

WOMEN'S HEALTH IN DONCASTER:

A SUMMARY REPORT

Authors:

Dr Lorna Dowrick
Embedded Researcher
Sheffield Hallam University
HDRC Doncaster

Sarah Atkinson
Public Health Improvement Coordinator
City of Doncaster Council

Rachel Rodgers
Public Health Practitioner Degree Apprentice
City of Doncaster Council

Amy Kilkenny
Public Health Improvement Officer
City of Doncaster Council

Hamna Saeed
Public Health Improvement Coordinator
City of Doncaster Council

**Sheffield
Hallam
University**
Knowledge Applied

NIHR

Health Determinants
Research Collaboration
Doncaster



City of
Doncaster
Council

Contributors

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Introduction

The Women's Health Strategy was published by HM Government in 2022ⁱ. It was significant as the first comprehensive women's health strategy and following a series of consultations proposed a six-point plan to address women's health needs:

1. Ensuring women's voices are heard
2. Improving access to services
3. Addressing disparities in outcomes among women
4. Better information and education
5. Greater understanding of how women's health affects their experience in the workplace
6. Supporting more research, improving the evidence base and spearheading the drive for better data.

In light of the publication of the Women's Health Strategy, the City of Doncaster Public Health team wanted to review data relating to the health and well-being of women and girls in Doncaster in order to first better understand local need and second, collate insight to inform and fuel further conversations with partners that could guide the development of services and support.

A working group was established comprised public health practitioners and an embedded researcher from the HDRC to draw together data from a variety of sources to enhance local understanding of women's health in Doncaster. As the project progressed, additional input was generously given by wider teams to support the identification and collation of specific datasets.

The Women's Health Strategy focuses on a number of priority themes which the team used to direct the local data collection including:

1. Menstrual Health and Gynaecological Conditions
2. Fertility, Pregnancy, Pregnancy Loss, and Postnatal support
3. Menopause
4. Mental Health and Wellbeing
5. Cancers
6. The Health Impacts of Violence against Women and Girls
7. Healthy ageing and long-term conditions.

In addition, given the importance of the social determinants of health the working group also included data that could provide social and economic context to the individual level health and well-being data around women's health.

The resulting visual summary and this short report draw together key findings from this work and are intended to provide an accessible overview of the health and wellbeing of women and girls in Doncaster. The findings demonstrate significant challenges to the health and wellbeing of women and girls in Doncaster across the social determinants of health such as employment, caring responsibilities, income and housing alongside indicators of population level issues of ill-health, disability, long term illness and life expectancy. Further research around issues of the physical environment and access to health care are also important (see figure two below) but were outside the scope of the resources for this study. The data available cannot provide a complete account of the health and wellbeing of women and girls but nonetheless can provide a useful starting point for further local conversations and research with women and girls, and the organisations that support them. The aim is to establish more detailed knowledge of need and to direct future support. This future work is particularly important for women from a range of inclusion health groups where data is limited, and needs are less well understood.

Methodology

Contact was made with a range of local authority directorates and partner organisations to request support with access to information about women's health. This information was supplemented by an examination of national sources of data to identify areas of concern and areas where the health and wellbeing of women and girls in Doncaster may be progressing positively. A range of secondary data was accessed from a variety of sources including:

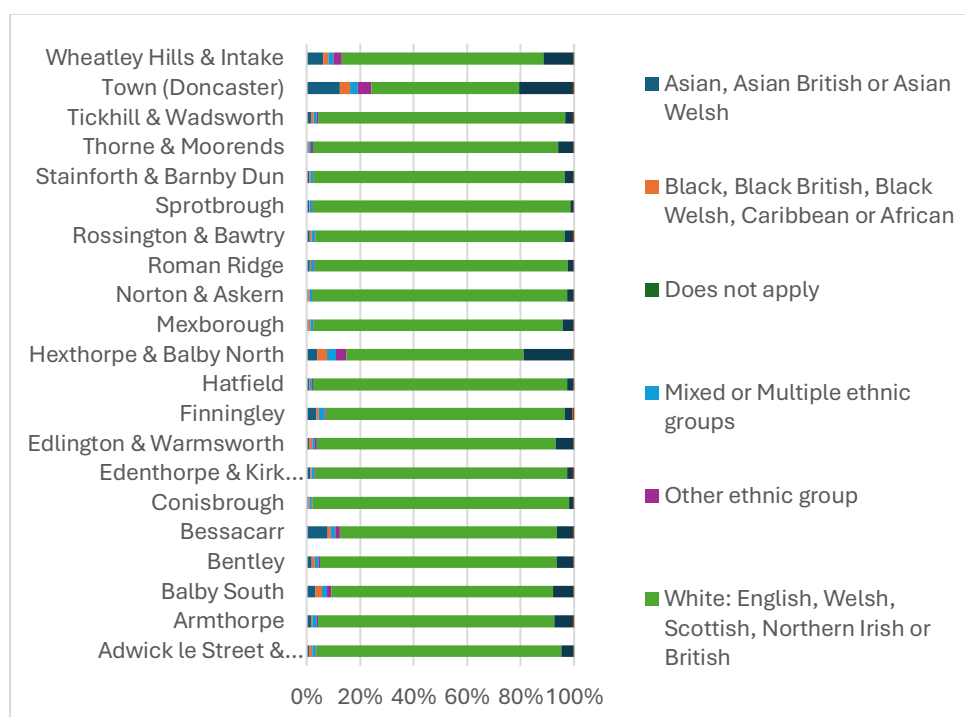
- City of Doncaster Council
- DHSC fingertips data
- Specialist dashboards
- NOMIS
- Local Government Association
- Office of National Statistics
- Freedom Of Information requests
- Local voluntary and community sector organisations and services
- Housing providers

Results

Demographic profile of women and girls in Doncaster

According to 2021 census data, there were 155,571ⁱⁱ females living in Doncaster representing 50.4% of the population. 17.92% of all females were girls aged 15 years and under, 61.40% were aged 16-64 years and 20.68% were aged 65 years and over. There were 32,110 females aged over 65 compared to 27,742 males indicating a larger over 65 female, than male populationⁱⁱⁱ. 89.6% of the Doncaster population were born in the UK^{iv} more than the average for the UK.^v 87.22% of all women in Doncaster were white British, the next largest ethnic group were white other at 6%. Doncaster has a significant population which is White: Gypsy or Irish traveller, Roma or other white^{vi}. Figure one below outlines the distribution of women by electoral ward by ethnic background. There are concentrations of women from non-white British backgrounds in the Town, Wheatley Hills and Intake, Hexthorpe and Balby North, Bessacarr and Balby south wards.

Figure one: Distribution of women by ethnic background in each electoral ward.



Source: ONS 2021^{vii}

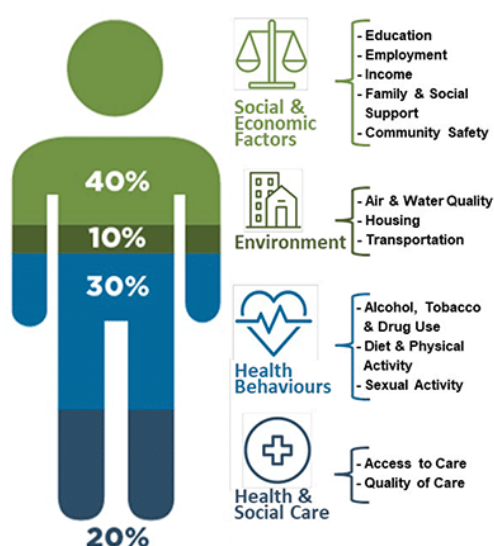
According to census data for 2021, there were more women in Doncaster (33,474) who are disabled under the Equality Act than men (28,942)^{viii}.

Social determinants of health

“Health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources – the social determinants of health”.^{ix}

The conditions in which people live and their access to resources is closely linked to their health, these socio-economic factors and the physical environment combined account for 50% of health outcomes as shown in figure two below. It is therefore important to understand the broader social and economic landscape in which women and girls in Doncaster live. Below we draw together some of the key data around a selection of these social determinants.

Figure two: contributing factors to health

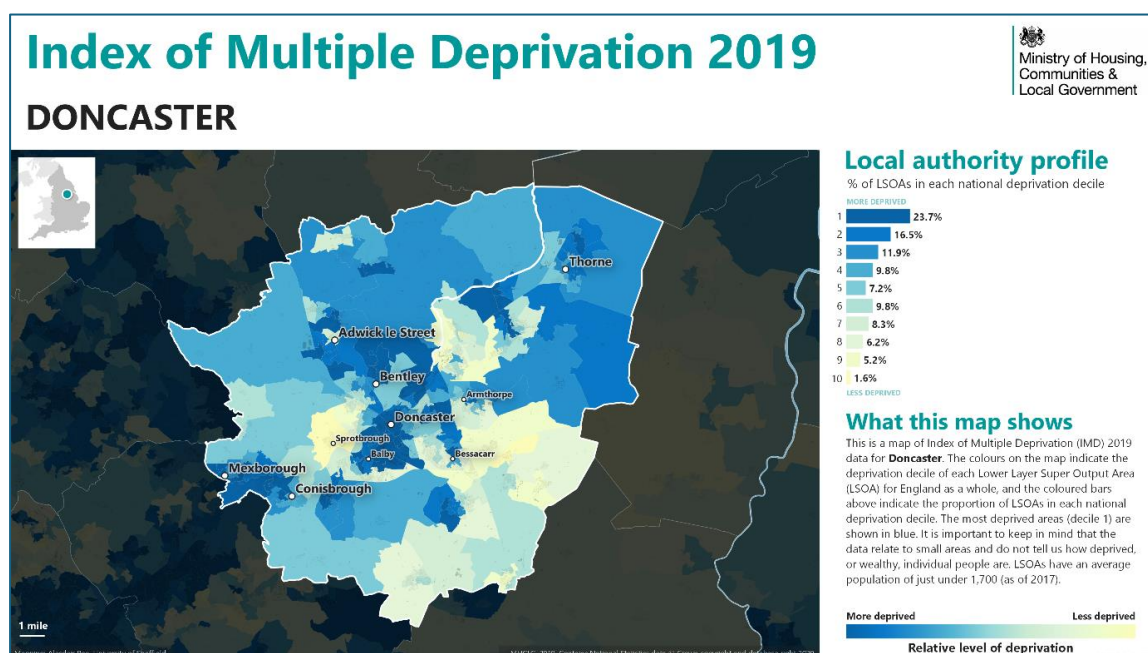


Source: Scottish Government 2023^x

Economic disadvantage

The English Indices of Multiple Deprivation (IMD) provide statistics on relative deprivation for small areas across England. The map in figure three below shows area of Doncaster in relation to these IMD. The lighter the colour the less deprived an area and the darker, the more deprived an area. Doncaster has a number of areas within the most deprived deciles of England. Economic disadvantage has a significant impact on health and well-being outcomes, so that the more deprived an area the shorter the life expectancy^{xi}.

Figure three: Index of multiple deprivation 2019.



Source: My Society^{xii}

Between 2016-2020, female life expectancy in Doncaster varied by ward, with a difference of 6.8 years. Roman Ridge had the highest life expectancy at 84.9 years, while Adwick le Street and Carcroft had the lowest at 78.1 years. The national average for England during this period was 83.2 years.^{xiii}

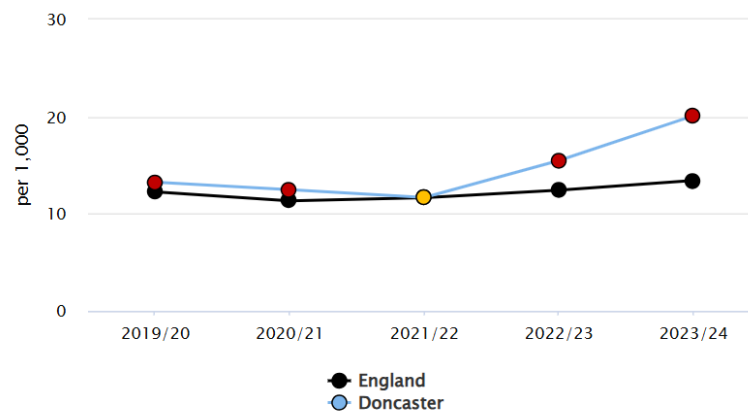
In 2022 almost half (45.8%) of all people living in Doncaster were in areas at highest risk of food insecurity^{xiv}. This was within the top 25 local authority areas with areas at highest

risk of food insecurity in England. Although no data was available for food bank use by sex or gender, local food bank data does indicate that between December 2023 and May 2024, there were 1870 uses of food banks by lone parent families^{xv}. Nationally, it is estimated that approximately 85.9% of lone parents are women^{xvi} so this figure can provide some indication of food bank use by families that are led by female care-givers. In addition, in 2022, 18.2% of people in Doncaster experienced fuel poverty compared to a much lower average percentage of 13.1% for England^{xvii}. A household is considered to be fuel poor if they are living in a property with a fuel poverty energy efficiency rating of band D or below [and](#) when they spend the required amount to heat their home, they are left with a residual income below the official poverty line. Evidence shows that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups.

Housing and homelessness

Poor housing conditions are well understood as an important public health issue and as shown above in figure two, the physical environment can account for 10% of the contributing factors affecting health. Women's housing situation is generally poorer, in terms of affordability, ownership, safety and overcrowding than that of men^{xviii}. In Doncaster, households owed a duty under the homelessness reduction act in 2023-24 were 20.1 per 1000, higher than the England average of 13.4 per 1000 and the 27th highest in England. This trend is increasing and getting worse as shown in figure four below.^{xix}

Figure four: homelessness: households owed a duty under the homelessness reduction act



Source: OHID 2025^{xx}

Between April 2023 and March 2024 in Doncaster, there were 466 single females with or without children owed a homelessness prevention duty (as they were at risk of homelessness) and a further 667 owed a homelessness relief duty (as they were homeless)^{xxi}. In October 2024, local data indicates that there were 93 females housed in hotel accommodation of these 79 were single parents. There were also 96 females housed in temporary housing, of these 80 were single parents^{xxii}.

According to the Rough sleeping snapshot in England for Autumn 2023, women accounted for 35% of the rough sleeping population. This represents the highest percentage of female rough sleepers recorded in Doncaster since 2017. ^{xxiii} It is also widely understood that women who are without permanent homes can be less visible than their male counterparts. As the women of the north report states:

“Women’s homelessness...is an ‘invisible problem’ since women are much more likely than men to exhaust all social avenues before resorting to rough sleeping, often alternating between sofa surfing and nights on the streets”^{xxiv}.

Education

In 2021 Doncaster had a higher rate of people with no qualifications than the average for England with nearly a quarter of residents over 16 years (24.6%) compared to 18.1% for England with no qualifications. 43.1% residents of Doncaster had their highest qualification at level 1, 2 or 3.^{xxv} According to the census data, more women in Doncaster (32,823) had no education qualifications compared to men (28,982) conversely more women than men had a qualification of level 4 or higher, 30,406 women compared to 26,525 men^{xxvi}.

At the end of 2023, 4.8% of 16-17 year old young people in Doncaster were Not in Education, Employment or Training (NEET) or their activity was unknown. This was lower than the average (5.4%) for England^{xxvii}. In 2023 there were 139 females aged 16-17 who were NEET compared to 173 males^{xxviii}.

Employment

Good quality employment provides important economic opportunities and can positively influence health and well-being. This includes the ability to buy resources to ensure a good standard of living which in turn positively impacts on health in addition to the potential for positive impact on well-being through good quality employment activity itself.

For 2024, the employment rate for women aged between 16 and 64 in Doncaster was 71.1% and the unemployment rate was 3.1%.^{xxix} In 2024 over a quarter of females aged 16-64 were economically inactive in Doncaster (26.7%) compared to 17.3% of men^{xxx}. 13.3% of females in Doncaster who were economically inactive would have liked a job and 86.7% did not.^{xxxi} 23.5% of all people in Doncaster in 2024 who were economically inactive were looking after family/home compared to 18.4% for Yorkshire and the Humber and 19% for England.^{xxxii}

In 2024 there were 52,000 male full time worker posts compared to much fewer female full-time posts (33,000). Conversely there were 7,000 male part-time worker posts and far greater number of female part time worker posts (23,000).^{xxxiii} Women are more likely to be in part-time employment and may often have caring responsibilities which impact on their ability to undertake full-time work. In addition, the difference between the average pay of men and women in Doncaster (gender pay gap) was 23% in 2020, this gap has decreased in recent years and in 2023 was 15.2% in Doncaster, similar to an average of 15.5% for England^{xxxiv}. The median gross weekly pay for Females in full-time work in Doncaster in 2024 was £601.20. Males in full-time work in Doncaster earned a much higher median gross weekly pay of more than £100 extra per week at £702.10. Women in Doncaster earned both less than men in Doncaster as well as less than the female (£671.60) and male (£783.80) median gross weekly pay for England.^{xxxv}

Due to gendered expectations of caring responsibilities, the availability of childcare has significant implications for women and their ability to participate in employment. There are fewer childcare places available in Doncaster than the average for Yorkshire and the Humber or for England. The ratio of childcare for Doncaster is 17.08 places per 100 children aged 7 and under which is much less than 24.98 for England and 21.89 for Yorkshire and the Humber^{xxxvi}.

Women in Doncaster also provide more unpaid care than men in Doncaster as well as more hours of unpaid care than women in England. In England census data from 2021 indicates that just over 3% of women provided 50 hours or more of unpaid care per week, in Doncaster this was just under 4% of women.^{xxxvii}

“Women in the North have worse economic outcomes in terms of rates of employment and economic inactivity. In particular, women in the North have much higher rate of economic inactivity due to long-term sickness and disability. Not only are they less likely to have a job, but women in the North are also paid less and work more hours.”^{xxxviii}

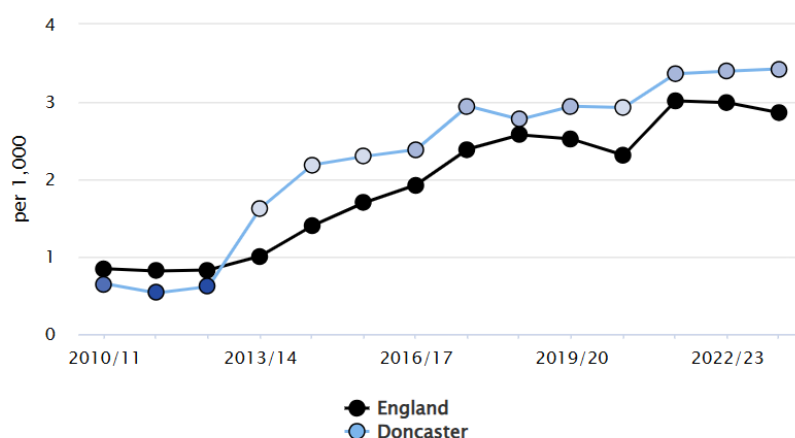
The percentage of adult carers who have as much social contact as they would like is less than 20% (18.8%) compared to 30% average for England.^{xxxix}

Violence against women and girls

A woman is killed by a man every 3 days in the UK^{xl}. 23,738 domestic abuse related crimes across South Yorkshire were reported to South Yorkshire police in 2023-24^{xli}. There were 9,302 incidents of domestic abuse in Doncaster reported to South Yorkshire police in 2023-24^{xlii}. In the same year 1,444 referrals to Doncaster Independent Domestic Violence Advisor Service were at high risk of serious harm or death.^{xliii} Domestic abuse accounted for 15% of all crimes recorded in South Yorkshire by South Yorkshire police in 2023-24.^{xliv} According to the secondary school Doncaster Pupil Lifestyle Survey for 2024, just over a quarter of female respondents (26%) indicated that they had experienced controlling or abusive behaviour in relationships compared to boys (19%)^{xlv}.

In Doncaster, violent crime - sexual offences are higher than the average for England at 3.4 per 1000 people for Doncaster and 2.9 per 1000 people for England and increasing^{xlvi}. See figure five below.

Figure five: violent crime- sexual offences per 1000 population



Source: OHID 2025^{xlvi}

During the 12 months, between April 2023 and 2024, Violence against women and girls reported crime (non-domestic abuse) made up 25% of the total crimes reported in the Doncaster district^{xlvi}. During the same period in Doncaster, 474 people assessed under the homelessness duties required support in relation to domestic abuse and 79 in relation to sexual abuse/exploitation.^{xlix} In Doncaster there were 135 households owed a prevention duty due to domestic abuse between 2023 and 2024 (13.8% of all households owed a prevention duty) and 352 households owed a relief duty due to domestic abuse (20.1% of all households owed a relief duty).^l

The UK Forced marriage unit describes forced marriage as:

“A forced marriage is one in which a person uses violence, threats or another form of coercion to cause someone else to enter into a marriage and believes (or ought reasonably to believe) that their actions may cause that other person to enter into the marriage without free and full consent. It is also an offence to carry out any conduct for the purpose of causing a child to marry before their eighteenth birthday, even if violence, threats or any other form of coercion are not used”.^{li}

In 2023, nationally the majority of cases involving forced marriage involved female victims (69% of cases). Men can also be victims and 31% of cases involved male victims. 9% of cases involving the forced marriage unit in 2023 were in Yorkshire and the Humber^{lii}.

Female Genital Mutilation (FGM) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. FGM has been illegal in the United Kingdom (UK) since 1985, the law was strengthened in 2003 to prevent girls travelling from the UK to undertake FGM abroad. It is mandatory for acute trusts, mental health trusts and GP practices in England to submit data for the FGM dataset but it does not collect data from other settings such as sexual health, Genitourinary medicine (GUM) and HIV clinics.

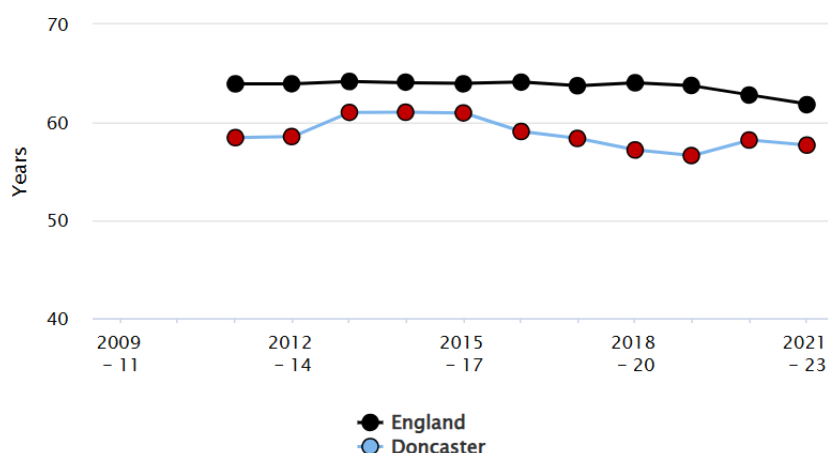
There were 5,620 individual women and girls in England who had an attendance where FGM was identified in the period April 2021 to March 2022. There were between 1 and 7 individuals where FGM was identified and recorded in Doncaster between 2021-22.^{liii}

Physical health

“Since 2010 life expectancy in England has stalled; this has not happened since at least 1900. If health has stopped improving, it is a sign that society has stopped improving. When a society is flourishing health tends to flourish.”^{liv}

In Doncaster life expectancy at birth for females has declined in recent years. The life expectancy at birth for females in Doncaster is 81years compared to 82 for Yorkshire and 83 for the England average.^{lv} Girls born in Doncaster in 2021-23 can only expect to live in good health to 57.7 years compared to 57.3 years for boys.^{lvi} This is over four years less than the England average and over 13 years less than the highest amount for England. Figure six below shows healthy life expectancy at birth from 2009-11 onwards.

Figure six: Healthy life expectancy at birth - Female, Doncaster, 2009 - 11 to 2021-23



Source: OHID 2025^{lvii}

The number of years that women in Doncaster can expect to live disability free at age 65 has declined so that in 2018-2020 women in Doncaster could only expect around a third less time disability free (6.5 years) compared to the England average (9.9 years)^{lviii}. In Doncaster in the 2021 census, more women reported having a ‘long term physical or mental health condition’ compared to men^{lix}.

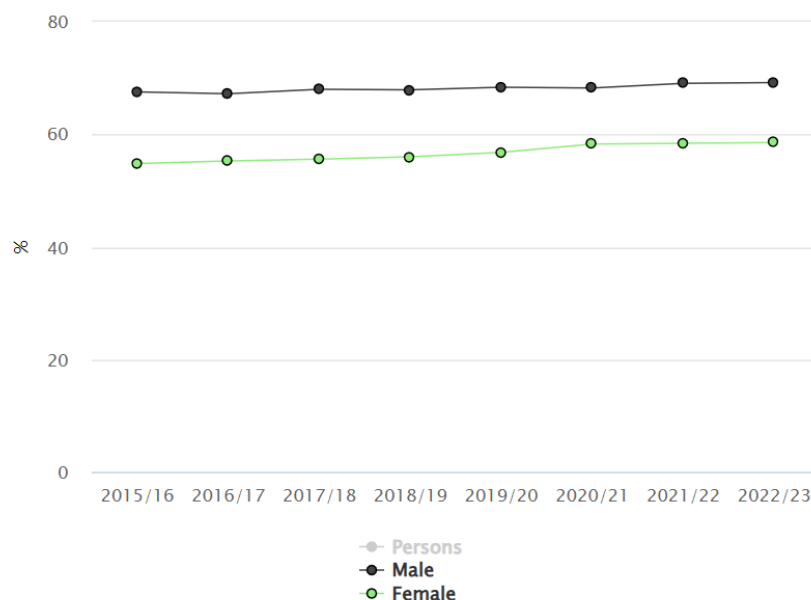
In Doncaster, over 40% of all premature deaths between 2019 and 2023 were from Cancer. This was followed by over 17% of deaths from circulatory disease including conditions such as heart disease and stroke. Over 10% were caused by respiratory disease^{lx}. For 2021-23, the mortality rates for causes considered preventable were higher in Doncaster than for the England average^{lxi}. The under 75 mortality rate for all cancers (2021-23) was significantly higher for females in Doncaster (133.2 per 100,000) than the England rate for females (109.8 per 100,000)^{lxii}. Across a number of preventable diseases, between 2021-23 the under 75 mortality rate is higher in Doncaster than the England average. The under 75 mortality rate for females from cancer considered preventable is much higher at 55.3 per 100,000 people compared to 37.6 for England^{lxiii}. The under 75 mortality rate from cardiovascular disease considered preventable for females is higher than the England rate in Doncaster, at 25.3 per 100,000 people compared to 17.3 per 100,000 for England^{lxiv}. The under 75 mortality rate for liver disease considered preventable for females is over a third higher in Doncaster at 17.8 per 100,000 people compared to 13.3 for England^{lxv}. The under 75 mortality rate from respiratory disease is 21.6 per 100,000 compared to 16.2 for England^{lxvi}. The mortality rate for 2023 from Dementia and Alzheimer disease was much higher for women in Doncaster at 153.5 per 100,000 compared to 117.9 per 100,000 for the average for women in England and for male equivalents in Doncaster at 101.7 per 100,000^{lxvii}.

Rates for cervical screening for females in Doncaster aged between 25-49 years in 2024 were higher than the national average at a coverage percentage of 70.4% compared to 66.1% for England. For 50-64 year olds in the same year, the coverage rate was 74.2%

compared to the national average of 66.1% but they are declining over time^{lxviii}. In 2023, Breast cancer screening rates for Doncaster fell below the average for England. In 2024, there was a rate of 66.5% coverage compared to 69.9% for England^{lxix}.

Doncaster has a higher prevalence of people who are overweight or affected by obesity compared to the national average. There are more males that are affected than women in Doncaster, but the percentage of women has increased in recent years^{lxx}. See figure seven below.

Figure seven: Overweight (including obesity) prevalence in adults 18+ %



Source: OHID 2025^{lxxi}

According to the Get Doncaster Moving strategy (2022)^{lxxii} approximately a third of Doncaster residents do fewer than 30 minutes of moderate activity each week and areas that generally have higher levels of deprivation and inequality have higher levels of inactivity. In Doncaster 2023-24 female inactivity (33%) was higher than the Yorkshire (28.4%)^{lxxiii} and England (26.3%)^{lxxiv} rate as well as higher than male inactivity rates in Doncaster (27.2%)^{lxxv}.

According to Doncaster's 2024 Pupil Lifestyle Survey, just 41% of girls engage in more than an hour of physical activity daily, compared to 57% of boys. While 57% of girls stated that they enjoy physical activity, the figure rises to a much greater 82% for boys. Additionally, 40% of girls cited feeling "shy about their body" as a reason for disliking physical activity, whereas only 19% of boys share this concern^{lxxvi}.

Emergency hospital admissions due to falls for women aged over 65 years is higher in Doncaster (2760 per 100,000) than the England average (2203 per 100,000) and higher than men in Doncaster (1967 per 100,000)^{lxxvii}.

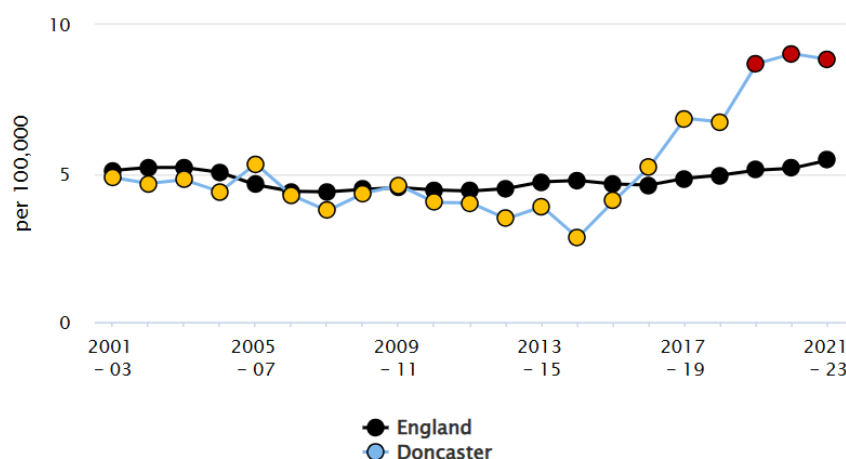
Mental health and well-being

According to data from 2017 from the Doncaster Clinical Commissioning Group (CCG) region, there was a higher estimated prevalence of common mental health disorders for people aged over 16 years. In 2017, 19.1 % of the population had a common mental health disorder compared to 16.9 % for the England average.^{lxxviii} Quarterly referrals to the Improving Access to Psychological Therapies (IAPT) services for adults was 971 per 100,000 compared to 953 for England^{lxxix}. More recent local data for 2023-24 indicates that 64% of all talking therapy referrals for 2023-24 were women.^{lxxx} The most common reasons for women attending the service included depression (29%), and generalised anxiety disorder (14%) however no reason was specified for 49% of users. There has also been an increase in the number of accepted referrals to perinatal mental health services since 2019^{lxxxi}.

The rate of emergency hospital admissions due to intentional self-harm is much higher for women than men. In 2023-24 the male rate of admission in Doncaster was 111.4 per 100,000. For women in Doncaster this figure rose to 192.3 per 100,000^{lxxxii}. The years of life lost due to suicide for females aged between 15-74 in Doncaster is very high

compared to the average for England. Doncaster had the 6th highest rate of female suicide in England in 2021-23 at 8.8 cases per 100,000 population compared to 5.4 per 100,000 for England's average.^{lxxxiii} The years of life lost to suicide 2020-22 was 35.3 per 10,000 in Doncaster for women which is over double the rate of 17.2 per 10,000 for England's average for women^{lxxxiv}. This is lower than the rate for men which is 69.5 per 10,000 in Doncaster compared to 51.5 per 10,000 for England. Figure eight below shows the stark increase in the rate of female suicide in recent years.

Figure eight: Suicide rate females 10 years +



Source: OHID 2025^{lxxxv}

28% of girl participants in the 2024 Doncaster Pupil Lifestyle Survey had been bullied in the last 12 months, compared to 17% boys. This has increased from 2022 by 3%. 15% of girls in the survey said they self-harm when they feel stressed, five times the percentage of boys (3%)^{lxxxvi}. The rate of hospital admission for self-harm for 10–24-year-olds in Doncaster in 2023-24 is over 25% above the average for England at 340.8 per 100,000 compared to 266.6 per 100,000. When differences between males and females are examined, the male rate of admission for self-harm is 145.6 per 100,000 but for females this is nearly four times greater at 551.3 per 100,000^{lxxxvii}. In 2023, local service data

indicates that 87.9% of eating disorder diagnoses in Doncaster were in girls, the most affected age group were 15- to 18-year-olds. The most prevalent eating disorder was Anorexia Nervosa^{lxxxviii}.

More adults in Doncaster feel lonely often or always (7.8%) compared to England (6.8%). There is no local data available but nationally more women than men report feeling lonely 7.7% of women in England compared to 5.6% men (2021-22 to 2022-23).^{lxxxix} For the long term unemployed or never employed, the percentage of adults in England who feel lonely often or always increases to 21.1%^{xc}.

Sexual and reproductive health

In 2023, the rate of new sexually transmitted infection (STI) diagnoses (excluding chlamydia in under-25s) in Doncaster was 363 per 100,000—lower than England's rate of 520 per 100,000^{xc}. The gonorrhoea rate was 86 per 100,000, also lower than the national rate of 149 per 100,000, but cases are rising^{xcii}. The chlamydia detection rate for females aged 15 to 24 was 2,122 per 100,000 in 2023, in line with England's rate of 1,962 but below the target of 3,250^{xciii}.

In 2023, the rate of Long-Acting Reversible Contraception (LARC) prescriptions (excluding injections) in Doncaster was 45 per 1,000 women aged 15 to 44. This is similar to the England average of 43.5 per 1,000^{xciv}. Abortion rates in Doncaster are rising and are higher than the rates for the England average. The overall rate in 2021 was 24.7 per 1,000, compared to 19.2 per 1,000 in England^{xcv}. Amongst women under 25 who had an abortion in 2021, 32.4% had previously had one, similar to the national figure of 29.7%^{xcvi}.

The under 16 conception rate in Doncaster is much higher than the rate for England's average. In Doncaster in 2021 there were 3.9 per 1000 for Doncaster compared to 2.1 for England^{xcvii}. The rate of births to mothers under 18 years old in 2022 was 7.3 per 1000,

over double the England rate of 3.4 per 1000^{xcviii}. Less than a third (28%) of girls who responded to the secondary school pupil lifestyle survey in 2024 had been shown how to use a condom^{xcix}.

In Doncaster, obesity rates in early pregnancy are high. In 2018-19, 28.2% of women lived with obesity compared to 22.1% in England^c. Obesity in pregnancy increases the risks of health conditions including gestational diabetes, miscarriage, high blood pressure and pre-eclampsia. In 2022, 3.0% of term babies had a low birth weight in Doncaster, a figure similar to England's average of 2.9%^{ci} however the percentage of all births with a very low birth rate in 2022 was 1.6% in Doncaster compared to 1% for the average for England.^{cii} Low birth weight increases the risk of childhood mortality, developmental issues, and long-term health problems. There are also lower rates of first feed of breast milk in 2023-24 at 61.9% compared to the England average of 71.9%^{ciii}.

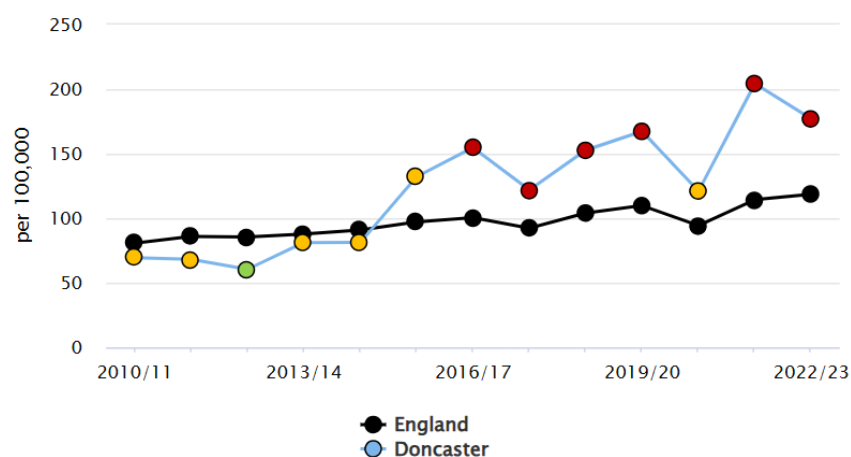
The demand for free hygiene products has increased, local data from the Hygiene Bank indicates that they received nearly 14,000 requests in 2023 for products for women and girls aged 13 to 65 living in poverty in Doncaster^{civ}.

In 2021 there were 22,005 women aged between 45 and 55 years in Doncaster, who were around the age of perimenopause and menopause^{cv}. 10% of women in Doncaster aged 40 or over were prescribed Hormone Replacement Therapy (HRT) in Doncaster^{cvi}. This may indicate that some women may not be receiving treatment for menopause symptoms. 46% of South Yorkshire's health and social care workforce are women of menopausal age^{cvi}. A collection of stories told by the women of Doncaster in "Empowering women during menopause" produced by the Sojourn Project provides a rich insight into the lived experiences of people who have experienced menopause in the city and highlights the lack of access to reliable information, inadequate support and social taboos that hinder the ability for people who are experiencing the menopause to address their health and well-being needs^{cvi}.

Alcohol, drugs, cigarettes and vape use

Admissions for alcohol-specific conditions for women in Doncaster is higher than the national average^{cix}. For 2023-24, the rate is 426 per 100,000 female population for Doncaster compared to 373 per 100,000 female population for England and the number of hospital admissions due to liver disease has remained high.^{cx} See figure nine below. Similarly, alcohol-related mortality for females in Doncaster in 2023 was also much higher than in England (26.9 per 100,000 population compared to 22.1 per 100,000 for England) and rates of premature death from liver disease in Females (33.1%) have risen more rapidly over the last 20 years than in males (22.8%)^{cx}. Between 2019 and 2023, 139 women in Doncaster died from liver disease^{cxii}.

Figure nine: hospital admission rate due to liver disease (female)



Source: OHID 2025

The rate of potential years of female life lost to alcohol-related conditions in 2023 was 699 per 100,000 in Doncaster and 533 per 100,000 for the average for England^{cxiii}. According to local data from an alcohol support service, women cite a number of reasons for their alcohol use including managing the symptoms and consequences of the menopause; managing difficult personal relationships, family life and caring, and work

related stress.^{cxiv} More people have ever had an alcoholic drink at age 15 in Doncaster at over three quarters (75.2%) than the England average of 62.4%.^{cxv}

Female deaths from drug misuse in Doncaster are higher than the England average. Between 2021-23 the rate of female deaths from drug misuse increased to 4.8 per 100,000 for women in Doncaster compared to 3.1 for England^{cxvi}. Male deaths from drug misuse are much greater at 15.4 per 100,000 people in Doncaster and 8.4 for England.^{cxvii}

Doncaster has significantly higher rates of smoking (17.8%) than the England average (11.6%) in 2023^{cxviii}. More males (20.8%) than females smoke in Doncaster (15.1%)^{cxix}. Doncaster has a higher rate of successful quitters after 4 weeks of support than the England average^{cxx}. More women in Doncaster smoke during pregnancy compared to England. In 2018-19 nearly a quarter (24.6%) were smoking in early pregnancy compared to 12.8% for the England average^{cxxi}. In 2023-24, 10.7% of women are recorded as smoking at the time of delivery, compared to 7.4% in England^{cxxii}.

According to the Doncaster pupil lifestyle survey (2024), 10% of secondary school age female respondents stated that they use a vape regularly, compared to 5% of males^{cxxiii}. This is echoed in national trends which suggest a greater uptake of vaping by female young people^{cxxiv}. Recent research by Doncaster public health and the HDRC also identified regular rather than occasional or never use of vapes by young people facing health inequalities suggesting a need for focused work to provide information and support to specific groups of young people around the issue of vaping^{cxxv}.

Climate change

Climate change impacts on everyone on the planet, but it also disproportionately impacts women because in general they have less economic resources than men and are the ones who can experience disproportionate impacts of economic crisis. Women

are often the ones with more caring responsibilities, they may be less able to be mobile in an emergency situation and may have less resources to respond. The climate crisis is therefore an important issue for women in Doncaster.

Inclusion health

Further insight is needed to identify the specific health and well-being needs of women and girls who are from inclusion health groups. This includes women and girls who:

- Live in areas with highest levels of socio-economic disadvantage
- Are from ethnic minority communities
- have a learning disability or are autistic
- have multiple long-term health conditions;
- are experiencing homelessness,
- have drug and alcohol dependence,
- are vulnerable migrants,
- are from Gypsy, Roma and Traveller communities,
- are sex workers,
- are in contact with the justice system,
- are victims of modern slavery

There is a limited picture of the health needs of women and girls from inclusion health groups due to a lack of disaggregated data. This difficulty has been echoed in other research such as the HEN Women of the North Report (2024). Local data from Health Needs Assessments conducted by the CDC Public Health teams and local service provider data can provide some insight and direction for further research.

The City of Doncaster Council Health Needs Assessment for people from an ethnic minority background^{cxvii} explored census data on the wider determinants of health by ethnicity at a local level. This included employment, language, education and housing.

Key disparities could be seen among rates of unemployment, overcrowding and educational attainment.

The Changing Lives Health promotion support group provides a regular space for women from ethnic minority backgrounds to come together and share health and well-being information and support. They provide support to women from across 34 different countries and 14 languages. Their experience highlights the importance of providing accessible and welcoming services, building knowledge and experience of different cultures and religions, understanding and overcoming economic barriers to access, and overall, of building long-term trusted relationships with women which can facilitate information sharing, discussion and better access to services^{cxxvii}.

According to the City of Doncaster Council Health Needs Assessment for people from an ethnic minority background, most ethnic groups have lower reported rates of bad or very bad health than the White British group. The only exception is the Gypsy or Irish Traveller community; the Black Caribbean or White Irish communities may also lower rates, but this was not certain from the data available^{cxxviii}.

Across all inclusion health groups there is a clear need for further information about health and well-being to inform the development of future services that can best support addressing health inequalities.

Key challenges across the life-course

A life course approach considers the critical stages, transitions, and settings where large differences can be made in promoting or restoring health and wellbeing. This is in contrast to a disease-oriented approach, which focuses on interventions for a single condition often at a single life stage. The review of existing data on the health and well-being of women and girls in Doncaster suggests a number of areas where there are

significant challenges and focused support is required. These are summarised in figure ten below.

Figure ten: key challenges in Doncaster at different life stages

Stage	Key challenges
Girls and young women	Sexual health
	Vaping
	Mental well-being
	VAWG
	Physical activity
Mid-life women	Cancer
	Circulatory disease
	Drug and alcohol misuse
	Caring responsibilities
	Menopause
	Physical activity
Older women	Loneliness
	Long term illness or disability
	Loneliness
	Dementia and Alzheimer disease
	Caring responsibilities
	Physical activity

Limitations

There were several challenges with accessing information that could allow exploration by sex or gender and other protected characteristics. The lack of consistency in definitions used for different data sources also restricted the amount of information available and the levels of analysis that could be undertaken. Further work to facilitate discussions with

partners about how ongoing data about women's health and well-being can be collected and analysed will be essential.

There are a range of limitations listed for data sources from national sources such as ONS data and OHID data. Please refer to the endnotes to find links to data sources for further details.

Summary

The data available is wide ranging if often limited by the ability to view the intersection of multiple disadvantages particularly for women and girls from inclusion health groups. The significant social and economic factors such as economic disadvantage, lower levels of education and employment and housing difficulties provide a challenging context to the lives of many women and girls in Doncaster. As a result, there are many areas where health outcomes for women and girls in Doncaster are below national average rates and significant health inequalities persist. A number of key areas of focus have emerged as important for further exploration as priorities. The voices and experiences of women and girls in Doncaster are also needed to add further evidence and understanding of local need.

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DOWRICK, Lorna, ATKINSON, Sarah, RODGERS, Rachel, KILKENNY, Amy and SAEED, Hamna

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