

A Briefing on

# Women's Health in Ireland



2019

National Women's Council of Ireland,  
Department of Health, Health Service Executive

We are developing a Women's Health Action Plan to improve women's physical and mental health and women's experience of health services. The Government has committed to developing this plan and putting it in place as part of the *National Strategy for Women and Girls*.

### Why is a Women's Health Action Plan needed?

A Women's Health Action Plan is needed because **women's bodies are different to men's bodies**. Women have specific health needs for things like maternal health, reproductive health, mental health and chronic diseases (the leading cause of ill health and disability for women).

Women's health can also be affected by where women live, where they are born, their age, their ethnicity, their sexual orientation and much more.

**Women also face challenges in life which can have a negative effect on their health.** Women are more likely to:

- provide the majority of care for children and older people
- do the majority of work in the home
- parent alone
- experience violence and sexual assault
- be in unstable or part time employment
- earn less and be less financially secure.

For example, if a woman does most of the caring for her children and her parents as they get older, **she may not be able to look after her own health**. A lone mother may not have time to exercise and she may neglect her own diet to make sure her family is looked after. She may not have time to go to the doctor, or the money to go to GP when she needs care.

As another example, **women experience pressure to look a certain way** or fit a certain body image. This can impact their well-being and self-confidence. It can also cause girls and young women to develop eating disorders and other mental illnesses, such as depression and anxiety.

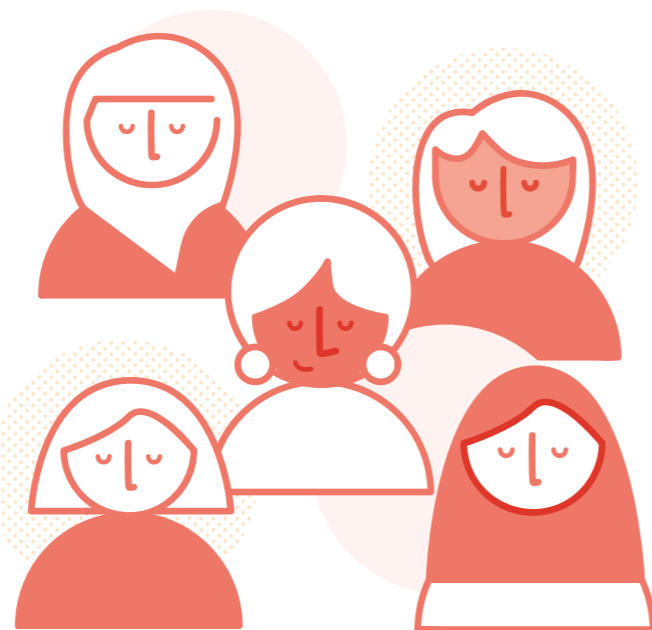
Because women's lives are different to men's, they have different healthcare needs, treatment needs,

and often have different ways of accessing health services. For these reasons it is time to provide for all of these health needs, and developing a Women's Health Action Plan is the first step.

### What do we know about women's health in Ireland?

There is good news about women's health in Ireland. Women's life expectancy has improved dramatically in the last 20 years. **Irish women live almost four years longer than Irish men**. In general, women are better at looking after their health than men. Women are more likely to visit a dentist and visit their GP more often.

However, we also know that the challenges women face in Ireland continue to affect their health. Many women report difficulties when they do access health services. Some women report **discrimination by doctors and health care providers and feel they are treated differently than men**. Women may also experience poor diagnosis and treatment for the causes of their mental health or heart disease because they are women.



### What health needs do women in Ireland have throughout their lives?

The health needs of a teenage girl and of a woman in her 50s will often be very different. The table below represents some of the health needs of women throughout their lives.

**Table 1 - Women's key health needs and risks at different life stages in Ireland**

Health behaviours and chronic disease	
Women aged 12-24 years	— 21% of women aged under-25 are likely to smoke while just 18% of men under-25 are likely to smoke.
Women aged 25-49 years	— In 2014, the rate of <b>binge drinking</b> among Irish women aged 18 and over was the highest in the EU.
Women aged 50-65 years	— More women die from <b>diseases that affect the heart and blood vessels</b> but men are twice as likely to be hospitalised for heart diseases and heart attacks. — <b>Breast cancer</b> is the most common cancer for women, accounting for 30% of all cancer diagnoses. — <b>Lung cancer</b> is the leading cause of cancer death for women. — 50% of women over-50 will develop a fracture due to <b>osteoporosis</b> in their lifetime.
Women aged 65+	— Because women live longer than men they spend more years living with age related illness and disability.
Mental health and well being	
Women aged 12-24 years	— The Healthy Ireland survey found that young women (15-24 years) were the group with the highest levels of <b>negative mental health</b> (17%). — In 2016, one in every 131 girls aged 15-19 years presented to hospital because of <b>self-harm</b> .
Women aged 25-49 years	— 16% of pregnant women are at risk of <b>depression during their pregnancy</b> . — 26% of women surveyed had experienced <b>physical and/or sexual violence</b> by a partner or non-partner since the age of 15. Many health problems can be linked to physical and/or sexual violence including <b>depression, emotional distress and suicidal thoughts, plans and attempts</b> .
Women aged 50-65 years	— In 2016, 98% of those looking after the home/family were women. <b>Caring responsibilities can have a negative impact on mental and physical health</b> , and can lead to exhaustion, depression, injury and put women at a higher risk of illness.
Women aged 65+	— <b>Dementia</b> is substantially higher amongst women than men. — Rates of depression are consistently higher in older women than in older men.
Reproductive and sexual health	
Women aged 12-24 years	— A survey found 50% of girls in Ireland have difficulty affording <b>period products</b> . — The <b>cost of contraception</b> , including cost of the GP visit and prescription costs, is a significant barrier for young people.
Women aged 25-49 years	— Women can experience <b>health problems, caused by pregnancy</b> or an event that happens during or after the baby's birth, including; incontinence, pregnancy-related pelvic girdle pain, perinatal depression, and postpartum sexual health issues.
Women aged 50-65 years	— Women can experience hot flushes, anxiety, depression, memory problems, and sexual dysfunction during <b>menopause</b> .
Women aged 65+	— Up to 3 times as many women as men are affected by <b>urinary incontinence</b> , which has a negative impact on mood, quality of life, and social life.

## Do particular groups of women experience worse health?

The chances of a long and healthy life are not the same for all women. Women living in **poverty and isolation, particularly lone parents and older women, highlight the impact of low income on their health.** Women from disadvantaged areas and marginalised social groups are also likely to experience **worse health and challenges accessing health services.** They may experience more ill-health and live shorter lives than women who are wealthier.

**Marginalised women**, including asylum seekers, homeless women, Traveller and Roma women, LGBTQI+ women and women with disabilities, also have a higher risk of poor mental health than other women. Some women struggle to access health services because of **discrimination, racism, and homophobia.**

We must work to remove these health inequalities between groups of women and ensure all women in Ireland have good access to health services.

## Where can I learn more about women's health in Ireland?

More information and statistics about women's health can be found in the 2019 report **'Women's Health in Ireland – Evidence Base for the development of the Women's Health Action Plan'** prepared by Dr Kathy Walsh on behalf of the National Women's Council of Ireland, Health Service Executive and the Department of Health. This report can be accessed at: [www.NWCI.ie](http://www.NWCI.ie)



Health inequalities faced by specific groups of women in Ireland	
LGBTQI+ women	<ul style="list-style-type: none"> <li>— Lesbian and bisexual women have lower use of reproductive health services. They have higher rates of diseases that affect the heart and blood vessels, <b>ovarian cancer</b>, and <b>polycystic ovarian syndrome.</b></li> <li>— Members of the transgender community are more likely to experience anxiety, <b>depression</b>, <b>drug and alcohol misuse</b>, fear, isolation, physical violence, stigma, and family rejection which can lead to <b>self-harm</b> and <b>suicide.</b></li> </ul>
Migrant women	<ul style="list-style-type: none"> <li>— Undocumented women can <b>face delayed access</b> to screening, treatment and care.</li> </ul>
Roma women	<ul style="list-style-type: none"> <li>— 24% of Roma women had not accessed health services while pregnant and their first time accessing healthcare was to give birth.</li> <li>— 84% of Roma women have experienced <b>discrimination</b> in health services.</li> </ul>
Traveller women	<ul style="list-style-type: none"> <li>— Traveller women live ten years less than women in the general population in Ireland.</li> <li>— <b>Suicide rates</b> among Traveller women are five times higher than women in the general population.</li> </ul>
Women with disabilities	<ul style="list-style-type: none"> <li>— Rates of <b>screening for both cervical and breast cancer</b> are lower among women with disabilities than the general population, and are even lower for women with severe and <b>profound intellectual disability.</b></li> </ul>
Women who are homeless	<ul style="list-style-type: none"> <li>— In a survey of women who were homeless, almost 50% of them said their health was 'poor' or 'fair'. 90% had at least one <b>diagnosed mental or physical health problem.</b></li> </ul>