

Let WOMEN SPEAK

Women's stories about their
health and what matters

Aaliyah's Story From 14 to 77

What women
in Luton **told us**
about their health
and wellbeing

Public Health
Spotlights
Opportunities for
the future!

LUTON ANNUAL
PUBLIC HEALTH

Report
2026

Luton

FOREWORD

This year's Annual Public Health Report focuses on women in Luton. Through the life story of Aaliyah, a fictional woman, we share the experiences, challenges and aspirations of many women across our town; stories about health, wellbeing, and what is important in their lives. We ask that this report is read, and from the what women told us we take collective responsibility for effective advocacy and leadership to create the conditions in which women can live healthier, happier lives with greater opportunity.

Women play a central role in family and community life. This report reflects the voices and experiences of more than 250 women from across Luton; women of different ages, from different neighbourhoods and communities, who represent the rich diversity that makes Luton a global town. We were committed to let women speak, and we listened. Their stories reveal resilience and strength, the challenges they face and shows how differences in health, wealth, circumstance and opportunity continue to drive inequality throughout life.

What we found is not new. Health inequalities emerge from the conditions in which people are born, grow, live, work and age, and from their ability to access the building blocks of good health: secure relationships, a safe home, education, fair employment, financial security and social connection. When these building blocks are absent or unequally distributed, disparities emerge and widen. Improving women's health therefore requires action.

This report aligns with Luton's 2040 vision to reduce inequalities and create a town where everyone can thrive. By exploring women's experiences from adolescence to adulthood to later life, we identify opportunities for prevention, early intervention and the need for targeted support to tackle these unfair life differences.

This report has been written for the women of Luton. While it contains data, evidence and analysis for professionals in partner organisations, and their decision-makers, we wanted to create a report that women would want to read, in which they recognised themselves and the other women in their lives, and their everyday experiences.

As you read this report, please remember that these are not abstract statistics or distant experiences, they are stories of women in Luton: women in our families, women in our workplaces, in our communities and friendship groups and what they say matters. The decisions we make today can help create the changes women asked for, changes that will make a real difference.

Our ambition is for every woman in Luton to pursue her ambitions, fulfil her potential and feel healthy, safe, connected, valued and included. That means that women are heard and empowered, and have the support, and opportunities to shape their own futures and to roar with confidence.

Luton's women are our daughters, sisters, mothers, aunts and grandmothers. They are our friends, neighbours, colleagues, carers, community leaders and activists. Through these many roles, women help shape the health, wellbeing and opportunities of families, communities and future generations. Their health and wellbeing should matter to us all. Improving women's health is not only a public health priority; it is fundamental to building a fairer society, stronger communities and better outcomes for future generations.

Kelly O'Neill,
Director of Public Health



EDITORIAL COMMENT:



I am delighted to support Luton's Annual Public Health Report, which demonstrates how the ambitions set out in the Renewed Women's Health Strategy for England can be translated into meaningful local action. The national strategy recognises that women's health has too often been overlooked, and that improving outcomes requires us to listen more closely to women's experiences, address health inequalities, and adopt a life-course approach to health and wellbeing.

But I think what makes this report particularly powerful is that it has been shaped by the voices of Luton women themselves. Through listening to women from all neighbourhoods and communities across Luton, the stories they have shared and the challenges many of them have faced in balancing work, caring responsibilities, family life, financial pressures, let alone their own health needs. It also shows the resilience, strength, and contribution that women make throughout their lives, to their families, to their friends, to their communities and to the whole of our society.

This report also recognises that women's health extends far beyond a biomedical focus on physical and mental health. It demonstrates the importance of the social factors that shape health and wellbeing, including connection, inclusion, purpose, feeling recognised and being valued by others. It also acknowledges how the different ages, stages and experiences of life can influence health and wellbeing and draws attention to the significant inequalities that continue to exist in society today and the need for health

care partners and communities to work together to address them.

The refreshed Women's Health Strategy was launched in April 2026 and calls for women's voices to be at the heart of decision-making, and your report does exactly that. By listening, learning, and acting on what the women of Luton said, you are helping to create a healthier and fairer future for women and girls.

I hope this report inspires continued collaboration across organisations, services and communities, and I look forward to seeing Luton's progress as it delivers on its ambition that every woman in Luton has the opportunity to live a healthy, fulfilling life."

Professor Dame
Lesley Regan DBE,
Women's Health Ambassador for England

WELCOME

This report is for the 112,400 women and girls living in Luton, who make up 49.9% of the population of the town, and whose experiences, aspirations and wellbeing help shape the future of our town.

Women's health has improved significantly over recent decades. Advances in healthcare technology and service provision, and the overall standard of living has led to improved health. Improvements in maternity, infant, sexual and reproductive health, earlier diagnosis and treatment for long term health conditions such as diabetes, asthma, and cancer, and reduced smoking prevalence have improved health outcomes resulting in a longer life expectancy especially for women, who generally live longer than men. However, these gains have not been experienced equally and significant inequalities persist. Too many women especially women living in the most deprived areas of the town, continue to experience poorer health and wellbeing compared to women living in more affluent areas. From the most recent healthy life expectancy data, women are living longer with more years experiencing poor health, their lives affected by illness, disability or reduced wellbeing, including mental health.

Many of the factors that contribute to illness and early death for women are preventable. Supporting women, particularly those with the poorest health, and who are least likely to access services needs to be prioritised. Health is improved by maintaining a healthy weight, being physically active, stop

smoking, managing high blood pressure, attending the services they are eligible for, makes a significant difference to the quality of a woman's life and their life expectancy. Good mental health is equally important. Women in Luton have told us that stress, caring responsibilities, financial pressures, social isolation and difficulties accessing mental health support has a profound impact on wellbeing and reduces their ability to prioritise their own health needs.

Reducing these inequalities requires a targeted approach to identify women and families who would benefit most from additional support. This requires us to invest the resources needed to deliver effective services in ways that are accessible and meaningful to women. This means adopting a population health approach, using data, insight and evidence to better understand our population. This means moving beyond a one-size fits all to identify the at-risk population neighbourhoods and communities, and prioritise those women and families whose health and wellbeing need is the greatest. Working with Luton women to shape services around their needs and experiences is essential. Throughout our engagement, one message was heard clearly: if we want to understand what women need, ask them!

This report is intended to start conversations. It is an invitation to listen to women, reflect on their experiences and discuss what more we can do collectively to improve health and wellbeing for women in Luton. We recognise that there are many factors that can influence women's health and wellbeing, including issues that were raised less frequently or not at all through our engagement. However, as an

independent report, this Annual Public Health Report seeks to remain true to the voices of the women and girls who shared their experiences with us. The themes explored throughout this report reflect the priorities and concerns that women in Luton told us mattered most to them. By listening first and reporting faithfully on what we heard, we hope to provide an authentic account of women's lived experiences and create a foundation for continued conversation and action.

We hope that women, families, communities, organisations and decision-makers will use this report as a catalyst for ongoing dialogue, helping ensure that women's voices continue to shape local priorities and action.

Through the story of Aaliyah, we show how health, wellbeing and life opportunities are shaped by experiences across all ages and stages of life; from childhood and adolescence through to adulthood and later life. Aaliyah's life demonstrates how the wider determinants of health, including housing, education, employment, financial security, safety and social relationships, have a profound influence on health outcomes and life chances for women.

This report comes at a time when England's Women's Health Strategy has reinforced the importance of improving women's health across the life course and ensuring that women's voices are central to the design and delivery of services. At the same time, the development of neighbourhood health models provide new opportunities to deliver more integrated, preventative and community-based support, particularly for women living with frailty, multiple long-term conditions and increasing care needs.

The report also references several important and closely aligned local strategies that impact the lives of women in Luton. The Luton Domestic Abuse Strategic Plan (2026-2031) identifies domestic abuse as one of the most significant threats to women in Luton. The plan recommends the adoption of a survivor-centred, trauma-informed approach focused on prevention, early intervention, recovery and breaking the cycle of abuse, acknowledging that women are disproportionately affected by severe and repeated abuse.

The All-Age Mental Health Strategic Plan, the emerging Women's Health Strategic Plan, the ambitions set out in Luton 2040 and the three corporate priorities of Housing, Jobs, Safety and Wellbeing all share a common ambition: creating a town where people can live safe, healthy and fulfilling lives, achieve their potential and throughout their lives, thrive!

Improving women's health is more than improving outcomes for women alone. Women are often the foundation of family and community life. They provide a significant proportion of unpaid care, they contribute to the local economy workforce and are at the heart of building strong and resilient communities.

Women play a central role in every community and every stage of life. Improving women's health strengthens families, increases economic participation, reduces demand on health and care services and contributes to better outcomes for future generations. If we get it right for women, we improve life for everyone. Investing in women's health is one of the most effective ways to improve the wellbeing, resilience and prosperity of our town.

How we developed this report

AALIYAH'S STORY

Our report tells the story of Aaliyah, a fictional woman living in Luton.

Aaliyah is not one person. Her story brings together data and evidence, and the insights shared by women across the town about their experiences. It shows how health and wellbeing are shaped by the circumstances of our lives, including our relationships, opportunities and the social factors that affect health. In this report, we call these the building blocks of health.

We also asked women from our Public Health team who live and work in Luton to contribute their own experiences as well as their professional knowledge.

Our research and engagement showed that health is closely linked to other parts of life. Family responsibilities, our education, the work we do, the homes we live in, the money we have, and the major life events all affect physical and mental wellbeing. Women described how these factors often combine, making it harder to look after their own health.

Through Aaliyah's story, we aim to show what life can be like for women in Luton and how health can be affected by life circumstances. Her journey shows

how experiences in childhood and early adulthood can shape future opportunities, how advantages and challenges can build up over time and how poor health, financial difficulties, caring responsibilities and loneliness can have lasting effects.

Taking a life-course approach, the report shows the importance of understanding women's health within the wider social, economic and environmental conditions that influence wellbeing throughout life. Aaliyah's story shows that positive factors, such as supportive relationships, secure employment, good housing and access to timely support, can help women build resilience and improve their health and wellbeing.

Through her journey, we explore how health and wellbeing are shaped over a lifetime.

The report shows that improving women's health requires a whole-system approach, with individuals, communities, organisations and services all playing a role.



BUILDING ON THE DATA

Aaliyah's story draws on several sources of quantitative and qualitative data about women's health and experiences in Luton.

1 Demography and population characteristics of women in Luton

We have analysed data on the age, ethnicity, places of residence, occupations and socio-economic status of women in Luton.

Other qualitative data used to create this report:

As part of a separate research study, 38 women aged 65 and older living in Luton took part in individual interviews and focus groups between February and April 2026. They shared their experiences of health and wellbeing, and what it means to be an older woman living in Luton.

In a separate study, 37 young South Asian women were surveyed online from April to June 2026 about their experience of social isolation.

The combination of evidence and lived experience, shows that understanding women's health is more than measuring outcomes. It requires listening to women; women's health is more than measuring outcomes; it requires listening to women, learning from their experiences and ensuring that their voices help shape the policies, the environment, and services that support health and wellbeing throughout life.

3 Health intelligence data

We analysed a range of data sources that showed women's health in Luton, focusing on health and wellbeing outcomes that are significantly worse than regional and national comparators, and where there are marked inequalities between women living in the most and least deprived communities in Luton. Key sources of data and evidence include:

- Luton's School Health Education Unit survey of young people aged 10–15
- Health and social care Joint Needs Assessment
- Health outcome and utilisation data from our Data Management Environment, the NHS Arden and Greater East Midlands data repository of current national primary and secondary health service data
- SiSU health kiosk data. Luton Public Health has commissioned 4 self-service health kiosks, located around the town, to enable residents to check their blood pressure, BMI and other risk factors such as stress, alcohol consumption and smoking
- National datasets including the PHOF, and the annual population survey

4 Professional and lived experience of the writing team

The report was written with the support of women from Luton's public health team who were different ages, ethnicities and cultural backgrounds. Many of the writers are living and raising families in Luton.

Their experience has contributed to Aaliyah's story, and we thank them for sharing their experiences.



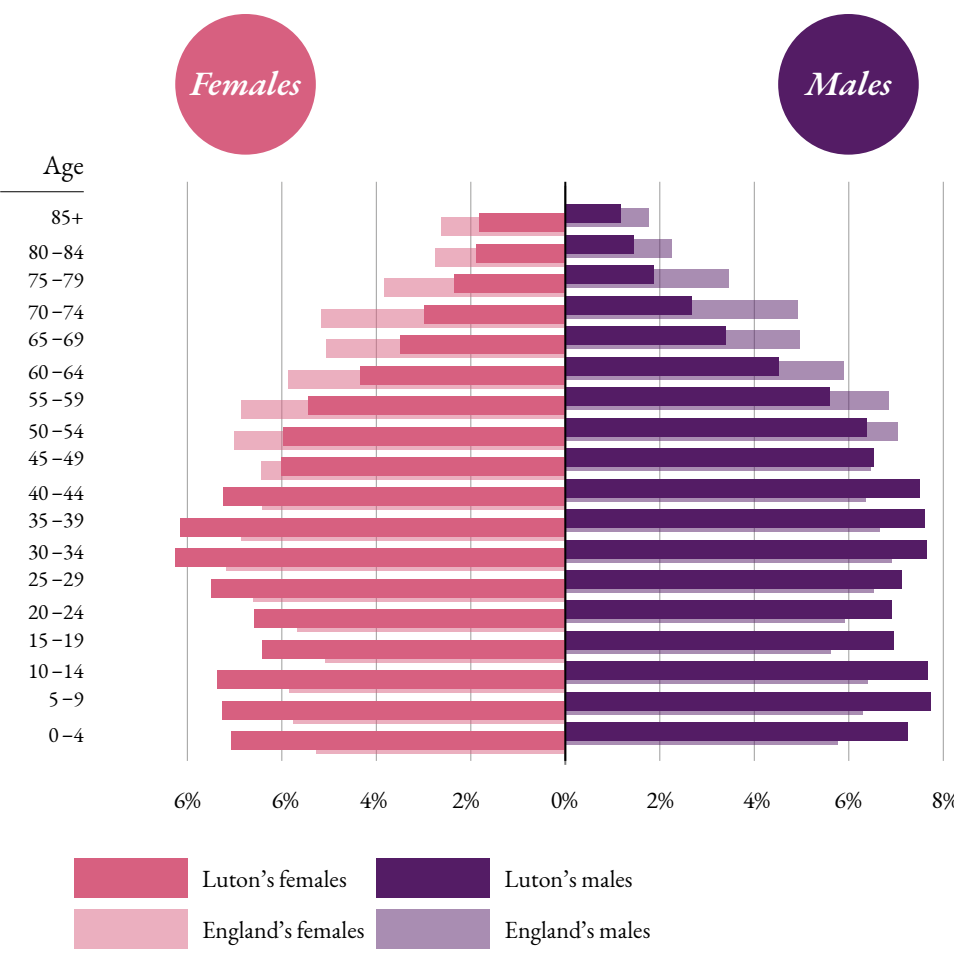
Women in Luton

There are **112,400 women and girls living in Luton**, making up **49.9% of the population**.¹

Like Luton's overall population, the female population is younger than the national average, with a larger proportion of women and girls in younger age groups and fewer older women compared with England as a whole.

Understanding the age structure of Luton's female population is important. Women's health needs change throughout life and health and care services must be commissioned for the health and care needs of a young population; a young resident population needs, where opportunities to prevent long term health need through effective prevention and early intervention services are important.

At the same time, Luton has an ageing population with life expectancy increasing slowly. While women, generally live longer lives than men, women are living more years in poor health as shown by the reducing healthy life expectancy.



Population Pyramid - % of population by 5-year age bands (Census 2021).
Luton compared to England

1 Age
Women aged 30-34 represent the biggest population group by age in Luton.
Older people in Luton are more likely to be female, with women making up 55% of the over 65 population.¹

2 Ethnicity
Like Luton's population overall, Luton's female population is ethnically diverse, with 45.5% of the female population of White ethnicity, 36.5% Asian, 10.5% Black and 7.6% Mixed or Other. This is similar to the ethnic profile for men.²

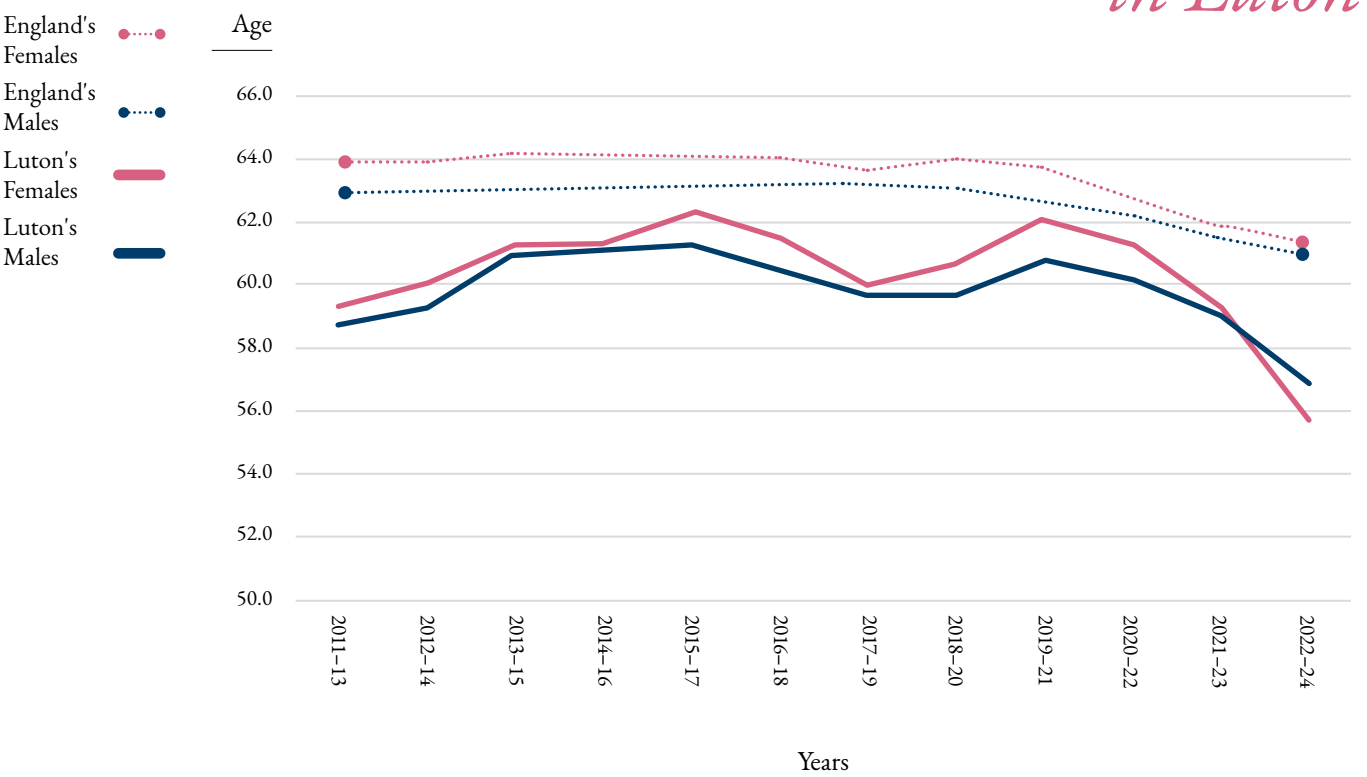
3 Healthy life expectancy
Women in Luton have a life expectancy of 83.0 years and a healthy life expectancy of 55.8 years (compared to 82.0 and 60.9 nationally). For men in Luton life expectancy is 77.7 years, and healthy life expectancy, 56.9 years, compared to 79.1 and 60.7 nationally. This means that women in Luton are living more years in ill-health than men, and more unhealthy years than women nationally. While the national trend is that women's healthy life expectancy is higher than men's, data for Luton shows the opposite; women's healthy life expectancy is lower.³

4 Qualifications
1 in 3 women in Luton (30.3%) have at least a degree level qualification. This is similar to Luton men (29.4%) but below the national average for women of 34.7%. 1 in 4 (24.4%) have no qualifications, compared to 21.4% of Luton men, and 19% nationally.⁴

5 Economic activity
47.3% of women in Luton are economically active, compared to 61.1% of men. This is lower than the national average for women of 51.5%.⁵ Low rates of economic activity contribute to individual and household poverty risk, and reduce financial independence.⁶



Healthy Life Expectancy in Luton



Girls & Young Women

aged 11 – 17 Years

Aaliyah was nine when she arrived in Luton with her family seeking safety and a fresh start.

Her first home was a hotel room shared with her parents and two older brothers, with other family members, including her cousin Zahra, in the room next door. She remembers the long corridors, crowded space and unfamiliar food.

In those early days, Aaliyah travelled to school feeling **anxious and unsure**. Back home she had loved learning, but here she worried about not understanding or fitting in. Gradually, her confidence grew, and school became a place where she felt more settled and connected.

Moving into a family home marked a new beginning. Now 14, Aaliyah speaks English confidently, **helps her mum read letters and sometimes translates when she's out with her**. As her English improved, friendships have flourished and Aaliyah has developed a strong sense of belonging.

Aaliyah cares about school and wants to make her family proud. With exams approaching, she often worries about doing well, and sometimes the pressure feels overwhelming. When she is **busy or stressed, she skips meals** without really noticing. At the same time, she is navigating physical changes in her body. Starting her periods was confusing, and she was not always sure what was normal or who to ask to help her understand. Rather than burdening her mum, who already has a lot to manage, she turns to trusted friends and her cousin, Zahra for support.

Like many girls her age, Aaliyah is increasingly aware of her appearance and how others might see her, a pressure reinforced by social media. She walks to school each morning with her friends, including Emma who was the first friend she made when she came to Luton.

Emma was brought up in Luton and has helped Aaliyah better understand life here. Although the journey is short, **she does not always feel safe walking alone**, so travelling together provides reassurance as well as friendship. The walk to school, filled with laughter and conversation, is often her favourite part of the day. However recently she has become **concerned about Emma who seems quieter and distracted** which Aaliyah thinks is because of a boy Emma has been messaging. Something doesn't feel right to Aaliyah, but Emma has asked her not to tell anyone, and she won't break that confidence.

Aaliyah does not yet realise how influential these years are. The habits she forms at this stage of her life, how safe and heard she feels, and how she navigates relationships will shape her health across her life. **Her story shows adolescence as a time of opportunity**, when early joined up support across education, health, community safety, and wider services can make a lasting difference. The patterns seen in Aaliyah's life are ones many women recognise and are reflected in Luton women's health outcomes today.⁵

4 in 10 people in Luton were born *outside the UK*.

24% of school-age girls in Luton skip breakfast and **15% skip lunch**, often linked to stress, time pressure, and *concerns about their body image*.²

42% of girls in Luton rated their safety as *poor or very poor when going out after dark, compared with 29% of boys*.³

19% of Year 8 girls and **15% of Year 10 girls** in Luton reported experiencing at least *one controlling behaviour* in a relationship.⁴



YOUNG WOMEN'S MENTAL HEALTH

What is the issue?

Adolescent mental health exists on a spectrum, ranging from transient feelings of stress and low mood through to clinically diagnosable mental health conditions such as anxiety and depression. Mental health difficulties during adolescence can affect educational attainment, physical health, relationships, self-esteem and future life opportunities.¹

How does it affect young women in Luton?

We know that young women in Luton experience significant stress and anxiety. Results from our school survey found 62% of girls in Luton worry "quite a lot" or "a lot" about exams, and 38% say that worry affects their ability to concentrate or enjoy things. Around a third of girls say low mood prevents them from doing physical activity.² The proportion of students with social, emotional and mental health (SEMH) needs in Luton is 3.2%, below the national average of 4.0%, although this has increased from 2.6% in 2015/16. Rates of identified SEMH are lower among girls than boys, at 2.3%³ and 4.0% respectively. This is an established England national trend. This may be partly due to differences in presentation with girls more likely to experience internalising difficulties which can be more difficult to recognise. However, this contrasts with inpatient mental health admission data, which show higher admission rates among girls than boys in Luton (86.7 per 100,000 compared with 81.9 per 100,000⁴). While the admission rate for girls in Luton remains below the national female rate, these

findings suggest that lower rates of identified SEMH need among girls may not necessarily reflect lower levels of mental health need and may indicate challenges in recognising and identifying mental health difficulties in female students.

Current support and future opportunities

Mental Health Schools Teams (MHSTs) work with schools and pupils to provide early help for anxiety, low mood, stress and emotional wellbeing. Schools also have a designated Senior Mental Health Lead, helping to coordinate a whole-school approach to wellbeing and mental health support. A mental health professionals' network enables educational settings and mental health practitioners to meet to discuss service provision, ask questions and share good practice. Schools are further supported by the multi-agency critical response pathway used by professionals to ensure immediate support is available to educational settings when faced with an event that can overwhelm a school community. An example is the death of someone in the school community.

When a young person's needs are more complex or persistent, the school can refer the young person to specialist CAMHS (Child and Adolescent mental health services) for more targeted assessment, treatment and support. CAMHS support includes group and individual therapy, counselling, medication, psychiatric support and support for young people with conditions such as autism, ADHD and learning disabilities.

Future opportunities to improve young people's mental health include:

- Making pathways to services clearer so that girls know where to go and what support is available.
- Ensuring services are known to be confidential, non-judgemental and welcoming, reducing fear and embarrassment.
- Building confidence to seek help beyond home or school, particularly when there is peer pressure, safety concerns or family circumstances that make disclosure more difficult.

The School Health Education Unit (SHEU) Survey is commissioned by Luton Public Health and carried out every year. The survey provides insight into the health, wellbeing and experiences of young people. The survey explores a wide range of factors that influence emotional health and wellbeing, including behaviours, relationships, feelings of safety, social connectedness and young people's perceptions of their communities.

In 2025, the survey was completed by **246 Year 8 girls and 386 Year 10 girls living in Luton**. The findings provide an important snapshot of their experiences, attitudes and wellbeing at a critical stage of development and helps to inform local action to improve health outcomes and reduce inequalities. The 2025 survey showed:

The lack of a trusted adult

- 11% of Year 8 girls said they did not have a trusted adult in their life. This increases to 15% among Year 10 girls. When a young person does not have a trusted adult to turn to, they may be less likely to seek help, disclose problems early, or receive support during difficult periods.

Feeling unsafe and the fear of violence

- 22% of girls say they feel unsafe because of other people's alcohol or drug use
- 30% of girls have witnessed shouting or conflict at home, and 13% report being physically hurt
- 44% of Year 8 girls and 23% of Year 10 girls reported sometimes being afraid to go to school because of bullying, compared to 19% of Year 8 boys and 17% of year 10 boys

Having self-esteem

- 44% of year 8 girls reported medium to low self-esteem compared to 21% of boys
- In year 10, 27% of girls had a medium to low self-esteem score compared to 24% of boys

Awareness of sexual health services

- 65% of older girls do not know where their nearest sexual health service is.
- Only 33% know condoms are available free of charge.
- 21% say they would feel too embarrassed to visit a sexual health service

The dangers of online harms and digital safety

- 36% of Year 8 girls experienced someone writing or showing things online intended to upset them.
- 14% of Year 8 girls had sent personal information online and later regretted it.
- 16% of Year 8 girls reported seeing sexual or pornographic content.
- 13% reported seeing upsetting images, videos or games.

Healthy relationships and coercive behaviour

- 14% of Year 8 girls reported experiencing jealousy or possessiveness from a partner.
- Girls also reported experiences of hurtful language, restrictions on friendships and monitoring behaviours

Participating in physical activity

- 17% of girls were classified as physically inactive, compared with only 5% of boys.
- Only 22% of girls were classed as physically active, compared with 55% of boys.
- Girls reported lower enjoyment of physical activity than boys.
- 47% of girls say they lack motivation while 34% say low mood stops them being physically active

Current provision and opportunities

WHAT PUBLIC HEALTH & PARTNERS CURRENTLY DO

Supporting girls and young women in Luton to do well and thrive, and ensuring they have “voice, choice and power” in matters affecting their health and futures requires action across education, health, community safety and wider community services.¹ Some of the issues reflected in Aaliyah’s story are recognised as Violence Against Women and Girls (VAWG) and wider gender-based inequalities, including sexual harassment, exploitation, abuse, coercive control, harmful gender norms and barriers to positive health and wellbeing.² A range of services are working together to improve health, wellbeing and life opportunities for young women and to educate and support boys and young men.

Within schools:

- **Relationships, Sex and Health Education (RSHE)** helps young people develop knowledge and confidence around puberty, emotional wellbeing, healthy relationships, consent and sexual health. Educating both boys and girls is key to supporting healthy relationships as young people move to adulthood.
- **Mental Health** Support Teams and the Children and Adolescent Mental Health Services (CAMHS) provide mental health support that aims to be available at the earliest opportunity to help girls remain engaged in education
- Luton **Sexual Health Service** delivers targeted education sessions in schools on a range of subjects including sexually transmitted infections (STI’s), contraception, consent, sexting, pornography, sex and the law and healthy relationships. They also offer training to education professionals.

Outside school settings:

Change Grow Live (CGL) support young people affected by substance use, peer pressure or concerns relating to alcohol and drugs within their families or communities.

Luton Sexual Health Services provides advice and care relating to contraception, sexual health, healthy relationships and reproductive health within their specialist under 18 years’ service.

Public Health works with community safety, safeguarding and voluntary sector partners to address **violence against women and girls**

OPPORTUNITIES FOR THE FUTURE

Improve health literacy by providing clear, practical and culturally relevant information about menstrual health, emotional wellbeing, sexual health and healthy relationships, helping girls understand what is normal, when to seek help, and where to access support.

Increase awareness of local services so that girls and young women know where to go for help. Services should continue to be visible, youth-friendly, confidential and non-judgemental to reduce stigma, embarrassment and fear.

Increasing access to trusted adults, creating safe spaces for discussion, promoting positive self-esteem and healthy body image, and helping girls navigate the challenges of adolescence with confidence.

Strengthen prevention of violence against women and girls (VAWG) through education on consent, healthy relationships, coercion, exploitation and online harms, helping girls identify concerns early and seek support when needed.

Young Women

aged 18 – 30 Years

At 28, Aaliyah's life has changed and is about to change again. After finishing school, she attended Luton Sixth Form before moving straight into work so she could contribute financially to her family. She enjoys her job in customer services and values the independence, confidence and sense of purpose it brings.

Two years ago, Aaliyah married and moved into her husband's multi-generational family home, where she needed to balance new relationships, responsibilities and expectations while finding her place within a new family. She and her husband are now trying for a baby.

As she and her husband began thinking about when to start a family, Aaliyah found herself trying to understand her choices about contraception and reproductive health. Understanding the different options available was not straightforward and she sometimes felt uncertain about where to go for confidential advice.

Physically, Aaliyah is more aware of her health than ever before. In her late teens, she experienced persistent pelvic pain and heavy, unpredictable periods. After several appointments and a long wait, she was diagnosed with endometriosis, a long-term condition that affects 1 in 10 women, where tissue similar to the lining of the womb grows outside it, swells and bleeds during a period, causing heavy pain, swelling, and scar tissue. The experience left her feeling unheard and continues to influence how confident she feels when seeking help from healthcare services.

Conversations with her friends increasingly turn to health. One evening, her friend Lily admits she has ignored several invitations for cervical screening. Between work,

family commitments and everything else life demands, she simply has not found the time. Aaliyah understands, she feels the same. There always seems to be something more urgent needing attention.

Aaliyah knows physical activity is important for her health and wellbeing, but exercise is often one of the first things to be pushed aside when other demands compete for her time. Like many women, she puts the needs of others before her own.

Routine appointments are often postponed or forgotten, not because she does not care about her health, but because other responsibilities take priority. By the end of a working day, she is frequently too tired to think about exercise, attending appointments or taking time for herself. Looking after her own wellbeing can feel like an extra task on an already full list, making it easy to delay the things that could help her stay healthy.

Despite these pressures, Aaliyah is supported by a close circle of friends. She is preparing for motherhood, and she reflects on how far she has come and looks ahead with a mixture of excitement, uncertainty and hope.



47.3% of women in Luton are economically active. This is lower than the national average of **51.5%**¹

Women in Luton aged 16–24 have the highest perceived stress levels according to our SiSu Health Kiosk data³

Only 52.5% of women in Luton aged 25–49 take up cervical screening in Luton²

Only 27.3% of women in Luton access long-acting reversible contraception⁴

Public Health

Spotlights

MATERNAL HEALTH

What is the issue for women?

Maternal health refers to a woman's health and wellbeing before pregnancy, during pregnancy and for the first year after giving birth. The period before conception and during pregnancy is critical in shaping outcomes for both mother and baby.

Good maternal health includes maintaining a healthy weight, being physically active, avoiding smoking, alcohol and drugs, attending recommended screening appointments, and receiving appropriate vaccinations. Accessing maternity care as early as possible, ideally before 10 weeks of pregnancy, helps ensure women receive timely screening, personalised advice and referrals to specialist support when needed. Women in Luton are increasingly entering pregnancy with more complex health needs. Alongside existing physical and mental health conditions, wider factors such as a lack of stable housing, financial insecurity, employment and family relationships can have a significant influence on pregnancy experiences and outcomes. Understanding and addressing these wider determinants will improve the health and wellbeing of both mothers and babies.

How does it affect women in Luton?

Around 4,000 babies are born in Luton each year, and the town has the highest fertility rate (the average number of babies born to each woman) in England. Most babies are born healthy and at full term, but several key maternal and infant health indicators in Luton continue to be worse than the national average.

National reviews continue to highlight inequalities in maternity outcomes. MBRRACE-UK, the recent Independent National Maternity and Neonatal Investigation and the Ockenden Review highlight persistent inequalities in outcomes,

particularly for Black and Asian women and those living in deprived communities. For Luton, where Asian and black women represent the largest proportion of maternity service users, these findings reinforce the need to ensure all women receive safe, personalised care and support.

Women in Luton are more likely to be overweight or obese when they become pregnant compared to the national average, with 37% of women in Luton obese at maternity booking compared to 26% nationally. Obesity increases the risk of complications including gestational diabetes, hypertensive disorders of pregnancy, difficult birth and poorer outcomes for both mother and baby. Important inequalities also exist between women from different ethnic groups, with obesity highest amongst Black African and Caribbean women (54%) compared with White British women (29%).¹

Early access to maternity services is important, however, only 51% of women access maternity care before 10 weeks of pregnancy compared with 63.5% nationally. Late maternity booking limits opportunities for early screening, healthy pregnancy advice and referral into specialist services.²

Luton has a higher proportion of babies born with a low birthweight (4.3%) than England (3.0%). Low birthweight is associated with poorer health outcomes throughout childhood and later life.

Rates of pre-term birth (a baby born before 37 weeks) are similar to the national average (77.9 per 1,000 births in Luton, compared with 79.6 nationally). Low birthweight (when a baby weighs less than 5 pounds, 8 ounces (2,500 grams) at birth - mainly due to being born too early (preterm) or by growing slowly in the womb (foetal growth restriction) remains a significant concern, particularly amongst babies born to women from South Asian and Black ethnic

backgrounds, where rates are around 10%, compared with 7% in White British and 5% in White Other communities.³

Infant mortality, the death of a baby before they are 1 year of age, is also higher in Luton than nationally, at 5.7 deaths per 1,000 live births compared with 4.2 per 1,000 in England. Local reviews show that 56% of children who died before the age of 18 years were born prematurely, and 40% were born extremely prematurely (before 28 weeks' gestation).

Socioeconomic factors, including deprivation, housing, employment and financial insecurity, continue to shape maternal health outcomes, contributing to significant inequalities in pregnancy experiences and outcomes for women in Luton.

Current support available to women, and future opportunities for women

Luton Public Health works with maternity services, Family Hubs, health visiting teams and community partners to support women before, during and after pregnancy. This includes specialist stop smoking support, healthy pregnancy programmes, breastfeeding support and the Bumps, Birth and Beyond programme delivered through Family Hubs. Future priorities include improving early access to maternity care, strengthening targeted support for women with higher BMI, expanding culturally appropriate information and engagement, and reducing inequalities through accessible communication, community outreach and tailored support for diverse communities.

PLANNING A PREGNANCY: ACCESS TO HEALTH ADVICE & CONTRACEPTION

What is the issue?

Family planning and contraception play an important role in improving health and wellbeing for women, children and families in Luton. They enable women to make informed choices about if and when to have children, helping to ensure pregnancies are planned. Access to effective contraception can improve maternal and infant health by supporting healthy birth spacing, reducing unintended pregnancies and enabling women to be in the best possible health before conception. It also contributes to wider social and economic outcomes for women to pursue education, employment and personal goals, helping families to thrive and reducing health inequalities across the population.

How does it affect women in Luton?

Our survey findings suggest that competing priorities, work, education, family responsibilities and difficulties accessing appointments can make it harder for women to seek preventative healthcare, including contraception. Ensuring women have easy access to a range of contraception that suits their needs can support educational opportunities, employment, financial stability and wellbeing throughout adulthood.

There are many types of contraception available free of charge, including condoms, oral contraception, injections and Long-acting reversible contraception (LARC) which includes contraceptive implants and intrauterine devices (coils). LARC is among the most effective form of contraception, working for several years without requiring daily medication. Only 27.3 LARC prescriptions per 1,000 women aged 15 to 44 were recorded in Luton in 2024, a rate that has remained largely unchanged since 2016. Luton ranks 126th out of 152 upper-tier local authorities in England for LARC prescriptions per 1,000 women aged 15 to 44.¹

Current support and future opportunities

Luton Sexual Health provides free contraception, including coils and implants, with information and advice to support informed decision-making. In addition, Luton has developed a network of GP-based LARC hubs to improve access to specialist contraception closer to where women live. Future opportunities include increasing awareness of available contraception options, expanding access through community settings, ensuring women can receive timely appointments, and improving health literacy around reproductive health. There is also an opportunity to strengthen conversations about contraception at key life stages such as after pregnancy.



Public Health Spotlights

CERVICAL SCREENING

What is the issue?

Cervical screening is offered to women in the UK aged 25 to 64. It is one of the most effective ways of preventing cervical cancer and works by identifying high-risk human papillomavirus (HPV) that increases the risk of cancer, and detecting abnormal cell changes before cancer develops. Early identification and treatment of these changes can prevent many cases of cervical cancer from occurring.

How does it affect women in Luton?

Take-up of cervical screening in Luton is significantly lower than the national average, particularly for younger women. Uptake among Luton women aged 25-49 years is 52.5% compared to 66.1% nationally,² and for 50- to 64-year-olds is 69.2% compared to 74.3% nationally.³ Evidence from Luton residents gathered via our Cancer Connectors programme that asks women why they do not access screening, indicates that there are multiple barriers to attending for cervical screening. Barriers include a lack of invitation letters and health information in women's first language, inconvenient service appointment times and locations and stigma due to a perceived association with sexual promiscuity.

Current support and future opportunities

Some Luton GPs working as part of PCNs (Primary Care Networks - groups of GP practices working together) use an enhanced access offer to provide evening appointments to support women who are working to attend for screening. One local PCN has used a behavioural science approach to develop enhanced invitation and promotion materials. Opportunistic cervical screening is offered in sexual health services. Offering cervical screening during sexual health appointments helps increase access for women who might otherwise miss screening.

Luton has an ongoing programme of cancer engagement and promotion funded by Macmillan Cancer Support. The programme includes promoting all national cancer screening programmes. Luton Council has recently developed a cancer screening inequalities strategic plan, to address the variation in cancer screening uptake that shows women from the most diverse, deprived communities are less likely to attend for cervical screening.



What else have women aged 18–30 in Luton told us?

Childcare, work or study demands limit my time to prioritise my personal health care

Women described balancing paid work, education and caring responsibilities, leaving little space to prioritise their own health. Routine activities such as GP appointments, preventative care or rest were often deprioritised due to competing demands.

“I’m so busy I often don’t have time to eat. Competing priorities...”

“It’s a lot to study and work”

Mental health is essential to my health

Women described how mental health isn’t just one factor in health - it is foundational to all health, determining whether you can look after your health and wellbeing in other ways.

“Majority is MH – if it is bad I feel worse”

“If you’re not mentally healthy you cannot start to be physically healthy”

I have limited time for physical activity due to my life pressures

Women understood the benefits of exercise, and the importance of fitting it into daily routines, however, long working hours, shift work, study commitments and caring roles reduced the time and energy available to prioritise physical activity and they described being active as often unrealistic.

“I used to exercise a lot before having the baby, but find it hard to do this so much now”

“Long days... don’t have time... I cancelled my gym membership due to uni lectures”

Fatigue, ongoing stress and low energy is affecting my daily routines

Persistent tiredness linked to stress, poor sleep and busy lifestyles was regularly spoken about. Low energy made it harder to establish or maintain healthy routines, including cooking, exercising, or engaging in activities that support mental wellbeing. Women report using energy drinks to boost energy, which contributed to poorer health in long term.

“Feel tired and burnt out at end of day”

“Poor sleep, comfort eating, stresses... low energy”

My healthy eating intentions are constrained by the cost of food

There was a clear desire to eat well, but rising food costs were seen as a barrier with healthier options perceived as less affordable, leading some women to rely on cheaper, more convenient foods that they knew were less healthy.

“Healthy food is more expensive”

“I want to make nutritious food but find myself eating rubbish”

I have difficulties getting an appointment to see my doctor

Women reported challenges contacting or getting to see their GP practices when they were unwell. They described long waits for an appointment, and uncertainty about where else they could seek help. These barriers sometimes delayed health seeking or discouraged women from accessing support until the health and wellbeing need became more serious.

“I struggled to get a Doctors appointment initially”



Current *provision and opportunities*

WHAT PUBLIC HEALTH & PARTNERS CURRENTLY DO

The health and wellbeing needs of women aged 18–30 often span multiple areas of life, including education, employment, relationships, reproductive health, mental wellbeing, pregnancy and early parenthood. Across Luton, Public Health, NHS services, voluntary and community organisations work together to provide practical support that helps women access information, preventative care interventions and help to maintain their physical and mental wellbeing.

Services commissioned by Luton Public Health:

- **Luton Sexual Health** provides an integrated sexual health service offering a full range of contraception choices, testing for sexually transmitted infections, HIV prevention, advice and testing and to support individuals to make informed choices about their relationships, sexual health, and family planning.
- **Luton Women's Health Network** brings together Lea Vale General Practice and Luton All Women's Centre to raise awareness (through events and education sessions) of women's health issues and strengthen links between primary, secondary and community-based support to reduce waiting times in secondary care.
- Provision of **Long Acting Reversible Contraception** (coils and implants) via "LARC Hubs" in Luton that aims to offer increased access to contraception within the community.
- **Young Parent Service** that supports young parents and parents-to-be aged up to 25 years, helping them build confidence, develop parenting skills and access education, training and employment opportunities.
- **Total Wellbeing Luton** offers support for mental wellbeing, healthy weight, physical activity, smoking cessation and lifestyles changes.



OPPORTUNITIES FOR THE FUTURE

Make prevention easier to access and fit around women's lives by providing flexible services through community settings, digital options and appointments that are available for women who are employed, who are studying and have caring responsibilities.

Improve women's confidence to navigate their health by increasing health literacy around contraception, reproductive health, cervical screening, menstrual conditions and mental wellbeing, ensuring women can access trusted information and support earlier

Create more opportunities for women to be active and support their wellbeing by promoting accessible, affordable and culturally appropriate physical activity options that can be incorporated into everyday life, recognising the time pressures many women face.

Strengthen mental wellbeing support by ensuring women can access timely mental health support, peer networks and community-based services that address stress, fatigue and social isolation.



Early *Midlife* Women

aged 31–45

At 38, Aaliyah's life feels very busy. The previous decade has been filled with change. Her days revolve around work, family and caring responsibilities, and like many women, she spends much of her time meeting the needs of others before her own.

Her children are now at school, but life has not become any less busy. Between work, school events, household responsibilities and caring for older relatives, there is rarely time left for herself.

On top of the usual everyday pressures, Aaliyah is supporting her friend Ruby who has decided to leave an **abusive marriage**.

Aaliyah's journey to motherhood was not straightforward. After discovering she was pregnant with her first child, Aaliyah and her husband began making plans, but the pregnancy ended at 18 weeks. The loss was devastating. For a long time, Aaliyah carried her grief in silence, unsure how to talk about it, or who would understand. It was only when a colleague shared her own experience that Aaliyah realised how common miscarriage and pregnancy loss is and how many women experience it in silence. That conversation helped her feel less alone.

When she became pregnant again, the excitement was mixed with anxiety. **During the pregnancy she was diagnosed with gestational diabetes** and suddenly had to navigate new information, appointments and lifestyle changes. Much of the dietary advice felt unfamiliar and difficult to relate to her family's culture and traditions, leaving her searching for information and guidance that reflected her own experience.

The birth of her daughter, Jamila, brought **great happiness but also exhaustion and self-doubt**. Breastfeeding was more difficult than she had expected and the advice she received from professionals, family and friends often felt inconsistent and conflicting. Support from other mothers at a local breastfeeding group helped her gain confidence and connection. A few years later she welcomed a son, Sayed, completing her family.

Aaliyah still **intends to exercise more**, eat better and make time for her own wellbeing. The challenge is finding the time and energy. By the end of most days, she feels physically and emotionally drained. Anxiety has become a persistent part of life as she worries about her children, the family finances, work and her parents' health.

Fortunately, **she has a close circle of friends** who support one another through difficult times, and she feels lucky that they have supported her when she has experienced life's low points and losses. Their friendship reminds her that she does not have to carry everything alone.



14,000 residents in Luton experience domestic abuse in the last year.¹

Nationally
1 in 5 pregnancies end in miscarriage
in the first trimester and
1 in 25 ends in miscarriage or stillbirth
in the second trimester.²

27.9% of women in Luton are obese at maternity booking.
Obesity increases the risk of complications including gestational diabetes.³

Physical inactivity among women in Luton increased from 29.0% in 2022/23 to 32.1% in 2023/24.⁴

Public Health

Spotlights

DOMESTIC ABUSE

What is the issue?

Domestic abuse (DA) involves a pattern of controlling, coercive, threatening, or violent behaviour by a partner, ex-partner or family member. It is not limited to physical violence and encompasses psychological/emotional, sexual, economic and financial abuse or exploitation. DA frequently goes undetected or unreported until the risk of harm becomes serious and visible. DA can have a devastating impact on an individual's mental and physical wellbeing.

How does it affect women in Luton?

Around 14,000 residents in Luton experienced DA in the past year alone¹ however, DA an issue that disproportionately impacts women and girls². It is estimated that around 30,000 local women will be affected by DA at some stage in their lives and are more likely to experience repeated, severe, or fatal forms of abuse.³ Nationally one woman is killed by a partner or ex-partner every 5 days, with an increasing number of suicides being linked to experiences of DA.⁴

Current support and future opportunities

The Luton DA Strategic Plan for 2026 to 2031 aims to reduce DA through prevention, early intervention, safe accommodation and support, perpetrator rehabilitation, and making sure there are effective clear pathways to safety. This work is built on a strong foundation of partnership working, ensuring a coordinated response across Luton. Luton has a range of specialist (commissioned and non-commissioned) DA services operating locally; and while demand remains high, there is support available for anyone experiencing abuse, at every stage of their life and at any stage of their relationship. Future opportunities include continuing to strengthen prevention and early intervention, increasing awareness of available support, and ensuring that all communities can access timely, trauma-informed services.

EMPLOYMENT AFTER CHILDREN

What is the issue?

Employment is not just an economic outcome but also supports good mental health and social connection. Supporting women to remain in work after they have had children has the potential to improve mental wellbeing, reduce inequalities, reduce child and family poverty, strengthen families and improve outcomes for future generations across Luton.

How does it affect women in Luton?

Women in Luton have lower rates of economic activity with 47.3% of Luton being economically active compared to the national average of 51.5%.⁵ While there is not Luton-specific data showing impact of motherhood on employment, national data shows that the proportion of women in employment is significantly lower in those with young dependent children (aged 0 to 4), but increases as children get older.⁶

Women losing financial independence can increase vulnerability to financial abuse.⁷ The Women's Aid in Luton Impact report 2024 reveals that of the 249 recorded domestic abuse related crimes per month, 67% experience financial abuse.⁸

Current support and future opportunities

Luton provides a wide range of employment support including [Connect to Work](#), [Work Well](#) and [Luton jobs and skills](#). Employment support for people with mental health problems is provided by [Total Wellbeing Luton](#) as well as [Bedfordshire and Luton IPS Employment Service](#). [Link CIC](#) provide coaching support and numerous VCSFE organisations provide employment support including [Luton All Women's Centre](#), the [Thrive Hub](#), [Luton Roma Trust](#) and [Community Needs](#).

Future opportunities include improving access to flexible employment, skills development and return-to-work support, helping women balance work, family life and caring responsibilities while maintaining financial independence.

What else did women aged 31–45 in Luton tell us?

Caring for everyone else often comes before caring for myself

Women frequently described balancing work, childcare, caring for parents and wider family responsibilities. Many felt their own needs came last.

“I don’t have time to think about my own health because I am looking after everyone else in the family as well as working.”

I know that I need to have good mental health to be physically healthy

Women consistently described health as being about both mind and body. Stress, anxiety, loneliness and worry affected how they felt physically and emotionally.

“Mental health is really important. When my mental health is low it is very difficult to be motivated”

I know what supports me to be healthy, but I struggle to find the time

Most women understood the importance of exercise, healthy eating, sleep and self-care, but described finding it difficult to fit these into busy lives.

“I’ve got a gym at home but lack motivation at the end of a busy day.”

“Work gets busy and I don’t have the energy to stay consistent.”

Having a long-term health condition and experiencing women’s health issues affects my daily life

Many women described living with ongoing health problems, including diabetes, arthritis, fibromyalgia, endometriosis, menopause symptoms and chronic pain. These affected mobility, energy levels and quality of life.

“Endometriosis pain affects my whole body.”

“I am diabetic. I would really like this to improve.”

Support from family, friends and community is vital

Women spoke about family, friends, partners, colleagues and even pets helping them stay healthy and cope with challenges.

“Friends and family encourage healthy eating.”

“Work is good for my health. It lets me get out of the house.”

Cost, access and suitable services remain barriers

Women highlighted financial pressures, difficulty accessing healthcare and a lack of suitable opportunities, particularly around exercise and culturally appropriate provision.

“I’d like to start the gym but cost is a barrier.”

“There are no women-only groups. I will not be permitted to join mixed groups”



Current provision and opportunities

WHAT PUBLIC HEALTH & PARTNERS CURRENTLY DO

Women aged 31–45 often balance employment, parenting, caring responsibilities and their own health needs. Many women in this age group are living with, or at increased risk of, long-term conditions such as obesity, diabetes and cardiovascular disease, while also navigating significant life pressures. Supporting women to access prevention and early intervention services can improve health outcomes in both the short and long term.

Total Wellbeing Luton delivers Healthy Lifestyle programmes that support women with physical activity, healthy weight, diabetes prevention and smoking cessation.

Talking Therapies (Total Wellbeing Luton) provides free NHS support for adults experiencing common mental health difficulties such as stress, anxiety, depression, low mood, panic, worry and sleep problems. Support is available through a range of approaches including guided self-help, group programmes, one-to-one therapies and cognitive behavioural therapy (CBT), helping people build resilience and develop practical strategies to manage their mental wellbeing.

During 2025/26, 3,180 women accessed the service, representing

65.9%¹ of all clients entering treatment, and shows both the demand for and importance of mental health support for women in Luton.

Social Prescribing supports women whose health and wellbeing are affected by social, emotional or practical issues such as loneliness, caring responsibilities, financial pressures, low confidence or inactivity. Through primary care and community services, Social Prescribing Link Workers work with individuals to understand what matters most to them and connect them with local sources of support.

In Luton, social prescribing plays an important role in supporting women who may benefit from non-clinical interventions alongside traditional healthcare services.

Service Spotlight:

NHS Health Checks

Luton Public Health Commission NHS Health Checks identify people at increased risk of cardiovascular disease, stroke, kidney disease, type 2 diabetes and dementia, providing an opportunity for early intervention and referral into healthy lifestyle support.

In 2025/26, 2,632 women aged 40–74 received an NHS Health Check in Luton, accounting for 52% of all health checks delivered locally.

Since October 2025 Health Checks now also include conversations about menopause, helping to improve awareness of symptoms and support available for women.

OPPORTUNITIES FOR THE FUTURE

Increase Uptake of Preventative Services

- Improve awareness and uptake of NHS Health Checks among women aged 40–45.
- Use targeted outreach to engage women less likely to access preventative health services.

Make Healthy Weight Support More Accessible

- Expand flexible options, including digital and community-based programmes.
- Develop culturally appropriate interventions that meet the needs of Luton’s diverse communities.

Integrate Services Around Women’s Needs

- Better connect health checks, weight management, physical activity and wellbeing support.
- Use every contact with women as an opportunity to promote healthy lifestyle services.

Key Opportunity

Move from reactive support to earlier prevention, making it easier for women to access joined-up services that support them at a convenient time and place, and support physical and emotional wellbeing

Later *Midlife* Women aged 46–60

At 55, Aaliyah finds herself entering another new stage of life. Jamila and Sayed are both now married and the busy family life that once filled every corner of her day has changed. For years she measured time through school runs, family meals, appointments and caring for others. Now the house is quieter, and although she is proud of the adults her children have become, she sometimes feels the loss of being needed in the same way.

Her role has shifted rather than disappeared. Aaliyah continues to work while supporting her ageing parents, whose health is becoming more fragile.

She helps organise appointments, collects prescriptions and often acts as the bridge between her parents and health services. Balancing these responsibilities alongside work leaves her feeling stretched, emotionally and financially.

In recent years, Aaliyah has become more aware of her own health. After months of fatigue and weight gain, she was diagnosed with type 2 diabetes. At first, she blamed stress, menopause and getting older, but the diagnosis was a reminder that her health needed attention too. She knows that physical activity would help, as has always been the case, but finding time and energy for herself after work and caring responsibilities is difficult.

Menopause has brought its own challenges. Interrupted sleep, brain fog and low mood affect her confidence, yet she is uncertain whether her symptoms are serious enough to seek help. She often hears conflicting

advice from friends, social media and family, leaving her unsure where to turn.

Lately, Aaliyah has noticed anxiety becoming a more regular companion. She worries about money, her parents' health, and what ageing might mean for her. She is also supporting her friend Maryam through breast cancer treatment. Fortunately, it was detected early, and Maryam is receiving prompt care. This reminds Aaliyah to not ignore her own breast screening invitation. As has always been the case, Aaliyah continues to prioritise everyone else's health ahead of her own.

Supporting Maryam with her treatment, as well as her lifelong friend Emma through a painful divorce has reinforced how quickly life can change. Yet, throughout her life, friendship remains one of her greatest sources of strength. The women around her provide encouragement, laughter and understanding, reminding her that she is not facing these challenges alone.



87% of women we spoke to in this age group *have a* caring responsibility. *The highest of all age groups.*¹

In 2025 *only 63% of eligible women in Luton* had a breast screen, compared to *71%* nationally³

The *average age of onset of poor health* for women in Luton is *55.8 years* compared to *60.9 years* nationally⁴

Data from the SiSU health kiosks shows that *73% of females aged 45–64 had an at-risk BMI. This is higher than* the BMI risk for all users (61.8%)²

MENOPAUSE

What is the issue?

Menopause is a natural stage of life that marks the end of a woman’s reproductive years, usually occurring between the ages of 45 and 55. Symptoms can include hot flushes, sleep disturbance, anxiety, low mood, memory and concentration difficulties, joint pain and changes in energy levels. While menopause is a normal life transition, symptoms can have a substantial impact on physical health, mental wellbeing, work, relationships and quality of life.

How does it affect women in Luton?

Women aged 46 to 60 told us about experiencing fatigue, stress, caring responsibilities and difficulty prioritising their own health. Women frequently report uncertainty about whether symptoms are related to menopause, what support is available, and where to seek advice.

Data also suggest many women may not be accessing support for menopausal symptoms. In 2023/24, only 6.1% of women aged 40 years and over in Luton were prescribed hormone replacement therapy (HRT), placing Luton 290th out of 295 upper and lower tier local authorities nationally, in the lowest uptake of HRT. In some wards, fewer than 3% of women aged over 40 were receiving HRT.¹

Current support and future opportunities

Women can access menopause support through general practices, Total Wellbeing Luton, organisations such as Luton All Women’s Centre and The Luton Women’s Health Network. This Network is also working to improve awareness of women’s health issues, strengthen pathways between primary and secondary care and improve access to support. The Network has also piloted a new menopause conversation added to the NHS Health Check.

Future opportunities include improving menopause awareness and education, promoting workplace policies that support women experiencing menopause, and ensuring culturally appropriate information is available for all communities.



PHYSICAL ACTIVITY

What is the issue?

Regular physical activity helps to improve heart health, enhances mental health, strengthen muscles, and helps to maintain a healthy weight, whilst being physically inactive or spending prolonged periods sedentary can increase the risk of obesity, heart disease, type 2 diabetes and poor cardiovascular health.

How does it affect women in Luton?

Sport England’s 2024-25 data highlights 36.7% of Luton’s female population over 16 are inactive, completing less than the Chief Medical Officers Activity Guidelines of 150 minutes per week, compared to 26% nationally.¹



Current support and future opportunities

There are numerous opportunities available in Luton to support women and girls to be physically active. These include ‘Me Time’ sessions delivered by Active Luton, walking groups, yoga and energise sessions through Luton All Women’s Centre, Reshape Fitness a ladies only gym as well as the opportunity for informal activity in Luton’s parks and greenspaces.

Residents often don’t know where to go or how to access these opportunities as well as sometimes not feeling confident enough to attend sessions or feel safe to be active in greenspaces locally.

Luton’s Public Health Team established the #HealthyLuton campaign to support residents to try new activities through taster sessions as well as raise awareness of activities available locally. Working with Be Active and the Council’s Social Inclusion team a number of ‘Move More Champions’ and ‘#HealthyLuton’ ambassadors have been recruited to work with community groups to further support with increasing activity and tackling inequalities in Luton.



What else did
*women aged 46–60
in Luton tell us?*

We continue to put others before ourselves

Many women were caring for children, grandchildren, ageing parents, partners or neighbours. Caring responsibilities often left little time or energy for their own health.

“I just don’t have any energy left after looking after my mother and working.”

“Women always worry about others before themselves.”

Being Healthy means maintaining independence as I get older

Women frequently described health in terms of remaining independent, mobile and able to continue everyday activities without relying on others.

“Being able to carry out day to day activities of living without any issues.”

“Being fit. Being well. Able to do the things you want to do.”

Menopause affects my health and wellbeing

Many women described menopause and perimenopause as having a significant impact on their energy, sleep, mood, physical health and confidence.

“The menopause is causing me so many issues, but I can’t get to the GP.”

“Get through menopause. To feel like my old self again would be good.”

Long-term conditions, pain and poor sleep make healthy living harder for me

Many women were managing arthritis, diabetes, COPD, chronic fatigue, asthma and other health conditions. Pain, fatigue and disrupted sleep limited activity and affected mental wellbeing.

“I don’t feel healthy. I have lots of health conditions.”

“Finding keeping fit and weight management difficult due to chronic fatigue.”

Friendships, social connections and purpose support my wellbeing

Women repeatedly described the importance of friendship, volunteering, group activities and social connections for maintaining both mental and physical health.

“I love the social connection of being with other people.”

“Doing voluntary work with British Heart Foundation, I find it really rewarding.”

Cost, access and the local environment are barriers to my health

Women described difficulties accessing GP and dental appointments, paying for activities, and concerns about neighbourhood safety.

“Appointments for GP/Dentist are getting harder.”

“There is nothing around here to do to keep healthy. It is scary to go out at night.”



Current
*provision and
opportunities*

**WHAT PUBLIC HEALTH
AND PARTNERS CURRENTLY DO**

Women aged 46–60 often find themselves balancing employment, caring responsibilities and having a changed family role, while also coping with the menopause and the onset of long-term health conditions.

For many women, this life stage represents a key opportunity for prevention, early intervention and support to maintain future health and wellbeing. Across Luton, a range of NHS, council and voluntary sector services work together to support women to stay healthy, independent and connected, helping them maintain a good quality of life as they age.

Living well with long-term conditions

Total Wellbeing Luton provides support for healthy weight, physical activity, diabetes prevention, long-term conditions and healthier lifestyles.

Menopause support

Women in Luton can access menopause support through GP practices, the Luton Women’s Health Network, Total Wellbeing Luton and community organisations such as Luton All Women’s Centre.

Together, these services aim to improve awareness, reduce stigma,

support self-management and ensure women can access timely, appropriate care throughout the menopause transition.

Cancer prevention and early diagnosis Breast and cervical screening programmes are supported by local awareness campaigns, GP practices and Macmillan Community Cancer Connectors working within trusted community settings.

Supporting carers

Support is available through Adult Social Care, social prescribing and community organisations that help unpaid carers access advice, wellbeing support and community networks.

Service Spotlight:

Women’s Health Network

The Luton Women’s Health Network, with Lea Vale PCN as the lead provider, brings together primary care, specialist services, Public Health and voluntary sector partners to improve support for women experiencing menopause, gynaecological conditions and other health concern.

The Network also organises regular health and wellbeing events, each with a different health focus. These have included menopause, breast cancer, heavy menstrual bleeding, sleep and musculoskeletal conditions.

**OPPORTUNITIES
FOR THE FUTURE**

Supporting women through menopause by improving awareness, confidence and access to menopause support, as well as ensuring women know when to seek advice, have the confidence to seek it and know where to go.

Make prevention easier by delivering services that fit around work and recognise women’s caring responsibilities and time constraints.

Improve mental wellbeing by ensuring mental health is considered alongside physical health, particularly for women experiencing menopause, caring pressures, financial stress and long-term conditions.

Increase access to support by continuing to work with employers, community organisations, faith groups and voluntary sector partners to reach women in the places where they feel comfortable, safe and understood

Promote healthy ageing earlier in a woman’s life

Encourage women in midlife to take action to protect their future health by focusing on bone health, muscle strength, cardiovascular health and prevention of frailty before problems develop.

Older Women

aged 60 and older

Aaliyah is now 77, a fact she can hardly believe herself. She often thinks where did all those years go! She began noticing changes in her mobility, confidence and energy in her 50's and now she wishes she had prioritised her own health sooner.

A few years ago, her husband died after a short illness, compounding the grief she felt at losing both her parents when she was in her late 60s. Although her marriage had not always been easy, his death left a profound gap in her life. For the first time, Aaliyah found herself **navigating life alone**, managing finances, household decisions and responsibilities that he had always taken care of.

Throughout her life Aaliyah has **adapted to many new roles**, daughter, wife, mother, employee and carer. Learning how to be a widow has been the most difficult of all.

She has remained in the family home but increasingly struggles with the upkeep of the house and rising household bills. She feels less independent and less sure of herself than she once did. She rarely goes out after dark and finds the town centre intimidating, preferring to stay closer to home. She would like to get the bus but worries about standing for long periods while waiting at the bus stop.

Her son Sayed recently returned home following a divorce and problems with his mental health. Aaliyah has found herself **stepping back into a caring role** at a time when she expected life to become easier. She worries about him constantly and often feels

lonely and isolated despite having someone else in the house. She still meets friends when she can, but rarely relaxes completely, knowing her son is struggling.

Aaliyah continues to **manage her type 2 diabetes** but has recently also been diagnosed with high blood pressure. Reduced mobility makes it harder to stay active, and she finds digital systems increasingly challenging when trying to access healthcare. Aaliyah wonders why everything needs to be so technical – surely, she cannot be alone in **struggling with services being online and through an app** – whatever that is!

Her two granddaughters, Bibi and Amina, and grandson, Mohammad are a huge source of joy and purpose. They **motivate her to stay well and connected**, helping her patiently with digital access time and time again. Looking back, Aaliyah is proud of the life she has built despite the challenges she has faced. She hopes that her granddaughters will grow up in a world where they feel **confident, supported and able to make choices** that were not always available to her.

1 in 4 (25%) of people over 60 in Luton **are living in** income deprivation, compared to *16.6% nationally*.¹

Only *26% of carers in Luton* report having as much **social contact** as they would like, compared to *32% nationally*.²

Cardiovascular disease is a major cause of morbidity in Luton, and the second highest cause of **premature mortality in women**.³

1 in 10 people over 75 in Luton are defined as frail, defined as having two or more frailty-related conditions including **falls, weight loss, difficulty walking, dementia** and incontinence.⁴

WOMEN AS CARERS

What is the issue?

Nationally, 53.5% of women over 65 provide some unpaid care, with 30% caring for 35 hours or more every week¹. Whilst caring can be rewarding, carers frequently report social isolation, exhaustion and poor mental health.

How does it affect women in Luton?

There are 20,000 carers in Luton, an estimated 12,000 of whom are women.² Research with Luton's carers has found that: 45% are significantly affected by poor mental health, 52% are significantly affected by isolation and 44% are significantly affected by limited access to respite.³

Current support and future opportunities

Support for carers is commissioned by Adult Social Care and provided by Carers in Luton, who offer peer support and respite care. Carers can also be supported through the Carers Grant. A digital offer for carers is provided by Mobilise.

The Adult Social Carers Strategy is currently being refreshed and will be co-produced with carers so their voice is heard on how we can better identify and support them in their caring roles.

Opportunities for the future include:

- Promoting flexible and preventative support models that recognise carers balancing childcare, employment and wider family responsibilities
- Strengthening flexible support for working-age carers, including evening/weekend access, digital support, wellbeing interventions and employment-focussed advice

LONELINESS AND SOCIAL ISOLATION

What is the issue?

Loneliness is a subjective dissatisfaction with the quality or quantity of social relationships. Social isolation is the objective, measurable lack of regular contact, meaningful relationships, or engagement with other people and community networks.⁴

How does it affect women in Luton?

8.4% of adults in Luton report feeling lonely, compared to 6.8% nationally⁵. This data is not broken down by gender. However, we know from national evidence that women consistently report higher levels of loneliness.⁶

Loneliness was also highlighted as a key issue in the Women's Health Survey, particularly by older women.

"Being alone I have no one to communicate with; I feel lonely."

"Being connected with people and not sitting at home moping is the key to being healthy."

Current support and future opportunities

Luton offers a wide range of opportunities for social contact, often linked to faith, and cultural groups. However, there can be low awareness of what opportunities are available, and people may need support and encouragement to access these, meaning that roles such as Social Prescribers are vital. Services such as Age Concern telephone befriending and other telephone outreach are also key for people who are unable or less confident in leaving the home.

What else did women aged over 60 in Luton tell us?

Being healthy is about maintaining my independence

Health in this age group is perceived as being about independence and 'being able to get on with life'. For example, when asked what health means to them women told us

" [Being] able to enjoy life and not be stuck inside "

" I would be on cloud nine if I could be independent "

Social connection is a key driver of my health

Women highlighted the importance of family, grandchildren, friendship groups, clubs and faith groups to staying connected and healthy. Many women participated in activity such as volunteering to stay connected. Loneliness and isolation were strongly associated with worsening mental health, reduced motivation to eat well and be active and declining confidence.

" Sitting indoors alone is bad for your health "

" You start to feel invisible as you get older "

Physical activity is valued but may be limited by pain, fear or opportunities to exercise

Many women felt that physical activity is essential but faced barriers including chronic pain (knees, hips, backs, joints), arthritis, osteoporosis, fear of injury or lack of confidence. Older women preferred low impact exercise such as walking, swimming, dancing or chair-based exercise.

" I can't exercise because of my arthritis "

" Body pain is holding me back. "

Mental health, bereavement and life transitions affect health

Going through major life events had a significant impact on people's ability to maintain their health, with motivation often dropping sharply after significant life events. Some women had found adjustment to retirement unexpectedly difficult.

" If you don't look after your head you don't feel like doing anything. "

The Cost of living and local environment affect health choices

People's ability to make healthy choices was significantly affected by environmental and structural factors such as the cost of food and heating, access to transport, availability of food options (eg high density of fast-food outlets), poor air quality and traffic and lack of green spaces.

" Demands of life make [staying healthy] difficult as well as cost of living, fast food, quality of ingredients, can't access items in the area "

Digital exclusion is a key issue

The increasing use of technology including in access healthcare was felt to be a barrier for some women and made it harder to book appointments and access services. Women suggested the need for training courses for older people and alternatives to digital-only routes.

" I hate not being able to speak to humans when I make medical appointment "

Current *provision and opportunities*

WHAT PUBLIC HEALTH AND PARTNERS CURRENTLY DO

Older women in Luton can access a wide range of support to help them stay financially secure, physically active and socially connected. Local services and community organisations offer practical help with managing household finances, opportunities to improve health and wellbeing, and welcoming spaces to build relationships and reduce isolation. Together, these services aim to support older women to live well, remain independent and access help when they need it.

Pensions advice, Household Support Fund and helping people to maximise their income through the “Luton Supporting You” website and benefits calculator, and pensions outreach via the customer service team. The Household Support Fund is also available to help with bills, particularly in the winter.

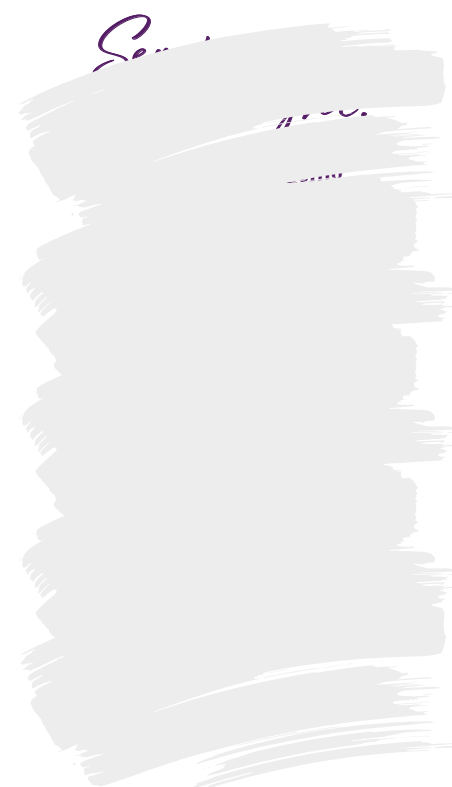
Tailored physical activity offers to older women and women with long-term health conditions through Total Wellbeing Luton, the Active Luton Full of Life Club and a range of chair-based and gentle exercise provided by voluntary, community and faith partners. Luton All-Women’s Centre provides safe women-only spaces for physical exercise and socialising.

Opportunities to socialise and connect through a network of Welcoming Spaces which older women can visit on a drop-in basis. This includes groups tailored for people from specific backgrounds such as Luton Irish Forum, the West Indian Community Lunch Club, Ameina Centre and more.

Organisations such as Luton All Women’s Centre also provide support for women experiencing bereavement or domestic abuse.

Befriending, home help and minor repairs – organisations such as Age Concern provide services including to older people in their own homes, focusing on social isolation as well as practical help with tasks such as shopping or minor home repairs to enable people to stay at home for longer.

Early intervention for people at risk of requiring adult social care input – The Prevention and Community Connections team in the Adult Social Care directorate has a role in connecting individuals with resources in the community to help them maintain wellbeing and independence.



OPPORTUNITIES FOR THE FUTURE

Making Luton an age-friendly community

Thinking about older age in all our policies and work, including thinking about the built environment, green spaces, housing, transport and social participation.

Income maximisation in older age

Proactive offer of benefit checks to older people, to ensure they are accessing the full range of benefits to which they are entitled - more proactive outreach of pensions advice and benefits checks.

Support to navigate and access services for older people

Mitigate risk of digital exclusion by ensuring there are care co-ordinator/community navigator roles to help connect older people with support in the community.

Linking services to group and settings where women feel comfortable

Linking in with settings where people already are such as faith settings and trusted community groups as a way of linking people in with early intervention and prevention services.



Recommendations

How will we put these recommendations into practice?

Following on from this report, we plan to conduct a full women’s health needs assessment and develop a Women’s Health Strategy.

The recommendations will also be implemented in a range of other plans and strategies including:

- Health and Wellbeing Strategy
 - Healthy Weight and Physical Activity Strategic Plans
 - Domestic Abuse Strategy
- Ageing Well Strategic Plan
 - Joint Strategic Needs Assessment

The report with recommendations will be shared with partners across Luton who support women’s health, care and wellbeing.

A. Public health intelligence and lived experience

This report becomes a conversation starter with women across Luton and builds on the work we have done to widen our understanding.

It is recommended that we:

1. **Improve data and insight to help better understand women’s health.** Gender should be a key lens through which key health outcomes and inequalities are viewed, including routine reporting of key health and wellbeing outcomes by gender.
2. **Embed women’s lived experience in decision-making** Establish a sustainable approach to co-production across health, care and wider public services, ensuring women from different ages, ethnicities, faiths, and neighbourhoods are involved in designing, commissioning and evaluating services.

B. A life course approach prioritising prevention and early intervention

Women’s stories have demonstrated the cumulative nature of women’s health, in which early life physical and mental health difficulties can become compounded and self-reinforcing.

It is recommended that we:

3. **Prioritise prevention and early intervention** Continue shifting investment towards prevention, supporting women to stay healthy through earlier identification of need and timely access to support before problems become more complex or entrenched.
4. **Strengthen women’s resilience and recovery following health shocks** Develop integrated approaches that strengthen resilience, recovery and reablement following major health or life events, helping women regain confidence, independence and wellbeing, and preventing temporary setbacks from becoming long-term inequalities.

C. Tackling poverty and deprivation are key to addressing women’s health

Health intelligence data and the insights gathered through this report consistently show the impact of deprivation and financial considerations on women’s ability to care for their health in the way they would like to.

It is recommended that we:

5. **Support women to be economically active.** Partners should continue to strengthen employment support, flexible working opportunities, skills development and pathways back into employment, particularly for women who are carers, returning to work following maternity leave, living with long-term health conditions or experiencing major life transitions.
6. **Ensure that income and benefits maximisation is a key focus of all health improvement activities.** Strengthening links between health, social care, housing, welfare and community services can help maximise household income, reduce financial stress and address one of the root causes of health inequalities for women in Luton

D. Recognise the primacy of mental health to overall health and wellbeing

Women across all age groups emphasised the centrality of good mental health to their overall wellbeing, and their ability to take care of their physical health. Social connection, friendship and family was key to women’s mental wellbeing.

It is recommended that we:

7. **Improve mental health support across the life course.** Strengthen access to preventative, community-based and specialist mental health services, recognising the impact of stress, caring responsibilities, financial pressures, trauma, loneliness and social isolation on women’s wellbeing.
8. **Target mental and physical health outreach around key stressors.** Additional support may be required for women around stressors such as becoming a parent, divorce or bereavement

E. Remove barriers and enable women to prioritise health

Women across all age groups reported multiple barriers to being able to care for their health, often stemming from work pressures; the time and responsibility of caring for others; existing long-term health conditions, and a lack of ‘women-friendly’ spaces for health.

It is recommended that we:

9. **Create environments that support women to be physically active** Work with communities to develop affordable, safe, culturally appropriate and women-friendly opportunities for physical activity, including women-only provision and provision adapted for people with existing health conditions where needed. Making it manageable and accessible, and simple to make everyday small changes
10. **Better support unpaid carers** Recognise the significant contribution made by women as carers and strengthen practical, emotional and financial support, including respite opportunities, peer support and flexible services that fit around caring responsibilities.

F. Feeling safe at home and in the community

Being and feeling safe is fundamental for women and girls to have good physical and mental wellbeing.

It is recommended that we:

11. **Prioritise prevention and early intervention of violence against women and girls and unhealthy relationship behaviours.** Continue working with girls, young women, boys and young men and families to promote healthy relationships.
12. **Provide safe accommodation and support to women and children who experience domestic abuse** Continue to invest in accommodation and support for those who experience domestic abuse (including but not limited to physical abuse, psychological and/or emotional abuse, coercive control, financial and economic abuse, sexual abuse, tech abuse, harassment and stalking)
13. **Improve safety for women and girls outside the home during the day and at night.** Ensure that safety for women and girls is a key priority in the Luton Local Plan for the built environment (e.g. town centre improvements and parks & green spaces).

Recommendations *Cont.*

G. Improve access to, and experiences of, healthcare including tackling digital exclusion

Sadly, women in Luton frequently reported barriers in accessing healthcare, and some also reported poor experiences of healthcare, including for issues primarily affecting women, such as menopause and reproductive health.

It is recommended that we:

14. Make preventative healthcare easier to access. Design services around women's lives by offering flexible appointment times, digital and community-based options, outreach in trusted settings, and reducing practical barriers linked to work, study and caring responsibilities. Ensure that women can access the right support at the right time, in locations that are convenient, culturally appropriate and responsive to their individual needs
15. Improve uptake of screening, vaccination and reproductive health services. Target efforts towards communities and groups least likely to access preventative services, including cervical screening, breast screening, maternity care, contraception and immunisation programmes. Use community engagement, trusted local organisations, tailored communications and culturally appropriate approaches to increase awareness, reduce barriers to access and improve health outcomes for women across the life course

H. Raise awareness of women's health issues

Throughout this report, women described uncertainty about many aspects of their health, including menstrual health, fertility, pregnancy, menopause, mental wellbeing, cancer screening and long-term conditions. Many were unsure where to go for advice, what symptoms were normal, or when they should seek help.

It is recommended that we:

16. Improve women's health literacy across the life course. Provide clear, accessible and culturally appropriate information about women's health, including menstrual health, contraception, fertility, pregnancy, menopause, cancer screening, mental health and healthy ageing.
17. Develop a coordinated women's health communications plan. Work with partners across health, local government, education, employers and the voluntary sector to deliver consistent messages about women's health, local support services and preventative healthcare. Campaigns should be co-designed with women, tailored to different communities and use trusted voices to reduce stigma, challenge misinformation and increase awareness of support available in Luton.

I. Let women speak!

The title of this report is "Let Women Speak". Women in Luton are the experts in their own lives, and the power and insight of their lived experience is vital. Direct involvement and co-production with a diverse range of women is therefore essential to designing and delivering services.

It is recommended that we:

18. Embed co-production within service design and commissioning. Move beyond consultation by involving women in the design, delivery and evaluation of services. Ensure women from different ages, ethnicities, faiths, neighbourhoods and life experiences are represented in decision-making and service improvement activity.
19. Develop women's health community leadership and peer networks. Support women to act as community champions, peer supporters and advocates within their communities. Building local leadership can improve health literacy, strengthen community resilience and help services reach women who may not traditionally engage with statutory services.

Further Support

Luton Family Hubs - familyhubs.luton.gov.uk

A town-wide network of services offering support to every family in Luton

Total Wellbeing Luton - totalwellbeingluton.org

Healthy Lifestyles – including healthy weight, physical activity and smoking cessation, talking therapy as well as programmes to support with the management of long term conditions.

Bedfordshire Domestic Abuse Partnership - bedsdv.org.uk

A multi-agency partnership that works across Bedfordshire to prevent domestic abuse, support victims and survivors, improve professional practice, and strengthen coordinated responses between local services.

Luton Sexual Health - lutonsexualhealth.org.uk

Comprehensive sexual health and HIV services for Luton residents, including contraception, testing, treatment and support

Luton Council Public Health - luton.gov.uk/health-social-care/health/public-health

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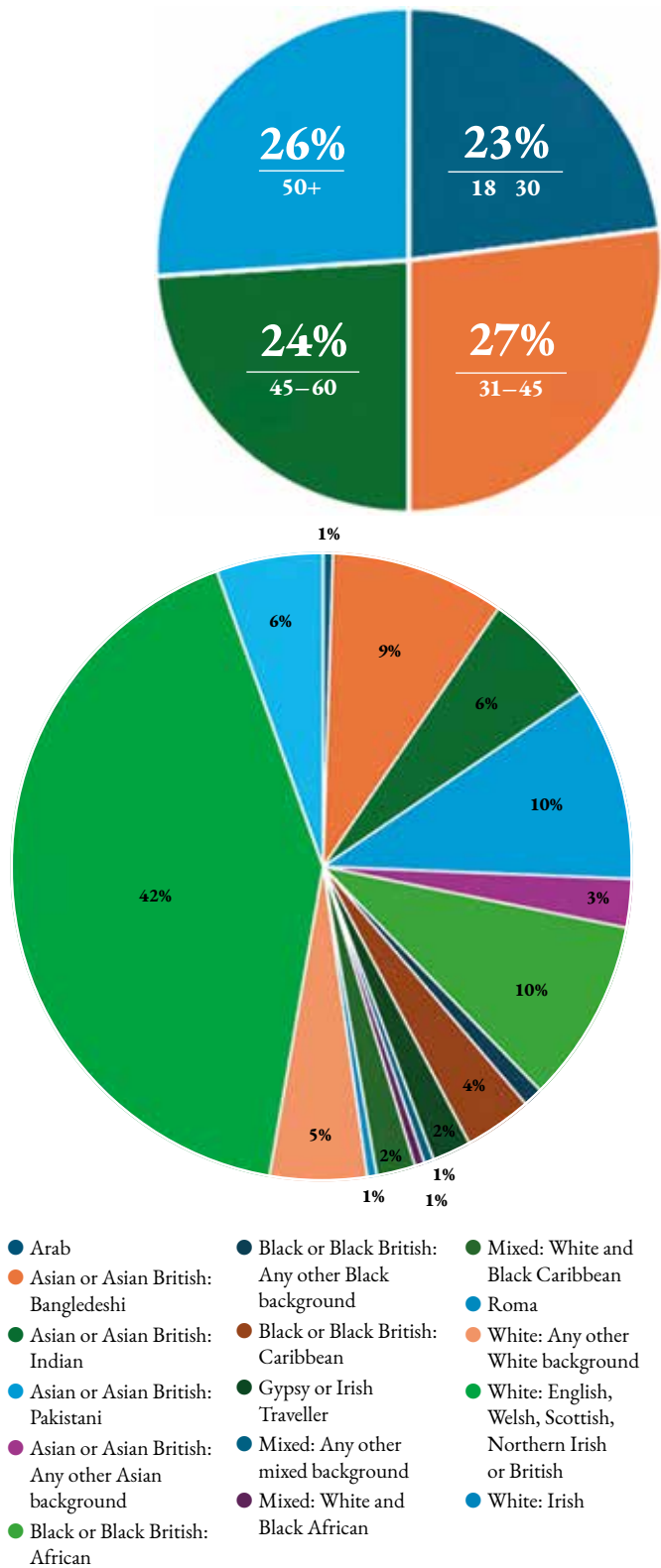
Can I also recognise the contribution of Councillor Rumi Chowdhury for her positivity when we spoke about the focus on women in Luton, and to Councillor Maria Lovell and Councillor Tahmina Saleem who took the time to read this report to ensure it resonated with their experience as community leaders. Thank you Councillors.

Finally, and most importantly, I would like to thank the hundreds of women who shared their experiences, views, challenges and aspirations with us. This report is built on your voices. I hope we have done justice to the stories you entrusted us with, and that your contributions help shape a healthier, fairer future for women and girls in Luton.

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