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(2019) The State of Women's
Health in Leeds, Leeds City
Council, Leeds

1 Executive Summary

This report provides a comprehensive overview of the state of women's health in Leeds. By exploring the wider social and economic circumstances women and girl's experience, as well as the physical and emotional health challenges they face, we have created a picture of women that has been lacking up to now. What the study reveals is that despite the city taking very positive steps towards improving the health of women, there are still many whose health is poor and who are living in difficult circumstances. In part, this is due to a society that has under-appreciated the significant health challenges women face, leaving many women struggling with complex needs well beyond the point where support should have been available.

Demographic profile of women in Leeds

There were 437,946 females living in Leeds in January 2018, with 15.9% aged 0-15 years, 66.1% aged 15-64 years and 17.8% aged over 65 years. The age profile of localities within Leeds can vary considerably, with some having nearly a third of their population over 65 years and others a greater proportion of younger women. The

female population of Leeds is growing, with the biggest increase (34%) set to be in the over 65s by 2038. Leeds is a diverse city, with 20% of its female population from the Black and minority ethnic (BME) community, although this varied by area. In 7 MSOAs over half the population was from the BME community. It is estimated that women may live nearly 22 years with some form of disability. Within Leeds there are 5,000 women who report themselves as Lesbian, 4,000 as Bisexual, and 2,000 as Other.

Social determinants of women's health

Education

Girls tend to do better overall in education than boys, with an increase in those achieving a good level of development in their early school years. Over 40% of girls, compared to just under 37% of boys achieved a GCSE in English and Maths, with 82% of girls achieving at least 2 substantial A-level grades. Although women have greater educational attainment there are fewer qualified women in the workforce. There is a growing recognition that more girls have un-diagnosed Autism and attention deficit hyperactivity disorder (ADHD). Across Leeds there are 176 year 11 and 12 girls not in employment, education or training (NEETs), of these 52 females were not available for work due to illness (10), pregnancy (15), through being teenage parent (26) or being a young carer (1).

Housing

There is a higher proportion of younger women in council housing (15,438 women under the age of 45 as compared to 9,094 men). Nearly 60% of council tenants are female, with more older women in sheltered accommodation than men. There are currently 5 women sleeping rough in Leeds, but there may be many more who are affected by homelessness.

Marital status and relationships

Men are more likely to be living alone in their adult years, whereas the proportion of women over 65 years living alone is higher than for men (66.5%). There has been an increase in same-sex couples and an increase in single sex couples with dependent children. Nationally there are 1.6million women and 179,000 men with dependent children in lone parent households.

Carer

More females than males have carer responsibilities, with females in Leeds comprising nearly 60% (10,117) of those devoting more than 50 hours per week to caring for another, with a poorer gender balance in the more deprived areas.

Employment

In Leeds, there are more economically active men than women (79.9% men aged 16-64 years as compared to 69.2% of women), but female participation in the labour market has increased year on year. This is set to increase as the raising of the retirement age for women takes more effect. Unemployment rates are almost the same for men and women in the city (4.7% females, 4.8% males). Women are more likely to work part-time and although there has been an almost levelling of pay gap in part-time work, full-time occupations still see an inequality with a median pay for a female full-time worker of £24,072 compared to £30,315 for a male worker.

Poverty

23% of women (98,556 women) live in the most deprived areas of Leeds, with only 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).

Benefit claimants

Across Leeds 4,185 working age women (7,230 men) are claiming benefits of one form or another. There is a greater proportion of women in receipt of housing benefits (60% female, 40% male), with 37% of women with some level of arrears in their rental payments, with a higher proportion in the higher arrears banding.

Asylum seekers and refugees

Currently there are 824 asylum seekers/refugees receiving support under Section 95 of the Immigration and Asylum Act 1999 in Leeds. It was not possible to find out how many of these are female. It is recognised refugee women and their children require support to get the care they need when living in their host county.

Sex work

Women engaging in sex work come from a broad spectrum of society for a wide range of reasons. They are more likely to experience mental health problems and stigma than other sections of society and find difficulty accessing services. Leeds is taking a proactive role in supporting sex workers through the introduction of a managed approach.

Prison and offending

There is not a female prison within Leeds, however there were 132 women released back into Leeds in 2018. There is a new secure children's home at Adel Beck, catering for girls and boys aged 12 to 15 years. Two thirds of young women who commit crime have been in statutory care and have complex needs. There is a call for young female offenders to be given community-based sentences rather than being sent to prison.

Health status of women in Leeds

Women's health has generally been improving; life expectancy for both men and women was increasing up until 2012-2014 but then remained static since 2012-2014 and is now starting to fall. Life expectancy for women in Leeds is 1 year below the national average. Deprivation has a major impact on the health of the population, with the mortality rate in women in the more deprived areas of Leeds 40% higher than that in the wealthiest areas.

Cancer

Cancer is the greatest overall cause of mortality for women in Leeds, accounting for 26% of all female deaths in the city. Deprivation has a marked effect on the risk of dying of cancer with a 30% higher mortality rate in those living in the poorest areas. There has been an overall fall in cancer deaths over the past 10 years, however lung cancer mortality is still rising, as is ovarian cancer. Big reductions in cervical cancer are being seen as a result of the HPV vaccination programme.

Diseases of the Circulatory system

Diseases of the circulatory system are the second largest cause of mortality in women in the city. The rates have been decreasing, with a 27% reduction in deaths over the last 10 years. There is great variance depending on where women live, with

those in the poorest areas having a 50% higher mortality rates than those in the wealthy parts of the city. Women tend to develop cardiovascular disease later in life, unless they have type 2 diabetes, where the rates are the same as for men.

Respiratory disease

Respiratory diseases account for the third highest cause of death in the city for women. In the poorer areas of the city, women have over twice the death rates of women who are non-deprived. Chronic obstructive pulmonary disease (COPD), is the cause of more female deaths than breast cancer, with the prevalence of asthma greater than that in men. Women have higher levels of cystic fibrosis than men and a higher mortality.

Diabetes

Although more men are diagnosed with diabetes, the implications for women getting the disease are important, with effects on fertility, pregnancy and cardio-vascular health. Across Leeds there are 3,032 females with Type 1 and 16,018 females with Type 2 diabetes, with a rate of 37.3 per 1,000 births of gestational diabetes. It is important that women with diabetes seeks advice if they are planning a pregnancy, and if they are pregnant, they are carefully monitored. Type 2 diabetes incidence increases with deprivation, mostly due to the higher levels of obesity.

Mental ill health

There is an increasing number of young women who are developing mental health problems. Black women, Asylum seekers and refugees, and Gypsy and Traveller groups have higher rates of common mental health disorders and are less likely to receive mental health treatment. Recently available data from services in Leeds suggest that a higher proportion of females than males have a diagnosed mental health condition when they first access treatment for substance misuse. Self-harm rates and eating disorders are more common in girls and women and suicide is the leading cause of death in women up to 34 years of age. Sexual abuse, violence and trauma are important causes of mental health difficulties in women.

There are an increasing number of women being diagnosed with dementia, which is now the single largest cause of female death, with 741 female and 402 male deaths in Leeds in 2016.

Long term conditions, frailty and end of life

In Leeds there are 151,435 women living with one or more long term conditions (36.2% of the female population), with 19,818 women registered within the frailty cohort (4.73% of the female population). More women than men are registered onto the end of life cohort (1,214 women, 797 men).

Sexual Health and Contraception

Contraception

Leeds has a larger proportion of its population at childbearing age than seen regionally and nationally, with 44.8% of the female population aged 15 to 44 years of age. There has been a recent decline in the use of long acting reversible contraception, but rates are still higher than the national rate. There is greater use of Emergency Hormonal Contraceptives in areas of higher deprivation. 12.1% of girls in years 9 and 11 reported having had sexual intercourse (13.4% of boys), with 5.1% of the girls feeling pressurised into having sex (3.9% of boys). Only a small percentage (8.5%) report using any form of contraception. There were 330 conceptions in teenagers aged under 18 years in 2016, with the rate decreasing.

Sexually transmitted infection (STI)

There has been a rise in women diagnosed with gonorrhoea (245 women diagnosed in 2017/18) and chlamydia (1,683 women in 2017/18), with a decrease in women attending for screening. However there has been an increase in on-line requests for testing kits. In Leeds, there is a high positivity rate, indicating that despite a reduction in those tested, improved effectiveness of targeting is identifying those most at risk.

Human Immunodeficiency Virus (HIV)

Deaths from HIV/AIDs are now rare in the UK. Across Yorkshire and The Humber there were 1,121 females diagnosed with HIV, of which the majority were Black

African. In Leeds 53.4% of HIV diagnoses were made at a late stage of infection (41.1% nationally).

Healthy Lifestyles

Tobacco use

There has been a year-on-year decline in women smoking, but Leeds levels are still higher than the rest of Yorkshire and England. More men than women smoke, but Leeds girls are more likely to smoke than similar-aged boys, with White girls smoking more than other ethnicities. There are 9.8% of women in Leeds smoking during pregnancy, which is lower than the national average. Women find it harder to quit smoking than men.

Alcohol use

The risk of developing health problems through excess alcohol is greater in women than men. Chronic liver disease is now the 5th commonest cause of death and morbidity in women across the UK. School girls are more likely to drink alcohol than boys, but boys have a higher consumption. Female alcohol intake overall is higher in the wealthier parts of the city, with 63.6% of women consuming alcohol in IMD10 as compared to 28.5% in IMD 1. However, mortality is higher in the poorest areas at 26.9 per 100,000 compared to 7.6% in the wealthiest areas.

Drugs and substance abuse

There has been a recent rise in female deaths as a result of drug and substance abuse, with Leeds rates higher than England. Women can get addicted at a lower rate of usage than men and are increasingly using alcohol and detox rehabilitation. Sexual minorities are at greater risk of substance abuse.

Gambling

Problem gambling is still predominately seen in men, but there are an increasing number of women that are becoming addicted. There are important links between problem gambling and offending behaviour, with 23% of female prisoners having a pre-sentence history of at-risk gambling.

Obesity/Overweight and Underweight

Across Leeds 7.1% of the adult female population are classed as obese, but this rises to over 30% in some MSOAs, with a strong link to poverty. 8.5% of reception aged girls are overweight compared to 9.2% of boys. By year 6, this has increased to 18.1% of girls and 21.0% of boys. Obesity has significant health consequences for women, including increasing the risk of diabetes and cardiovascular problems along with implications for fertility and problems during pregnancy. More than twice as many women as men have a hospital admission for obesity treatment.

There are a greater number of women diagnosed with underweight than men, which has implications for its own health risks.

Physical activity and sedentary behaviour

Women have lower activity levels than men and higher rates of being inactive, with the rates lower in deprived areas, with South Asian girls having the lowest levels.

Use of health services

Cancer screening

Leeds has lower than the national average of breast cancer screening (with 74% of eligible women screened), but it is improving. Cervical cancer screening is also falling with a 73.6% uptake in 2017. On a more positive note, bowel cancer screening is increasing, with 58% of eligible women tested in 2017.

NHS Health Check

Over 90% of those eligible to have the NHS Health Check have been invited, with women from deprived areas more likely to take up the opportunity.

Mental health service uptake

Twice as many women as men in Leeds access the Improving Access to Psychological Therapies Service. For acute mental healthcare, the difference between the sexes is not as great. There are slightly more men admitted to mental health inpatient wards than women, though a greater number of women are referred to Community Mental Health Teams. In Leeds, hospital admissions for self-harm are almost exclusively for females. Similarly, the majority of people seeking help for 'eating disorders as a primary diagnosis' within the IAPT service are women.

Smoking cessation

There were 944 women who set a quit date to stop smoking, of which 453 reported stopping and 378 were confirmed quitters on CO₂ testing. There are important issues in relation to women's difficulty in stopping smoking.

Weight loss

Access to weight loss services is greater in women, with 5,994 women (2,868 men) having a hospital admission due to obesity.

Reproductive health

Women have complex needs related to their reproductive health, which can impact on the 222,820 women in Leeds aged between 11 years and 51 years. These can include a significant proportion suffering monthly due to premenstrual syndrome and dysmenorrhoea, which can affect schooling, work and relationships. There are many disorders linked to women's reproductive health that can significantly affect their quality of life and yet are under-recognised by the wider society and the health services. The menopause affects every woman and yet remains poorly understood.

Maternal health and motherhood

Approximately 10,000 babies are born in Leeds every year. It is important to engage more women in preconception care, to ensure both the mother and father's health are optimal for future generations. Teenage conception rates are higher in Leeds than the UK but are falling. More women are conceiving over the age of 30 years. Fewer women in deprived areas are attending for a 10-week booking in appointment (68.2% as compared to 76.4%). Leeds had the lowest level of home births in the country (1.34% compared to 2.4% nationally), but has seen a marked improvement and was 3.1% in December 2018, with the aim of reaching 5% by the end of 2021. There has been a reduction in the number of babies taken into care, but it is still higher than the national average of repeat care proceedings.

Across Leeds there were nearly 3,000 abortions in 2016, with a national increase in females aged under 30 years. For those women who lose a child through miscarriage or stillbirth, or through abortion due to fetal anomaly, support and

guidance is needed, with a multi-disciplinary multi-organisational group taking this work forward in Leeds.

Breast feeding numbers vary greatly across the city, from 73% initiating breast feeding in the non-deprived areas down to 65.5% in deprived areas, and with just 19.5% of White British women living in the most deprived areas maintaining breast feeding.

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

Between 10 – 20% of all women will experience a mental health disorder in the perinatal period. Whilst there has been a significant focus upon post-natal depression, there is increasing recognition that the whole of the perinatal period is a time during which women may experience a range of mental health disorders including: obsessive compulsive disorder, phobia, anxiety, depression and psychosis. Mental health problems experienced during this period can have a significant impact on women and their infants, some of which can be long-lasting. However, there are a number of interventions, such as peer support, community-based interventions and referral to IAPT services, which can reduce the likelihood of developing a perinatal mental health disorder or reduce its impact. Certain groups of women appear to be more at risk of perinatal mental ill health, including young women, women with a previous history of mental illness and women without social support.

[Violence and abuse against women](#)

There are still significant risks girls and women face with regard to their safety, both within the home and in the wider society. In 2018, 799 women and girls reported that they were the victim of a sexual assault and 858 the victim of rape. It has been estimated that 11,777 girls may have experienced sexual abuse at some point in their life. For the period 2017/18, 77% of Leeds domestic violence victims were female. Sexual assault, child sexual abuse and exploitation, domestic violence,

bullying, female genital mutilation (FGM), forced marriage and sexual exploitation of women, are all great cause for concern.

Conclusion

Leeds seeks to be at the forefront of addressing the issue of gender in public health. This report is an important step towards that important goal.

This first detailed report on the state of women's health in Leeds demonstrates that there are many positive changes to the lives of women, with decreases in cancer and cardiovascular disease. There are also excellent examples of good work being done within the city to support the needs of girls and women, which is showing dividends. However, there are still many areas of women's lives that are negatively affected by prevailing socio-cultural factors that have limited women in many ways. The rise in mental health difficulties, the emerging range of hidden and under-recognised reproductive health conditions, the challenge of increasing addiction, mostly compounded by poverty and complex home circumstances, and the risk of physical or sexual abuse have to be recognised and acted upon within the City.