathway and the new complex pelvic pain pathway. We also have to be careful that the city gives space for women's needs to be met. An anxiety from one of the stakeholder interviews was that with the push for gender neutral commissioning, it may have left more women vulnerable through the loss of female-focused services.

For services to be effective, they need to ensure that they are targeting the right group in the right way. This depends on the prior knowledge of the risk the women face, as well as the values, attitudes and beliefs that can impact on the likelihood of engagement [5,6]. It must also recognise the wider implications, as well as the practical limitations of what is being asked, including aspects of financial cost, the safety implications, the preferred place of any proposed health intervention and any sensitivities, such as whether a female only staff is required. To this end, stakeholders must be engaged in the process of service development [7].

Services also need to be more focused onto specific groups to help facilitate engagement as it is seen as personal and meaningful. Greater attention should be given to girls and young women, with more youth work. It's also especially important for those women who normally feel excluded from mainstream provision, including BME women, sex working women, lesbians, trans women, women from the gypsy

and traveller community and women with disabilities. More services should be focused onto clustered care when supporting women with long term chronic health problems or those with complex needs. This is especially the case for women who have multiple morbidities at an earlier age.

There is an important group of women that need specific attention - these are young women with multiple social needs, who are in the transition between childhood services and adult services. It is in this period that many find their lives becoming more complex with the higher risk of unwanted pregnancy, removal of children, addiction and a greater risk of domestic violence. By breaking the cycle, it may lead to an overall healthier population in years to come and save these women and their children from much hardship and sadness.

The Leeds inclusive Growth Strategy [8] recognises the importance of Leeds as a city, both in the UK and internationally, but it also acknowledges the challenges faced by such a diverse metropolis. Having a large proportion of the population living in deprived circumstances requires dedicated support through local initiatives working within communities. Leeds benefits greatly from having a thriving and very effective Third Sector, with committed workers providing much needed succour to those most in need. However, what is also needed from the Inclusive Growth strategy is the macro level of regeneration, where we see greater investment into providing work and opportunities for women to enable them to move out of poverty into a more positive future.

What is emerging from across the globe is that the more gender equal societies become, the healthier it is for both women and men. This is reflected in personal wellbeing, the education and happiness of children and improved productivity. What is significant is that most men's health organisations recognise the importance of tackling the 'restrictive societal norms of manhood' [9] that create so many problems for men and for women and the need to engage men in gender equality [10,11]. This requires a concerted effort for the whole population and each sector of provision, including the schools and the judiciary, to enable the kind of social re-engineering needed to foster change in attitudes, values and beliefs.

In a similar way we need to be striving to support women to have a more positive perspective on themselves and their role in the city. In a study of a deprived community in Sheffield [12], the women felt shame that they were not able to provide for their family and experienced a lot of negative social comparison. This was compounded by self-criticism, blaming themselves for the position they were in and not seeking help, rather than seeing themselves as being in impossible situations, where dependency should not be seen as a sign of failure.

Funding was raised as a specific issue within the Women's Voices study [4], with an anxiety voiced that insufficient resources were being made available for meeting women's specific needs or were being limited to the most extreme cases.

> *"Where you're talking about domestic violence when you're talking about sex it feels… where you're talking about rape where you're talking about things like that, again thinking you know the gender specific areas are very, very important, you kind of support - and the peer support, that we've just talked about. And, when I've been to meetings with groups like that we talked about underfunding, again… they've talked about cuts again, they've talked about the fact that they feel, that they're the last priority not the first …" P22*

The 11 women centre partners delivering Women's Lives Leeds[1], the Women and Girls Hub, Getaway girls[2], Women Friendly Leeds[3]and the Black Health Initiative[4] amongst others are doing ground breaking work in reaching into vulnerable communities of women to enable growth and development. This work needs to be supported, but also their knowledge and experience has to act as a catalyst for other organisations to recognise their role in promoting the health of women across the city.

The important work undertaken by the council on men's health within Leeds [13,14], coupled with the gender focused Director of Public Health report [15], these current reports on women's health [4,16] and the promise of a report on Trans health,

[1] https://www.womenslivesleeds.org.uk
[2] https://getawaygirls.co.uk
[3] https://www.facebook.com/womenfriendlyleeds
[4] http://www.blackhealthinitiative.org

demonstrates that Leeds is striving to be an inclusive city that recognises the importance of gender in health and wellbeing. With Leeds having almost the same pattern of social and cultural diversity as England as a whole, this study creates the opportunity for Leeds not only to change the lives of our population, but also to be a role model for other cities across the country, and also internationally.

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