



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

2. Introduction

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2.1 Introduction

Leeds is doing well and continues to prosper. It is a great city to live and work, with diverse and thriving communities. It has a strong economy that has enabled the city to recover well from the recession. All of this positive progress is testament to the hard work and cooperation of people, organisations and sectors over many years.

Leeds is also a city marked by inequalities, including health inequalities, and has similar challenges to other large cities across the county in responding to the impact of austerity on public services. A House of Commons report showed that 86% of the burden of austerity has fallen on women (Stewart 2017). Just as important as identifying areas of deprivation is assessing change over time and responding

appropriately. In line with national trends, there has been a worsening life expectancy for women and a static life expectancy for men in Leeds. One of our key challenges is to deliver gender sensitive services that meet the changing needs of people and communities.

In Leeds, we have two significant strategies that will enable this. The first is the Joint Health and Wellbeing Strategy, which aims to improve the health of the poorest the fastest. Closely linked to this is the Inclusive Growth priority in Leeds City Council's Best Council plan, which aims to enable as many people as possible to contribute and benefit from growth.

The City has an aspiration that by better understanding the health and wellbeing of our male and female population it can provide more effective gender sensitive services¹.

This report is being written at a time of great change in society, with a recognised decade long age of austerity that has been most severely impacting on women (Stewart 2017). Although Leeds is a prosperous city, it has amongst the poorest areas of deprivation in the UK, with the localities affected increasing. We are now also seeing people struggling with zero-hours contracts and in-work poverty, where despite having one or more jobs there is still not enough income to pay for essentials.

In the Leeds Director of Public Health report for 2017 (Cameron 2018), Dr Cameron recognised the differing effects of austerity on the lives and the health of men and women. For women there was the slowing down in improvements in life expectancy, a worrying increase in women suffering the effects of alcohol and an increase in the number of women who were experiencing mental health problems. One of the main recommendations from this annual review was for Leeds City Council to undertake a comprehensive health needs assessment for women.

¹ This report includes references to trans women, but it is not possible to do full justice to the complex needs of the trans population in this report. It is anticipated these will be covered in a report at a later date.

Therefore, this exploratory study presents high level evidence on women's² health and wellbeing in Leeds for use by commissioners and key stakeholders across the city. This report has been be co-produced by Women's Lives Leeds and their partners³.

There have been significant advances in the medical treatment of many female-specific diseases, with huge steps forward, for instance, in the diagnosis and treatment of breast cancer and cervical cancer. In Prof Dame Davies' 2014 Chief Medical Officers annual report (Davies 2015) which was focused onto the health needs of women, she noted that many health problems women face are still the subject of stigma and taboo, with women suffering hidden morbidity in silence.

In addition, what is increasingly recognised is that the health of a woman is more than the sum of female-specific illnesses or diseases. There is a *cumulative effect* where there is a greater impact as a result of complex anatomy and biological processes which are affected by social, cultural and economic circumstances. Although women are not defined by their biology, they can be significantly affected by it. Each individual health problem is also influenced by, and influences, women's experience of an ongoing gender inequality, which can lead to constant levels of stress and its detrimental effect on wellbeing. Locally, in this era of austerity the context within which women's services operate has become increasingly challenging, with cuts to funding, wider reforms across welfare and housing services, and structural barriers to access, all having a disproportionate impact on vulnerable communities.

Part of the challenge of this report is in recognising the unique health and social challenges of being a woman, without becoming hooked into trying to find some sort of medical 'cure'. Such an approach creates a sticking plaster for the current health issue, rather than an opportunity to explore the underlying causes of the problems.

² In this report women's health also includes the health of girls

³ Women's Lives Leeds is a unique partnership of eleven women and girls organisations from across Leeds. They have specialisms in domestic violence, mental health, sexual health, sex work, trafficking, substance misuse, child sexual exploitation and education. The project launched on 1st November 2016 and has funding from the Big Lottery Women and Girls Initiative for 4 years.

This report is also not trying to create more female victims but is aiming to demonstrate that there are unique health concerns that women experience as a result of their biology and the way they experience their lives. Most importantly, it is not meant to increase the pressure on women to somehow improve their lives, which for many are complex and a struggle.

The report is designed to highlight to commissioners and those with a statutory responsibility for the health and wellbeing of the women in the city, the need to seek new ways of reaching out and supporting the female population of Leeds. It also offers insight for those working with women and girls in the voluntary and charitable sectors to help them identify how and where they can further their greatest efforts in their work.

Nevertheless, the report is also a resource for girls and women themselves, along with the boys and men of the city. Health is everyone's concern and it is important for all to know the health risks women face and the struggles that can result. Health is *all* our responsibility, and as such we need to ensure that we all play a part in trying to make Leeds the healthiest city to live and work.

2.2 Aim of the study

The aim of the study is to provide an overview of women's health in Leeds to help inform commissioning decisions, through an analysis of the key routine data and academic research.

2.3 References

- Cameron I (2018) Nobody left behind: good health and a strong economy. The Annual Report of the Director of Public Health in Leeds 2017/18. Leeds City Council, Leeds
- Davies S (2015) Annual Report of the Chief Medical Officer, 2014: The Health of the 51%: Women. Department of Health, London
- Stewart H (2017) Women bearing 86% of austerity burden, Commons figures reveal. In: *Guard*. <https://www.theguardian.com/world/2017/mar/09/women-bearing-86-of-austerity-burden-labour-research-reveals>.

