

# Improving Health Outcomes and Experiences of the Healthcare System for Marginalised Women

A Report by the National Women's Council and Community  
Work Ireland

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National Women's Council

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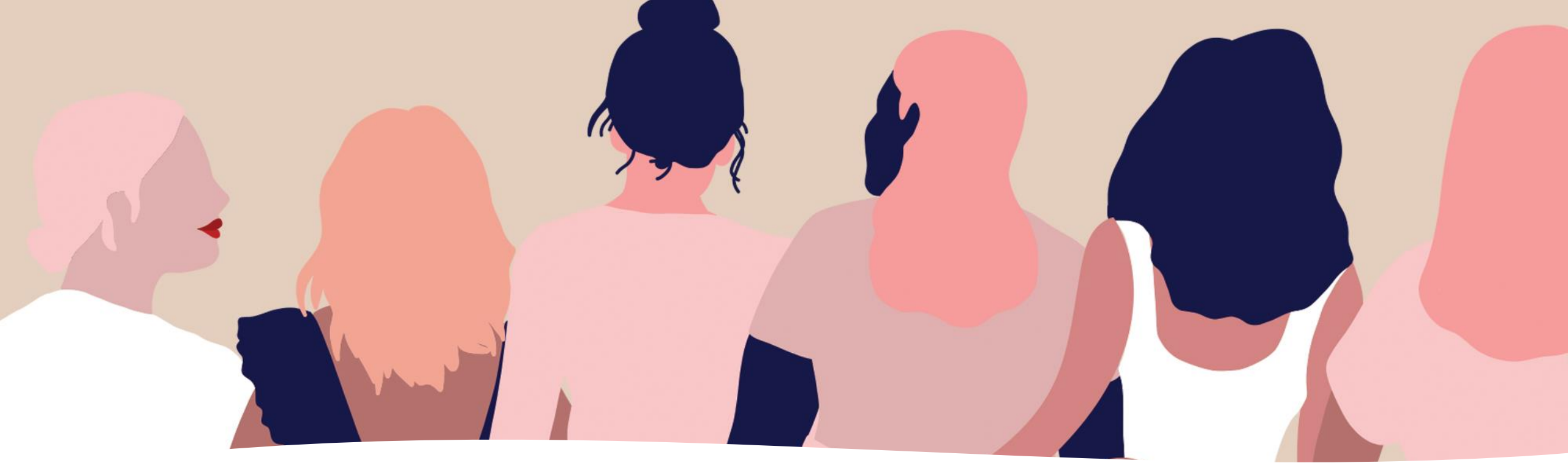
# Research Design and Methodology

# Research Objective

- What is the experience of the Irish healthcare system for diverse groups of marginalised women and what are the key barriers to accessing person-centred and appropriate care?
  - What would an enabling and inclusive healthcare system look like?
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# Methodology

- Four semi-structured workshops held online
    - Women of minority ethnicity
    - Disabled women
    - Survivors of domestic abuse
    - Women living in disadvantaged communities
  - Recruitment of participants through national and local organisations
  - Recorded with participant consent and notes shared with participants
  - Thematic analysis for recurrent motifs and patterns
  - In-session and follow-on support
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## **Research Participants**

- **N=50**
- **Ethnically diverse**
- **Majority aged 35–44**
- **Parity between urban and rural locations**
- **High rates of socio-economic disadvantage and unemployment**
- **High educational attainment**
- **Half providing care to children**

# Findings

# Women value local, community-based support

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- Positive impact of peer-led primary healthcare and community groups
- Shared understanding
- Build a sense of solidarity and trust



*‘It kept us all going... it wasn’t even in the cooking it was the talking to people ... you had a friend and it was on zoom but they were still there.’*

**Participant – Women in Disadvantaged Communities Workshop**



# Services not designed with diversity of women's needs in mind

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- Challenges in access
- Burden of navigation on the individual
- Lack of privacy
- Difficulties in access exacerbate health needs



*‘You are literally just told something is wrong with your child, go figure it out yourself ... you are thrown in a dark alley, and you have to fight your way out, if you find a torch fair play to you but if you don’t you are going in blind.’*

**Participant – Women in Disadvantaged Communities Workshop**

*‘In my community, English is not their first language, it’s hard sometimes when they go to hospital because some women they need to go inside with their men, husband, boyfriend whatever, they’re not, they don’t have freedom to talk’.*

**Participant – Women of Minority Ethnicity Workshop**

# Latent Sexism Compounding Systemic Issues

- Dismissive or belittling healthcare interactions
- Not feeling listened to or taken seriously
- Right to health being impacted by multiple biases



*‘Going in in my early 20s and saying to a doctor sex is painful and them saying it’s just the way you are built, nothing we can do for you.’*

**Participant – Disabled Women Workshop**

*‘[I was] forced to have a mental health check because I was seen as this absolutely crazy mother... they [abusive partners] are very good liars, and they turn the whole system against you.’*

**Participant – Survivors of Domestic Abuse Workshop**



# Consequences of Successive Poor Experiences

- Erosion of trust
- Withdrawal from the system



*‘You feel very isolated because they make out that you are the crazy one and that you are the one who needs help, but actually you are just trying to find a voice and say this isn’t right, so it is a very lonely time.’*

**Participant – Survivors of Domestic Abuse Workshop**



*‘I get so anxious and so nervous anytime I go and see any form of medical professional now’*

**Participant – Disabled Women Workshop**

*‘It is really disheartening trying to navigate this, so much so that I refuse to see a doctor in Ireland, I haven’t been back to a doctor as you just get dismissed’*

**Participant – Women of Minority Ethnicity Workshop**

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# Recommendations

# View women as equal partners



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1. Introduce gender-sensitivity and unconscious bias training – co-designed with women

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2. Ensure clinical best-practice and shared decision-making go hand-in-hand

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3. Develop focussed measures to improve diversity and representation

# Champion community -based care and community developme nt support



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1. Invest in local, accessible supports

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2. Improve GPs knowledge of local support and encourage social prescribing

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3. Enhance pathways between community and specialist care

# Promote Accessibility and Inclusion



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1. Consider the built environment and mainstream universal design
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2. Enhance access to interpretation and translation services
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3. Provide clear and accessible information on care pathway

# Collaborate across Government



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1. Recognise areas of social policy that have a significant impact on women's health

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2. Proactively engage - adopt a 'health in all policies' approach

*‘Know your clientele, know your service-user, everyone comes with their own set of cultural backgrounds ... It’s not a one size fits all approach when it comes to health because health looks and feels different for so many people.’*

**Participant – Women of Minority Ethnicity Workshop**



# Thank you

- Particular thanks to HSE Health and Wellbeing as the project funder and the Women's Health Taskforce for commissioning the research
- Report publication – October 2021
- Questions or comments – [alanar@nwci.ie](mailto:alanar@nwci.ie)