



Executive Summary: Findings of the 'Nothing About Us Without Us' Women's Health Survey

Introduction



"I want better treatment for our daughters and granddaughters"

The following findings and associated survey have been developed by the Community Foundation for Northern Ireland alongside the Nothing About Us Without Us (NAUWU) co-design panel.

The NAUWU group is a coalition of women from diverse backgrounds and experiences working within and across communities in Northern Ireland (NI). The group focusses on supporting and enabling grassroots women to be more visible, vocal, and valued within and across their communities, the wider public space and consciousness. This is achieved through supporting grassroots women to identify and mobilise around key issues impacting on their lives including the need for a Women's Health Strategy for NI.

To date, Northern Ireland is the only place across these islands not to have a dedicated Women's Health Strategy or at the very least, a Women's Health Action Plan. The Nothing About Us Without

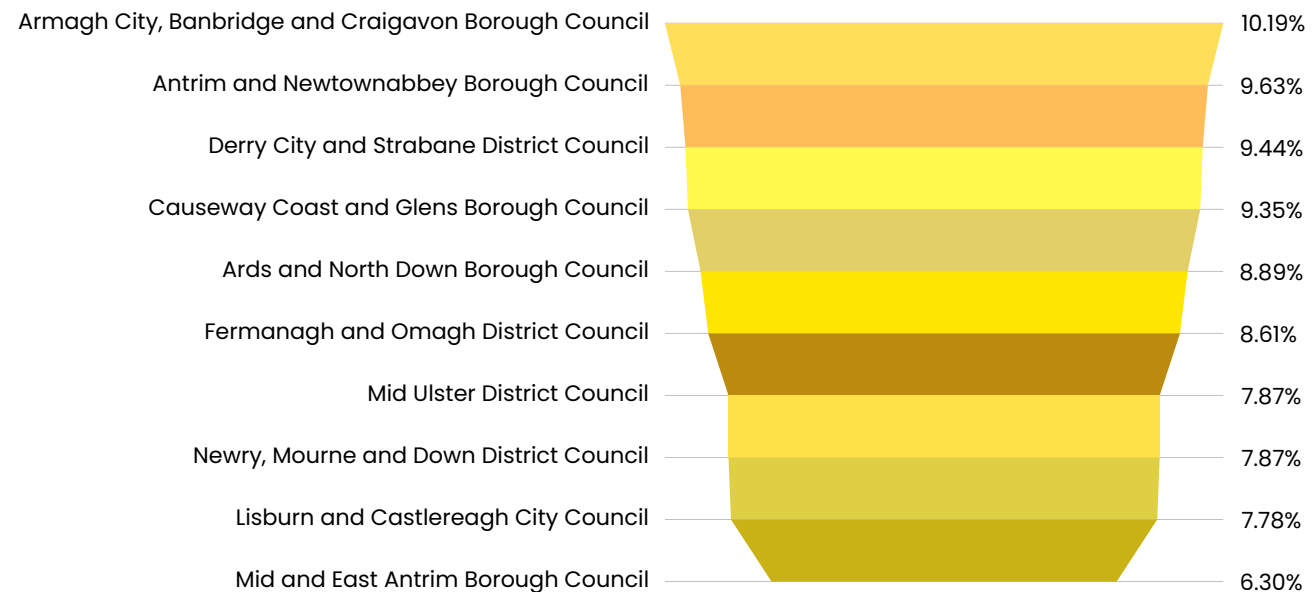
Us programme seeks to address this, and to ensure that any future Women's Health Strategy for NI is sufficiently funded and reflects the experiences and needs of women from grassroots communities.

Whilst we welcome the Ministers commitment to develop an Action Plan for Women's Health, we believe that a long-term, cross-departmental strategy is the best approach to addressing the inequalities experienced by women in accessing the healthcare they need, when they need it. Whilst we understand the Programme for Government cannot cover everything, it was disappointing that has not been mentioned.

Our findings are the result of questionnaires completed by 1,080 individuals and 74 Voluntary, Community, and, Social Enterprise (VCSE) organisations from across NI during March and April 2024.

Demographics

- The majority of respondents identified their ethnicity as 'White' at 92.5%. 2.04% of respondents identified as either 'Black African' or 'Black Caribbean'. 7.05% identified as an ethnicity other than White
- 65.37% of respondents either shared or had sole responsibility for 'A child' compared to 56.45% having responsibility for the care of an 'Older person' and 49.8% having responsibility for the care of a 'Person with a disability'
- 49.07% of respondents reported living with a disability and 38% reported having a mental health condition



Key Findings

- 30.55% of respondents reported services they need as 'Inaccessible' or 'Very inaccessible'
- 29.81% of respondents felt uncomfortable speaking about health issues with male health professionals
- The most common sources of information for health-related issues were online (55.93%), GPs (51.57%), and family or friends (46.39%)
- Where 5 is very accessible and 1 is not accessible at all. Survey respondents reported the least accessible information was 'Health impacts of violence against women and girls' at 2.71 out of 5, and 'Research into health issues or medical conditions that affect women' at 2.7 out of 5
- Two out of three respondents (67.59%) stated that a health condition or disability had impacted on their experience in the workplace. The most common impact was 'Increased stress levels'
- More than half of respondents (57.87%) reported feeling 'Very comfortable' or 'Comfortable' talking about women's health issues in the workplace

How should the healthcare experiences of grassroots women be improved?

better access - inaccessible for
rural women - even urban women
outside Belfast, abortion access

For healthcare professionals to listen to women about their health and not minimise their symptoms or blame weight, hormones or putting it down to anxiety

Feeling dismissed

Many women reflected the pressure they felt to be agreeable, “not wanting to add to time pressure”, “be a burden”, or be “a nuisance” to their health care professional.

- 79.3% of survey respondents stated that there have been incidents where they have not been listened to by a health professional, felt dismissed, or felt that their symptoms were downplayed

Barriers in accessing healthcare

- By far, the most cited barrier for women across the region, is the lack of available medical appointments, with 58.7% of survey respondents having experience of this
- 44.54% cited the ability to be referred by GP or another medical practitioner as a barrier to service access. With 34.07% stating the ability to complete a self-referral as a barrier
- 29.91% felt that they faced barriers accessing services they need because they live rurally

I am fed-up as a woman with being ignored, belittled and expected to put up with things that the male cohort would not be expected to contend with... Women should feel empowered by their health workers, not dismissed because they are/identify as a woman.

WE NEED TO BE LISTENED TO!
SO Tired of BEING DISMISSED, DISTRESSED
DISRESPECTED.



Conclusions and Recommendations

The following conclusions and recommendations have been compiled from the data collected in the survey. Each recommendation should be considered alongside the foundational recommendation of centering the voices of grassroots women in Northern Ireland to ensure that there is **Nothing About Us Without Us**.

Recommendation 1: A Women's Health Strategy for Northern Ireland should identify models of best practice in communicating both gender-specific and gender non-specific health issues with women across NI, taking into consideration age, rurality, gender identity, language, and culture.

Recommendation 2: A Women's Health Strategy for Northern Ireland should prioritise creating and promoting evidence-based and reliable information that is provided in a user-friendly and accessible format.

Recommendation 3: The process of developing a Women's Health Strategy for Northern Ireland should include a co-design process which ensures that the diverse lived experiences of women in Northern Ireland and the unique barriers experienced by communities are understood and used to inform the development of the strategy. Meaningfully involving women at every stage, including a review of current services, will ensure that a strategy is fit for purpose and can realistically work in practice.

Recommendation 4: A Women's Health Strategy for Northern Ireland should identify opportunities to support employers on increasing the support available to women in the workplace related to their health and wellbeing and to encourage better understanding of the inequalities and unique experiences of women within the workplace.

1. DESTIGMATIZE WOMEN'S HEALTH
2. STRATEGY FORMED THROUGH COMMUNICATION WITH WOMEN. ALWAYS
3. MENTAL HEALTH SHOULD BE AS DESTIGMATIZED AND AS IMPORTANT AS PHYSICAL HEALTH.

Recommendation 5: A thorough and well-informed Strategy will fall short of addressing the health and wellbeing needs of women without long-term sufficient investment. Gender-responsive budgeting should be considered for decisions relating to the allocation of Health budgets, thus reflecting the needs of women in NI.

Recommendation 6: The following areas, which were selected by both individuals and organisations who responded to the survey, should be prioritised in the development of a Women's Health Strategy for NI:

- Gynaecological conditions
- Menopause
- Womb, ovarian, cervical, vulval and vaginal cancers
- Fertility, pregnancy, pregnancy loss and post-natal support
- Menstrual health, for example period pain, heavy menstrual bleeding
- Research into health issues or medical conditions that affect women
- Mental health
- Health impacts of violence against women and girls
- Screening services
- Sexual health including contraception

BECAUSE MY
HEALTH MATTERS
TO ME & MY
FAMILY

For further details, please see the report in full. To request a copy, contact: info@communityfoundationni.org



The Community Foundation for Northern Ireland and the Nothing About Us Without Us co-design panel which includes Northern Ireland Rural Women's Network (NIRWN), Falls Women's Centre, Reclaim the Agenda, Building Communities Resource Centre, The Carson Project, and The Focus Project, would like to express our thanks to all the individuals and organisations who took part in the survey.

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