A VISION FOR WOMEN'S HEALTH

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A Vision for Women's Healthcare

Executive Summary

Where we have come from

Women have suffered injustice in the field of health. From the outrageous wrongdoings of thalidomide and symphysiotomy in the past, to the unfolding vaginal mesh implant scandal. Lessons must be learnt and the voices of women heard. Sinn Féin advocates a health system that is sensitive to and reflects gender differences.

Poverty and women's health

The link between low incomes, disadvantage and poor health outcomes has been well evidenced. Woman suffer lower incomes, greater social welfare dependence as carers and lone parents and the brunt of austerity measures. We must address poverty and introduce a single tier health system that is free at the point of delivery.

Advances in women's healthcare and services women need

The development of Breast and Cervical cancer screening and vaccine programmes for women dramatically improve women's health and Sinn Féin is committed to expanding on these gains. Other areas requiring focused attention on women include cardiovascular disease and thyroid disease.

Reproductive health and maternity care

Access to contraception, sexual health services and family planning supports are vital for women's health. Likewise ethical Assisted Human Reproduction and IVF should be legislated for and made available to all women struggling with infertility – at present these vital health services are out of reach from those on modest incomes. The under-resourcing of our maternity services must end. The best international standards in terms of obstetrician and midwife numbers, ante-natal and post-natal care should be met.

Caring for women from diverse backgrounds

Additional discrimination and consequently further health inequality may be experienced by different groups of women including women with disabilities, Traveller and other ethnic minority women, refugee women and those in Direct Provision, Lesbian women and transgender women. Homeless women also have increased health needs. Our health system must be cognisant of, and responsive to the needs of all of these women.

Women and mental health

Certain mental health problems are more common amongst or exclusive to women. For example, our health services must be reformed and resourced to better meet the needs of women suffering hormonal change related depression, peri-natal depression and eating disorders.

Sex education in schools

We cannot take a potluck approach to the delivery of Sexual Health and Relationship Education in our schools. A progressive curriculum, inclusive of the needs of students with disabilities and gay students, must be developed and routinely delivered to ensure that all of our young people are equipped to mind their health and assert their boundaries regarding consent.

Violence against women

Women make up the majority of victims of domestic physical, sexual, emotional and financial abuse with devastating health consequences. Investment, training and co-operation are required across the fields of health, housing and justice to protect the health of victims of domestic violence.

Introduction

While women's position in Irish society has improved in recent times[1], as the National Women's Council of Ireland have shown, "women are still seriously under-represented in the political system, are still disadvantaged in the labour market, and still carry the main responsibility for unpaid care work".[2]

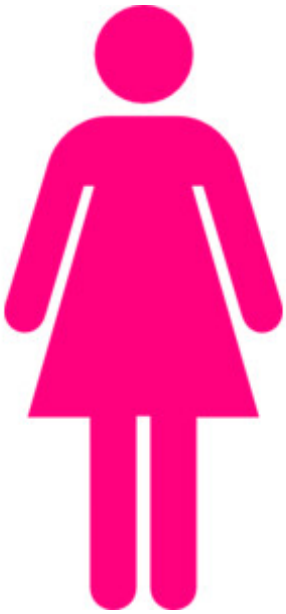
Indeed, in spite of improvements, the area of health service provision is a sphere in which inequalities are particularly acute for women.

Fundamental inequalities pervade the delivery of health services for women but also manifest themselves in other aspects of the health system, at senior decision making level and at policy development level.[3]

The reality is that women are, and have been, underrepresented at Government level, in political parties, and at hospital level.[4] Inevitably, this has led to health systems, north and south, that are highly gender segregated in their design and delivery of services.[5]

We should never lose sight of the historic injustices perpetrated against women across this island, and we should be acutely aware of current day discrimination.

This document seeks to outline Sinn Féin's vision for women's health care in Ireland that is based on the principles of fairness and equality.



1 European Parliament FEMM Committee, *The Policy on Gender Equality in Ireland Update 2015*, pg 7, http://www.europarl.europa.eu/RegData/etudes/IDAN/2015/536450/IPOL_IDA(2015)536450_EN.pdf

2 National Women's Council of Ireland (NWCI), Women's Health in Ireland: Meeting International Standards, http://www.nwci.ie/download/pdf/healthreport06.pdf, pg 4

3 NWCI, Women's Health in Ireland: Meeting International Standards, pg 4

4 European Parliament FEMM Committee, *The Policy on Gender Equality in Ireland Update 2015*, pg 31

5 NWCI, Women's Health in Ireland: Meeting International Standards, pg 4

Where we've come from

When it comes to safeguarding women's health and wellbeing, history shows a litany of practices and policies where an appalling combination of official, whether clinical, clerical or political, ignorance and arrogance not only led to women enduring injustice and injury but also the duration of that ill treatment being wilfully prolonged.

After years, and in many cases decades, of campaigning to expose wrong-doing and neglect, today many of those issues are widely known and rightly acknowledged as injustices. In recent years the most notorious have been subject to inquiry and government apology.

The incarceration and forced labour of an estimated 30,000 women deemed to have 'fallen' in the Magdalene Laundries which operated within living memory from the 19th to the late 20th century led to inquiry and subsequent official apology in 2013. This was only forthcoming after the brave campaigning of many of the survivors of the Magdalen Laundries and groups such as Justice for Magdalenes.[6]

The Mother and Baby homes, some public and others private, were institutions organised like correction centres. The last of these only closed in 1996. Within these "homes" tens of thousands of unmarried pregnant women were coerced into giving up their children for adoption or the horror of industrial schools where they died in their thousands of malnutrition and neglect. The women and babies in these homes suffered horrendous abuses from assault to allegations of vaccine testing. The final report of the inquiry into Mother and Baby Homes is due for publication in 2018.

Recently the United Nations Human Rights Committee called for the Irish government to investigate and compensate women who had undergone the brutal practice of symphysiotomy during child birth which led to long term life changing damage and was described by the UN committee chair as "systematic assault".[7]

Despite clear evidence that caesarean sections were safer and carried significantly less risk for both mother and baby, symphysiotomy which involves cutting the pubic bone to widen the pelvis was carried out on an estimated 1,500 women in the south of Ireland between the 1940s and 1980s at a time when it was almost never used in the rest of Europe.[8]

The trauma and damage caused by the administration of thalidomide to women during pregnancy which led to serious malformation of their children was a global rather than a local scandal. It is not known how many people were injured by the drug worldwide but estimates range from 10,000 to 20,000 to 100,000. In 2012 the company which developed thalidomide released a statement saying it regretted the consequences of the drug.

In 1983 the conservative elements of the southern state achieved a 'constitutional coup' by inserting the 8th Amendment into the constitution. The insertion of the amendment resulted in decades of pain, suffering, stigmatisation, and indeed the deaths of women as a result of the 8th. That amendment and

6 http://www.magdalenelaundries.com/

7 United Nations Human Rights Office of the High Commissioner, *Convention on the Elimination of All Forms of Discrimination against Women - Concluding observations on the combined sixth and seventh periodic reports of Ireland* http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fIRL%2fCO%2f6-7&Lang=en

8 Survivors of Symphysiotomy, http://symphysiotomyireland.com/the-story/

constitutional ban on the termination of pregnancy existed until the historic Referendum result on 25th May 2018.

However, in the north abortion is still illegal except in certain limited circumstances. These circumstances do not even include traumatic cases such as rape, incest or fatal foetal abnormalities.

In the past, official failure combined with a lack of empathy and understanding has meant women's experience and testimony has sometimes been dismissed and even supressed. As we move forward into building a rights based society of equality and respect, it is paramount that women's voices are heard and women's decisions about their own health and wellbeing respected.

The emerging public health scandal around vaginal mesh implants is the latest in a number of recent clinical interventions that have resulted in damage to women's health and wellbeing, including the use of metal-on-metal hip replacement devices and the use of industrial grade silicone in breast implants.

The current vaginal mesh scandal provides another clear example of the enormous difficulties women face in making their voices heard and, even in the face of overwhelming testimony, the reluctance of those in positions of power to admit there is something seriously wrong that requires urgent action.

Another contemporary injustice has been caused by some anti-epilepsy drugs and treatments for bipolar which if taken during pregnancy can result in serious and life changing injury to the children exposed to the drug while a developing foetus. Once again not only were women's concerns ignored but worse still evidence was deliberately withheld by regulators to supposedly avoid "fruitless anxiety".

Warnings to young women of childbearing age that the epilepsy drug sodium valproate, which is also used in the treatment of bipolar and migraines, could cause birth defects and developmental problems in their babies could have been made public more than 40 years ago. Instead there has been a systematic failure to properly inform women of the dangers associated with this drug.

Most recently the CervicalCheck scandal in the south has reinforced that significant issues still exist to this day regarding women's healthcare. The scandal of withholding patient information regarding misread smear tests from women who developed cervical cancer after a false-negative result, and the effective covering up of this issue within the HSE, has raised many more questions about how health services treat women.

Ireland has a long history of failing women as regards health provision, but it would be remiss of us to suggest that this failure is not continuing up to this current day. We need a health system that is acutely aware of past and present failure of women's health and is cognisant of gender differences in how it operates now and into the future.

Sinn Féin advocates:

- » A health system that is sensitive to and reflects gender differences
- » A life-course approach to women's healthcare to ensure that women have access to information and services from a young age, enabling them to make better decisions about their own health.
- » Healthcare standards which are consistent, evidence based and applicable to all providers.

Poverty and women's health

As The World Health Organisation has pointed out, although women are born with a biological advantage, this is often cancelled out by the social and economic disadvantage and discrimination they encounter during their lives. Poverty, a key driver of health inequalities, continues to have a serious adverse impact on the health of many women.[9] In other words, in Ireland both north and south, poverty and poor health are inextricably linked and as with other European countries women are disproportionately represented amongst those living with economic disadvantage and social inequalities.[10]

As well as the drivers of ill health associated with poverty itself, worse housing, less nutrition and harsher working conditions, it also involves disadvantages in relation to access to health services, the provision of services, policy decisions and priorities. Health inequalities associated with poverty although most frequently cited, are not just about life-style 'choices', it's also about a gender and class bias operating within the health system itself and society at large. [11]

Research has shown that for a variety of reasons including unconscious bias amongst GPs, that those in the most deprived areas have poorer access, less time and fewer referrals to specialists than patients from more affluent areas.[12] This unconscious bias disproportionately impacts on women and their access to health care. This often manifests itself as a hierarchy of procedures and treatments with an indirect gender bias. For example, faced with budgetary shortfalls, the chronic health needs of older poorer women, are more likely to be delayed and less likely to attract additional funding.

In recent times obesity has become a class signifier, and beyond the direct implications for health, there is evidence that, as a consequence of austerity driven scarcity, it has been also used as a rationale to deny access to medical treatment. [13] A report by the British based Royal College of Surgeons found one in 3 areas in England were denying or delaying surgery to patients who were obese or smoked. A survey found that 54% of NHS doctors thought they should have the right to withhold non-emergency treatment to those groups.

Recently the European Court of Justice outlined criteria by which obesity can be regarded as a disability and thereby fall within equality duties and law. Discriminatory practices within the medical profession are more likely to adversely impact on access to treatment for women living in poverty.

Poverty has a woman's face

In the wake of similar evidence in Scotland the Inequalities Sensitive Practice Initiative was developed that encouraged a cultural change promoting non judgement approaches by medical staff as well as recognition that women, amongst others, enduring the further disadvantage of poverty will require additional, often tailored support to improve their health outcomes.

In the south, where the health service isn't a publicly funded free service, many women who

9 World Health Organisation (WHO), *Social and gender inequalities in environment and health*, http://www.euro.who.int/__data/assets/pdf_file/0010/76519/Parma_EH_Conf_pb1.pdf

10 WHO, *Strategic Action Plan for the Health of Women in Europe*, pg 9 http://www.euro.who.int/__data/assets/pdf_file/0007/69532/E73519.pdf?ua=1

11 WHO, *Gender biases and discrimination: a review of health care interpersonal interactions*, http://www.who.int/social_determinants/resources/gender_biases_and_discrimination_wgkn_2007.pdf

12 'The Inverse Care Law; Clinical Primary Care Encounters in Deprived and Affluent areas' Mercer and Watt 2007

13 SW Flint, British Journal of Obesity, *Obesity stigma: prevalence and impact in health settings*, pg 14-18

aren't eligible for a medical card but don't command the kind of income to meet even basic health costs, will often prioritise paying for other family members to access primary care before addressing their own health needs. This sometimes means health conditions progress into being more serious before medical intervention is sought. The cost of doctor's fees as well as drugs and treatments can be a huge barrier to treatment for many women.

Poverty makes us all sicker than we need to be, tragically class and gender bias operating within our health systems and wider political decision making process means many women's access to health services and treatment is further compromised by being poor.

As poverty is a major determinant of ill health, the reduction of poverty will benefit the health of the population as a whole.[14] Introducing and enforcing policies specifically to alleviate poverty among women will have a positive effect on the health of women and their families.[15]

Sinn Féin advocates:

- A single tier health system where healthcare is provided free on the basis of need and not the ability to pay
- Provision of free prescription drugs

Access to sanitary products and period poverty

In the North VAT rates are determined at Westminster, this means that women living in the north have to pay VAT on sanitary products, referred to as the Tampon Tax. While Ireland has a zero-rated VAT on sanitary products for women, many women who are homeless, in Direct Provision or on low income are still unable to afford necessary hygiene products. Some women are forced to turn to using socks, or wads of toilet paper because they cannot afford sanitary products. It is unacceptable that any woman or girl should be unable to access sanitary products due to 'period poverty', where they cannot afford to buy these essential products. Sanitary products should be easily accessible to those who need them.

Scotland has become the first country to offer free sanitary pads by creating a pilot scheme to provide sanitary products to low-income women. From August 2018 The Scottish Government will introduce a scheme to make free sanitary products available in Scotland's schools colleges and universities. They are also considering actions to support those on low incomes, but not in education, in light of the findings of the pilot scheme. Botswana has also just tabled a motion to offer school girls in the country free sanitary pads, to ensure girls have access to education even during their periods.

Sinn Féin advocates:

- Increased accessibility to necessary hygiene products for women
- VAT on sanitary products to be removed working towards eventually providing them free of charge

14 WHO, *Poverty and Health*, pg 22, http://www.who.int/tobacco/research/economics/publications/oecd_dac_pov_health.pdf

15 The Women's Health Council/MABS, *Women, Debt and* Health, pg 2, http://health.gov.ie/wp-content/uploads/2014/03/WHC_MABS.pdf

Advances in women's healthcare

In spite of the historic, and current, discrimination against women and women's health needs there have been significant advances in Ireland.

In healthcare, these advances and better understanding of women's bodies have resulted in women living longer and healthier lives.

Globally, women can now receive better, more tailored advice for their health needs at all stages of their life journey. Women now know of and are informed of side effects of prenatal vitamins, they can avail of smear tests regularly, mammograms are also readily available to detect breast cancer, there is a greater awareness of heart health, there are robust regulations around warning labels for pregnant women, young women can avail of the HPV vaccine, diagnosis and prevention techniques for osteoporosis have advanced significantly and are available, amongst others.

When it comes to childbirth, Ireland has developed into a relatively safe place to have a child. In the south the infant mortality rate is 3.3 per 1,000 live births (2016)[16] and for the triennium 2013 – 2015, the Irish maternal mortality rate (MMR) was 6.5 per 100,000 maternities.[17] In the north the figure was 5.1 per 1,000 live births (2015)[18] with an MMR of 10.3 per 100,000.[19]

Nevertheless, the death of one mother or a single baby is one too many. In instances where this is the case we believe there should be an automatic inquest.[20]

Access to the HPV vaccine and regular smear tests for women has improved the prevention and diagnosis of cervical cancer. This is reflected in increased diagnosis for cervical cancer as well as increased survival rates over the past number of years.

Similarly, advances in the area of breast cancer have dramatically improved, perhaps more than any other area of women's health. As the Irish Cancer Society has shown, diagnosis has increased as has early intervention and treatment meaning better clinical outcomes for women.[21]

Nevertheless, there are areas for improvement in the service women need and which a health service needs to provide for them.

Sinn Féin advocates:

» A health service which responds with greater gender sensitivity to the varying health care needs of women and the provision of associated services.

16 Central Statistics Office (CSO) http://www.cso.ie/en/releasesandpublications/ep/p-vsys/vitalstatisticsyearlysummary2016/

17 Confidential Maternal Death Enquiry Ireland, *Report for 2013*-2015, pg 17, https://www.noca.ie/wp-content/uploads/2017/12/Confidential-Maternal-Death-Enquiry-Report-2013-2015-141217-Web.pdf

18 The Health FOuncation – Quality Watch, http://www.qualitywatch.org.uk/indicator/infant-mortality

19 Department of Health, Social Services, and Public Safety, *A Strategy for Maternity Care in NI 2012-2018*, http://www.nipec.hscni.net/download/projects/previous_work/highstandards_practice/community_maternity/documents/maternity-strategy.pdf

20 At the time of publishing there still was not an automatic independent investigation into maternal deaths in the south of Ireland

21 Irish Cancer Society, https://www.cancer.ie/content/85-women-now-survive-breast-cancer-over-five-years-compared-less-50-1976#sthash.LZNCAlKd.dpbs

Services Women Need

There are a variety of services which women and women only need throughout their lives. However, these different needs are often not reflected in general health policy.[22]

This gendered evolution of health services has failed women, and it will take progressive policy planning to rectify this situation and ensure the services women need are available to them.[23]

Cardiovascular Disease

As the World Health Organisation have shown, "predominantly in high income countries, cardiovascular disease, often thought to be a "male" problem, is the number one killer of women".[24]

The scale of this is reflected in that Irish women are 7 times more likely to die from cardiovascular disease than breast cancer.[25] In the north the annual mortality rate for cardiovascular diseases was 304.9 per 100,000 for women compared to 289.4 per 100,000 for men.[26] However, "evidence suggests that it is neither diagnosed as readily, nor treated as effectively, in women". [27]

However, as highlighted by the Irish Heart Foundation, over 80% of heart disease and stroke can be prevented through lifestyle change and risk factor modification. Women need to be helped as they seek to modify their lifestyles to reduce such risks. In addition, diagnosis and treatment must take on a gendered perspective in order to ensure that women are being treated in line with their increased risk factors.

Breast Cancer and Cervical Cancer

Two of the most common cancers affecting women are breast and cervical cancers. Early detection of these cancers is key for targeted treatment and keeping women alive and healthy[28]. The latest global figures show that around half a million women die from cervical cancer[29] and close to a million from breast cancer each year.[30]

Breast cancer is the leading cancer killer among women aged 20–59 years worldwide.[31] In the south 1 in 9 women will develop breast cancer over the course of their lifetime with around 3,000 new cases of breast cancer diagnosed each year across the whole of Ireland.[32] Similar figures exist

22 World Health Organisation (WHO), *Women and Health, Today's Evidence Tomorrow's Agends,* http://www.who.int/mwg-internal/de5fs23hu73ds/progress?id=bubLbG5CG3XCDwIylCjRRRSS7LsCgCBzEH6QmTDO0q4,

23 WHO, Gender, women and primary health care renewal, http://apps.who.int/iris/bitstream/10665/44430/1/9789241564038_eng.pdf , pg 15

24 WHO, http://www.who.int/mediacentre/factsheets/fs334/en/

25 Irish Heart Foundation

26 http://global-disease-burden.healthgrove.com/l/41381/Cardiovascular-Diseases-in-Northern-Ireland

27 Dr Naoimh Kenny and Dr Ailís ní Ríain – The Women's Health Council, *Cardiovascular Disease in* Women, http://health.gov.ie/wp-content/uploads/2014/03/ICGP_CD.pdf

28 WHO, http://www.who.int/life-course/news/commentaries/2015-intl-womens-day/en/

29 http://www.who.int/cancer/prevention/diagnosis-screening/cervical-cancer/en/

30 The Lancet, *The global burden of women's cancers: a grand challenge in global health*, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31392-7/fulltext

31 WHO, http://www.who.int/mediacentre/factsheets/fs334/en/

32 https://www.breastcancerireland.com/facts-and-figures/

in the north with approximately 1,200 women diagnosed with breast cancer each year.[33]

There have been significant increases in recent years as regards diagnosis and survival rates. However, the recent CervicalCheck scandal in the south shows that a lot more needs to be done to ensure open and honest communication with patients and for better information for women regarding the limitations of screening programmes. There have been many positive developments, but there is still a lot more to be done.

We need an increase in education and awareness programmes, provision of free mammograms for women, assess newly developing methods of detection, investment into testing for hereditary breast cancer, and investment into R&D around breast cancer.

Cervical cancer is the second most common type of cancer that affects women worldwide and is linked to a sexually transmitted infection with the human papillomavirus (HPV)[34]. The Irish Family Planning Association has shown that around 300 women in the south are diagnosed with cervical cancer each year[35] and in the north NI Direct state that about 100 women will get the disease.[36]

Because of the immense dangers of the human papillomavirus, the HPV vaccine is offered to girls aged 12 to 13 in the north or all first year secondary school girls in the south. This vaccine is the most effective protection against two types of the virus which cause over 70 per cent of cervical cancer cases.[37]

The vaccine is recommended by

- the World Health Organization
- the International Federation of Obstetricians and Gynaecologists
- the National Immunisation Advisory Committee

Cervical smear tests are also provided to women in risk categories both north and south. Indeed, cervical screening programmes to prevent cervical cancer in women who are not in high risk categories and who do not have any symptoms of the disease are also very important to keep women informed and updated.[38] Therefore, it is vitally important that such smear tests are provided free of charge to women in all categories, not just those who are deemed to be in risk categories.

These collective measures are important as they give the chance to protect women and work towards eradicating cervical cancer.

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33 NIdirect, https://www.nidirect.gov.uk/articles/breast-cancer
34 WHO, Women's Health, http://www.who.int/mediacentre/factsheets/fs334/en/
35 Irish Family Planning Association (IFPA), https://www.ifpa.ie/Hot-Topics/Cervical-Cancer/Frequently-Asked-Questions
36 NI Direct/Té Díreach, https://www.nidirect.gov.uk/articles/cervical-cancer
37 WHO, Human papillomavirus (HPV) and cervical cancer, http://www.who.int/mediacentre/factsheets/fs380/en/
38 Cervical Check, https://www.cervicalcheck.ie/information-for-health-professionals/about-the-programme.149.html

Ovarian Cancer

Over 525 women are diagnosed with ovarian cancer across Ireland each year.[39] [40] Like most cancers the risk of ovarian cancer increases for women as they get older. Due to a lack of information and awareness as well as the symptoms or ovarian cancer being similar to those of other conditions, such as such as irritable bowel syndrome (IBS) or pre-menstrual syndrome (PMS), it can be difficult to recognise and as a result is often referred to as "the silent killer".[41]

There is no screening test for ovarian cancer and a high number, upwards of 75 per cent, of ovarian cancers present at stage three, a figure which has not changed for nearly 20 years.[42]

The nature of ovarian cancer means that there is a significant need for information and awareness campaigns so women as well as GPs know the four clear symptoms of ovarian cancer:

- persistent bloating
- persistent stomach pain
- difficulty eating and feeling full quickly
- and the need to urinate more frequently on 12 or more days in any given month

Early detection offers the best chance of survival and the health system needs to ensure sufficient public awareness of this cancer so that both women and GPs are aware of the symptoms and avenues for treatment.

Endometriosis

Endometriosis is another issue which specifically affects women. It is a condition in which pieces of the womb lining (the endometrium) are found outside the womb.[43] The condition can affect as many as one in ten women of child-bearing age and of those affected a further one in ten suffer severely from it.

Unfortunately, endometriosis can often be difficult to treat and the aim of treatment is to ease the symptoms so that the condition does not interfere with daily life.[44]

Treatment can be delivered to relieve pain, slow the growth of endometriosis, improve fertility, or prevent the disease from coming back, and there are generally three options:[45]

- pain medication
- hormone treatment
- surgery

Unfortunately, like with many issues which affect only women there is often a lack of awareness of endometriosis among those who do not suffer from it.

Indeed, despite its prevalence, there is no dedicated endometriosis centre in the north or a fast-track referral pathway.[46]

Raising awareness among women and the general public of endometriosis as well as ensuring regional endometriosis centres and networks to help deal with and treat those women who do suffer from this painful and challenging disorder.

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39 Cancer Focus NI, https://cancerfocusni.org/cancer-info/types-of-cancer/ovarian-cancer/
40 Marie Keating Foundation, http://www.mariekeating.ie/cancer-information/ovarian-cancer/
41 HSE, https://www.hse.ie/eng/health/az/c/cancer,-ovarian/diagnosing-ovarian-cancer.html
42 Irish Times, https://www.irishtimes.com/life-and-style/health-family/ovarian-cancer-does-have-symptoms-here-are-four-to-look-out-for-1.2958231
43 HSE, https://www.hse.ie/eng/health/az/e/endometriosis/
44 HSE, https://www.hse.ie/eng/health/az/e/endometriosis/introduction.html
45 HSE, https://www.hse.ie/eng/health/az/e/endometriosis/introduction.html
46 Patient Council, https://www.patientclientcouncil.hscni.net/uploads/research/Endometriosis_Position_Statement_310316.pdf

Thyroid disease

Another area where women suffer more than men is in the area of thyroid disease. This evidenced in the prevalence of certain thyroid disorders amongst women. Goitre, for example, affects women to men in a ratio of around 4:1[47] while hyperthyroidism can be 10 times more common in women than in men.[48]

In women, thyroid diseases can cause problems with the menstrual period, in severe cases it can cause periods to stop for several months or longer, a condition called amenorrhea, or it can sometimes lead to early menopause.[49]

Thyroid disease can also cause problems getting pregnant and when a woman is pregnant. If thyroid problems affect the menstrual cycle it also affects ovulation and during pregnancy it can cause health problems for the mother and the baby.[50]

There are many thyroid disorders which affect women such as hypothyroidism, hyperthyroidism, thyroiditis, especially postpartum thyroiditis, goiter, thyroid nodules, thyroid cancer.

In order to ensure that women get the correct treatment then there needs to be an increased awareness of thyroid diseases and problems as well as ensuring quick and effective treatment.

Other services

There are also many other services which should be readily available to women, not least:

- Urinalysis
- Pelvic examination
- Diabetes screening and gestational diabetes screening
- Fasting cholesterol
- Regular full blood count
- Kidney and liver function exams

As the Women's Health Council pointed out, if services do not reflect the differing nature of women's health then they fail both women and men.[51] For many, many years health services have been male orientated and this has been to the detriment of women's health. Men and women have different health needs and our health service needs to reflect this.[52]

Sinn Féin advocates:

» A greater focus on care and diagnosis for cardiovascular disease in women

» Education and awareness programmes for breast, cervical, and ovarian cancer

» Provision of free mammograms for women in risk categories for breast cancer

» Investment in R&D for new methods of detection around breast cancer

» Continuation of free provision of HPV vaccines and smear tests

» Increasing awareness of thyroid diseases for women as well as ensuring quick and effective treatment.

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47 Mark P. J. Vanderpump, *British Medical Bulletin - The epidemiology of thyroid disease*, Volume 99, Issue 1, 1 September 2011, pg 39–51, https://academic.oup.com/bmb/article/99/1/39/298307

48 Mark P. J. Vanderpump, *British Medical Bulletin - The epidemiology of thyroid disease*

49 Women's Health, https://www.womenshealth.gov/a-z-topics/thyroid-disease

50 Irish Medical Journal (IMJ), *A Practical Approach to Hypothyroidism and Pregnancy*, http://imj.ie/a-practical-approach-to-hypothyroidism-and-pregnancy/

51 Catherine Conlon, The Women's Health Council, *Women the Picture of Health - A Review of Research on Women's Health in Ireland* http://health.gov.ie/wp-content/uploads/2014/03/Women-The-Picture-of-Health-Report.pdf,

52 The Women's Health Council, *A Guide to Creating Gender-Sensitive Health Services*, http://health.gov.ie/wp-content/uploads/2014/03/gender_manual.pdf

Reproductive Health and Maternity care

As stated by the National Women's Council of Ireland:

"Women's reproductive health spans their whole life cycle and includes maternity, obstetrics, gynaecology, contraception and sexually transmitted infection (STI) prevention and treatment, health information, and health promotion services. Women's reproductive health issues range from menstruation to menopause and beyond and, by their nature, frequently relate to women's sexuality and to their right to control their own fertility and their own body".[53] [54]

Contraception and sexual health

There has never been a greater range of contraceptive options for women and with such an availability of options there a contraceptive to suit almost all people.[55] But finding the right contraceptive to suit a woman sometimes needs guidance by a doctor or medical professional, and where that is necessary that needs to be provided.

However, contraceptives for women are also expensive, whether it is hormonal contraceptive pills, vaginal rings, diaphragms, contraceptive patches, and long-acting reversible contraceptives (LARCs) to name but a few.[56]

Whatever the method, we are of the opinion that contraceptives and emergency contraceptives should be provided free of charge in order to prevent crisis pregnancies.[57]

Contraception has huge public health benefits, not least because it can help avoid unplanned pregnancies, but also because contraception is a preventative health care measure, it allows for proper family planning and helps space time between births as well as helping women control their own lives and invest in their futures.[58] Finally, adequate provision of contraception reduces unplanned or unwanted pregnancies.[59]

Sinn Féin advocates:

- » Providing contraceptives and emergency contraception free of charge
- » Removing barriers in accessing contraceptives and emergency contraceptives

53 NWCI, Women's Health in Ireland: Meeting International Standards, pg 29
54 Dr. Carmel Shalev, *Rights to Sexual and Reproductive Health - the ICPD and the Convention on the Elimination of All Forms of Discrimination Against Women*, http://www.un.org/womenwatch/daw/csw/shalev.htm
55 IFPA, https://www.ifpa.ie/Sexual-Health-Services/Contraception-Advice
56 IFPA, https://www.ifpa.ie/Sexual-Health-Services/Contraception-Advice
57 NWCI, Women's Health in Ireland: Meeting International Standards, pg 29
58 WHO, Family planning/Contraception, http://www.who.int/mediacentre/factsheets/fs351/en/
59 WHO, Family planning/Contraception, http://www.who.int/mediacentre/factsheets/fs351/en/

Family planning

The decision for a woman to plan to have a baby and start a family is a momentous decision. It can be a frightening time and an enjoyable time, nonetheless, it is a huge decision.

Women should be given every help in this process by the health service through non-directive counselling and advice as well as medical advice and help where necessary.

However, the process may be more complicated for women with a disability. Where a woman has a disability which makes becoming pregnant more difficult or carrying a child to birth more difficult specialist medical help should be provided. This care should be continuously provided from family planning stage all the way through to postnatal care.

Sinn Féin advocates:

- » Provision of non-directive counselling and advice on starting a family
- » Provision of good quality preconception care which can improve maternal and newborn health by providing the foundation for a good pregnancy and birth experience
- » Medical advice and help where necessary, especially for women with a disability

Assisted Human Reproduction and In Vitro Fertilisation

For some women the struggle to start a family is very real. It is estimated that one in six couples in Ireland are affected by infertility.

"Infertility is a medical and social condition that can cause considerable social, emotional and psychological distress".[60]

The psychological and emotional repercussions of infertility cannot be overstated and in some instances infertile women can experience severe or clinically significant distress.[61] As The Women's Health Council/An Comhairle Shláinte na mBan have shown, this can manifest itself in depression, anxiety, sexual anxiety/difficulty, relationship problems with partner/family/friends and an increased sense of self-blame and guilt.[62]

Unfortunately, access to IVF treatment is not currently available publicly in the south,[63] and the private costs are extortionate for the average person. In the north only one free cycle of IVF is offered compared with three full cycles in Scotland, two in Wales and two in some English trusts.[64] Even where a cycle of IVF is offered in the north, waiting lists times for treatment can run up to 18 months.

60 The Women's Health Council, *Infertility and its Treatments: A Review of Psycho-social Issues,* pg 7, http://health.gov.ie/wp-content/uploads/2014/03/infertPsychosocial.pdf

61 Harvard Medical School, *The psychological impact of infertility and its treatment*, https://www.health.harvard.edu/newsletter_article/The-psychological-impact-of-infertility-and-its-treatment

62 The Women's Health Council, *Infertility and its Treatments: A Review of Psycho-social Issues,* pg 11

63 http://www.citizensinformation.ie/en/health/health_services/women_s_health/fertility_treatment.html

64 Fertility Fairness, http://www.fertilityfairness.co.uk/nhs-fertility-services/ivf-provision-in-northern-ireland/

Therefore, it is vitally important that any decent health system provides compassionate services for women who experience infertility including AHR and IVF.

Such services should include at least 3 full cycles of IVF for all qualifying couples as well as access to a full range of treatment options and counselling.

It is important to be mindful that lesbian couples who wish to start a family also face these barriers. Whilst adoption for same sex couples is available across Ireland, there are serious problems for lesbian women who wish to conceive a child. As has been noted, access to IVF treatment is not available publicly in Ireland, and the private costs are extortionate for the average person. Lesbian couples like many heterosexual couples often cannot access the IVF treatment that they need due to cost.

Currently there are no Sperm donation clinics in Ireland, so most fertility clinics use donations from Denmark. This undoubtedly increases the cost of accessing Assessed Human Reproduction treatment. Furthermore, accessing sperm donation for lesbian couples is a complex decision and there are many things to consider; the choice between a known donor and an anonymous donor is not straight forward. There are many medical and psychological considerations. Therefore an informative, supportive information service is vital for supporting lesbian women who wish to conceive a child.

Sinn Féin advocates:

- » Legalisation of ethical AHR and IVF north and south informed by expert evidence
- » Provision of non-directive counselling for women and their partners
- » 3 full cycles of IVF for all qualifying couples
- » Support and information service as well as equality of provision for all medically qualifying women who wish to conceive a child

Abortion

Sometimes a women or girl may experience a crisis pregnancy and believe the best decision for them is to not continue with the pregnancy and to seek a termination. Such a decision is never taken lightly and those who chose that course of action have their own reasons for that and they should never be judged on the basis of their decision.

Since 1861, abortion in Ireland, north and south, has been illegal under the Offences Against the Person Act. In the North, a further offence of 'child destruction' was added by the Criminal Justice Act of 1945.

In the south this ban on abortion was cemented into the constitution in 1983 though the insertion of a constitutional amendment which equated the life of a women, who is pregnant, with that of her foetus. However, on 25th May 2018, 1,429,981 people voted to remove the constitutional ban on abortion and allow women to make their own decisions in pregnancy and access abortion if they need in their own State.

Legislation is to be passed through the Oireachtas over the remainder of 2018 to allow for abortion in certain circumstances by January 2019.[65] Nevertheless, until legislation is implemented abortion in the south remains illegal except where there is a real and substantial risk to the life of the mother.[66]

Unfortunately, in the north the 1861 Offences Against the Person Act and the 1945 Criminal

65 Department of Health/An Roinn Sláinte, https://health.gov.ie/wp-content/uploads/2018/07/Updated-General-Scheme-of-the-Health-Regulation-of-Termination-of-Pregnancy-Bill-2018.pdf

66 Citizens Information, http://www.citizensinformation.ie/en/health/health_services/women_s_health/abortion_information_the_law.html

Justice Act remain in place and abortion is only allowed in certain limited circumstances which do not even include in the case of rape, incest, or foetal abnormalities.[67]

Because of the restrictions on access to abortion care, except in certain circumstances, which do not include rape, incest, or a fatal foetal abnormality, woman and girls, are forced to either travel abroad to avail of a termination, take abortion pills purchased online without medical supervision or proper follow up care, or undergo "backstreet abortions".

The situation as exists denies women their human rights, has caused loss of life and cannot be allowed to continue, and stigmatises and traumatises women and girls. Therefore, this means that the 1861 Act must be repealed in the north and legislation must be implemented, north and south, which allows women access to abortion.

Furthermore, this also means that a broad range of services must be made available to women, including impartial advice on all options, non-directive counselling, and proper aftercare if they do have a termination.

Sinn Féin advocates:

- providing for a termination in line with the recommendations of the Oireachtas 8th Amendment Committee and the draft legislation on termination of pregnancy which was published in advance of the 8th Amendment Referendum, namely abortion:
  - without specific indication through a GP led service in a clinical context as determined by law and licensing practice for a limited gestational period
  - where the health or mental health of the pregnant person is at risk
  - in cases of fatal foetal abnormality
- inclusion of abortion under the Maternity and Infant Care Scheme
- providing contraceptives and emergency contraception free of charge to women
- removing barriers women face when trying to access contraceptive provision
- including impartial advice on all pregnancy options
- non-directive counselling for those in a crisis pregnancy situation
- post-abortion medical care
- post-abortion counselling if that is requested

Maternity care

The island of Ireland had one of the highest birth rates across the European Union in 2014. In the south the birth rate in 2014 was 14.6 per 1,000[68] and in the north the birth rate was 13.3 per 1000 of the population.[69] However, since the 1970s many changes have occurred in Ireland. The National Women's Council of Ireland have pointed out in their paper Women's Health in Ireland: Meeting International Standards that women in Ireland are giving birth at a later age and having fewer babies while at the same time, active management of birth (obstetric intervention to deliver a baby) has increased significantly.[70]

For most women pregnancy and childbirth are safe and are associated with a happy outcome and in more recent years women in Ireland have begun to receive high-quality, safe maternity care.

67 Marie Stopes, https://www.mariestopes.ie/abortion-care/is-abortion-legal-in-ireland/
68 http://www.cso.ie/en/releasesandpublications/ep/p-vsar/vsar2014/births2014/
69 https://www.nisra.gov.uk/publications/live-births-1887-2015
70 National Women's Council of Ireland, *Women's Health in Ireland: Meeting International Standards*, pg 30, http://www.nwci.ie/download/pdf/healthreport06.pdf

Sadly, this is not the reality for all families, and at times this has been due to service failings. Indeed, many women report feeling managed in their pregnancy and relay an experience of being rushed out of hospitals as soon as their baby has been born.

Historically this sector of the health service has often been underfunded, subject to poor medical practices, and has been investigated continuously as a result of neonatal and maternal deaths.

This is evidenced in recent reports and inquiries into poor practices and medical failures in hospitals which resulted in the deaths of babies in hospitals such as Portlaoise and Portiuncula in the south. Similarly, in the north the investigation into the death of babies due to pseudomonas outbreaks in hospitals there shows that there are still huge advances needed into the care of mothers and babies within the health service.

Women in Ireland deserve world class maternity care inclusive of all that it entails. As the Association for Improvements in the Maternity Services – Ireland (AIMS Ireland) and others have pointed out; currently women do not receive such care for a number of reasons, such as the lack of access to 20 week anomaly scans in the south.[71] [72]

Women need perinatal/antenatal care throughout pregnancy which encompasses a holistic approach to the woman's healthcare needs including her physical, social, lifestyle and mental health needs.[73]

This needs to encompass all aspects of care including ensuring all maternity hospitals have access to foetal anomaly screening, with the requisite staff and equipment and easy and appropriate access in early pregnancy to both emergency obstetric care and well-resourced Early Pregnancy Assessment Units, in all maternity units.

The south of Ireland has a low number of consultant obstetricians compared to international standards. In addition, there is also a severe shortage of midwives. Not only does this create difficulties for medical professionals delivering maternity care but it also makes pregnancy riskier for women. In the north, concerns around a possible crisis in midwifery care are centred around the age profile of the current workforce. With more than 30% of midwives approaching retirement and the likely adverse impact of Brexit on recruitment, additional training places are paramount.

It is of the utmost importance that all Irish maternity hospitals meet the Birthrate plus standard for midwifery staffing, as well as international standards for consultant obstetricians and gynaecologists.

Unfortunately, in some instances a baby and/or mother may die during childbirth. While this is rare, nonetheless, there should automatically be an inquest into every maternal death and also into neonatal deaths or the death of a baby during delivery.[74]

71 Parliamentary Question, PQ 27664/17

72 AIMS Ireland http://aimsireland.ie/anomaly-scanning-provision-in-ireland-aims-ireland/

73 WHO, Promoting Effective Perinatal Care Essential Antenatal, Perinatal and Postpartum Care, http://www.euro.who.int/__data/assets/pdf_file/0013/131521/E79235.pdf

74 At the time of publication this was still the case

As the WHO have continuously reported, "the postnatal period is a critical phase in the lives of mothers and newborn babies".[75] This is evidenced by the fact that most maternal and infant deaths occur during this time.[76] Yet, this is the most neglected and least focused on period for the provision of quality maternity care in Ireland.[77]

Proper postnatal care should promote the health and wellbeing of the new mother and baby, support breastfeeding and identify and support women who are at risk with a particular emphasis on mental health.[78]

The World Health Organisation (WHO) recommends breastfeeding, [79] and according to the Institute of Public Health, breastfeeding rates in Ireland have increased slowly over the last ten years. However, evidence suggests that a suite of measures to is required in order to improve breastfeeding rates across Ireland. These include access to timely and knowledgeable support within the healthcare system, training of health professionals, legislation, policy, monitoring and enforcement, mother to mother support, counselling and specialist breastfeeding support.

Some mothers will not be able to breastfeed or will chose not to breast-feed and instead wish to bottle-feed or combination-feed. In these instances these mothers should be supported and information and help provided as to how to bottle-feed or combination-feed.

It should also focus on a number of other areas, not least:

- Health and recovery from childbirth
- Supporting beast-feeding mothers
- Supporting bottle-feeding mothers
- Greater support and information for combination feeding
- Providing information on smears
- Pelvic floor exercises(PFE)
- Exercises for a return to a healthy level of physical and mental health
- Nutrition and post pregnancy weight loss
- Providing information on a return to sex life and contraception

75 WHO, *Postnatal care of the mother and* newborn, http://apps.who.int/iris/bitstream/10665/97603/1/9789241506649_eng.pdf, pg 1

76 WHO, *Postnatal care of the mother and* newborn, pg 1

77 HSE, *National Maternity Strategy Implementation Plan*, http://www.hse.ie/eng/services/publications/corporate/National-Maternity-Strategy-Implementation-Plan.pdf

At the time of publication this was still the case

78 HSE, *National Maternity Strategy Implementation Plan*, https://www.hse.ie/eng/services/publications/corporate/national-maternity-strategy-implementation-plan.pdf

79 World Health Organisation website available: http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/

Women should also be provide with and helped with ensuring they have the correct care plans both for themselves and for their baby and are aware of what their needs are and what their babies needs are in the first weeks and months after birth.[80]

In some very difficult circumstances women will give birth to a baby which has life-limiting conditions. Traditionally in Ireland there has been very little hospice care for these mothers and their babies. Properly functioning and regionally balanced perinatal hospice care is a necessity in any maternity care strategy which seeks to deliver for women. Such hospice facilities should include health services which cater for children with life-limiting conditions as well as supports and services for parents.

Sinn Féin advocates:

- Providing women with world class antenatal and postnatal care including targeted interventions to provide support to those women who tend to experience the poorest outcomes, specifically by improving take-up of antenatal and care
- A specific maternity strategy for women with disabilities pre, during and post pregnancy
- Access for all women to 20 week foetal anomaly scans
- All maternity hospitals meet the Birthrate plus standard for midwives
- Increasing the number of consultant obstetricians in our maternity hospitals
- Providing women with care plans for their baby for their first weeks
- Establishment of a postnatal hospice which can care for babies born with life limiting conditions
- Rollout of a baby box scheme
- The implementation of legislation to protect breastfeeding mothers
- Adherence to the International Code of Marketing of Breastmilk Substitutes

80 HSE, *Caring for your baby 0-6 months,* https://www.hse.ie/eng/health/child/cfyb/0-6mths/

Women from Ethnic Minority Groups, Minority Groups and Healthcare

As the National Women's Council of Ireland have stated:

> "Race, social class, disability, culture and ethnic identity, income poverty, location and access to social and health services, sexual orientation, age and other differences can all contribute to the vulnerability of women's lives and consequently to the status of their health and well-being. These factors have significant consequences for the effectiveness and efficiency of health policy and health care."[81]

In more recent years Ireland has become a more culturally diverse country and multiculturalism has become an increasingly visible aspect of Irish society bringing with it both opportunities and challenges.[82]

This multiculturalism has enriched Ireland and it offers great possibilities for the further enrichment of all who live in Ireland, but it also challenges us, particularly in the area of health provision for ethnic minority groups and minority groups.[83]

As Mental Health Reform as well as many others have shown, very often one of the greatest stumbling blocks to understanding women from ethnic minority backgrounds and minority backgrounds is both a lack of education and the tendency to judge the behaviour of others by the dominant standards of the majority. [84]

In order for health care to be effectively and compassionately provided for women from ethnic minority backgrounds and minority backgrounds cognisance has to be paid to different health needs at all levels of the health service and by those drafting policy which shapes how the health service should operate.

Sinn Féin advocates:

- » Effective and compassionate care to women from ethnic and other minority backgrounds cognisant of their differing situations
- » Education and understanding of the different needs of women from ethnic minority and minority backgrounds
- » Appropriate training for and provision of interpreters

81 National Women's Council of Ireland, *Women's Health in Ireland: Meeting International Standards*, pg 30, http://www.nwci.ie/download/pdf/healthreport06.pdf

82 NCCRI and IHSMI, *Cultural Diversity in the Irish Health Care Sector: Towards The Development of Policy and Practice Guidelines For Organisations in the Health Sector*,

https://www.pobal.ie/Publications/Documents/Cultural%20Diversity%20in%20the%20Healthcare%20Sector%20-%20NCCRI%20-%202002.pdf, pg 5

83 NCCRI and IHSMI, *Cultural Diversity in the Irish Health Care Sector: Towards The Development of Policy and Practice Guidelines For Organisations in the Health Sector*, pg 5

84 Mental Health Reform, *Ethnic Minorities and Mental Health: Guidelines for mental health services and staff on working with people from ethnic minority communities*, http://www.mhcirl.ie/File/guidelines_ethnicmhs.pdf

Ethnic minorities

When looking at ethnic minority groups there can be some tendency to homogenise these distinct individual groups into a single grouping.[85] However, it is important to understand and emphasise the individual groups and the individuals within these ethnic groups.

Nonetheless, within the context of their respective status and structures in Ireland, it is necessary to highlight those aspects unique to each ethnic group that may have an impact on their overall health status

Research from National Women's Council has shown that the dominant cultural values of a country largely determine the social and economic environment of communities and how public services are delivered.[86] Furthermore, "for minority ethnic women, accessing services that do not recognise diversity can be stressful, difficult and unsatisfactory, contributing to the denigration and denial of their identity and leading to further exclusion".[87]

Sinn Féin believes that services should be provided in a culturally sensitive manner. Training should be made available for health professionals in this regard and health services should be resourced to provide services to other ethnic groups including provision for interpreters in the rare situations where one is needed.

Sinn Féin advocates:

- » Providing services in a culturally sensitive manner
- » Ensuring proper diversity training for health professionals
- » Where a person cannot comprehend services, try to have someone available to act as an interpreter

Refugee women and women in Direct Provision

As has been noted, the population on the island of Ireland has become extremely diverse in recent years.

Unfortunately, access and provision of health services remains difficult for women for ethnic minority backgrounds for a range of reasons.

Issues such as social exclusion, food poverty, and nutrition problems can be a particular cause of concern among refugees and asylum seekers.[88]

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85 Philip Watt and Fiona McGaughey, *Improving Government Service Delivery To Minority Ethnic Groups – Northern Ireland, Republic of Ireland, Scotland*, pg 35, http://www.crossborder.ie/oldsite/wp-content/uploads/serviceprovision.pdf

86 National Women's Council of Ireland, *Women's Health in Ireland: Meeting International Standards*, pg 16

87 National Women's Council of Ireland, *Women's Health in Ireland: Meeting International Standards*, pg 16

88 Combat Poverty Agency, *Tackling Health Inequalities: An All-Ireland Approach to Social Determinants*, pg 35, https://www.publichealth.ie/files/file/Tackling%20health%20inequalities_0.pdf

Many of those who make the journey to Ireland also may also suffer from health issues related to conflict or abuse in their home country. These can range from torture wounds, physical and mental, mental health problems, including depression, psychological disturbances, substance abuse, and post-traumatic stress disorder, amongst others.[89]

Furthermore, their mental health can also be adversely affected by social isolation, culture shock, language barriers and a fear of deportation.[90]

This is enhanced by difficulties in understanding or accessing services, poverty, and poor housing. Without proper treatment, these issues can cause significant and irreparable long term damage.

It is important that the health issues of refugees and asylum seekers are met throughout their lives in Ireland.

In the south, asylum seekers are confined in direct provision centres, essentially state detention centres. As the Irish Refugee Council have highlighted, many asylum seekers spend years in conditions which are damaging to the health, welfare and their life-chances.[91]

In particular, poor mental health and depression is a common feature for women in direct provision. The Royal College of Surgeons estimates that mental health problems are up to five times higher amongst those in direct provision than in the wider community.[92]

Sinn Féin believes that direction provision should be closed as they are an inhumane way of processing refugees. However, in any processing centre for refuges and asylum seekers, health care must be provided in a compassionate way which is accessible for those receiving it and is cognisant of their particular needs, culture and language, particularly for women.

Asylum and immigration are excepted matters in the north and legislated for by Westminster, but the Home Office operates an Immigration Office in Belfast (Drumkeen House) and there is an

89 Royal College of Physicians Ireland, *Migrant Health-The Health of Asylum Seekers, Refugees and Relocated Individuals*, pg 9, https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/06/Migrant-Health-16062016.pdf

90 Support, Orientation and Learning for Asylum Seekers (SOLAS), *Submission to the Cross Departmental Group on Integration 2014*, pg 4 & 5

91 Irish Refugee Council, *Transition from Direct Provision to life in the community*, pg 23, http://www.irishrefugeecouncil.ie/wp-content/uploads/2016/07/Transition-from-Direct-Provision-to-life-in-the-community_M-NiRaghallaigh_M-Foreman-et-al-2016.pdf

92 Royal College of Physicians Ireland, *Migrant Health-The Health of Asylum Seekers, Refugees and Relocated Individuals*, https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2016/06/Migrant-Health-16062016.pdf

Immigration Removal Centre in Larne (Larne House).

Similarly to Direct Provision, a practice exists where single asylum seekers may be placed in Larne House, a holding centre for people who have come to seek asylum.

Due to the asylum process being controlled by Westminster the majority of Asylum Seekers in the north reside in substandard housing which is in disrepair with negative implications for their health and wellbeing.

Sinn Féin advocates:

- » Ending Direct Provision and the practice of placing single Asylum Seekers within Larne House
- » Provision of a tailored range of health services for refugee women and women in direct provision based on their health needs
- » Provision of physical and mental health services to deal with torture and torture wounds
- » Providing female refugees and asylum seekers with health care in a compassionate, accessible way cognisant of their particular needs, culture, and language
- » Increased mental health services for refugee and asylum seeking women

Traveller Women

Of the ethnic minority groups in Ireland Travellers are the longest established group.[93] Unfortunately, they have suffered continuous persecution, discrimination, and racism from the state and the majority settled population.

Traveller women experience what is called "triple discrimination - discrimination as women, discrimination as Travellers and discrimination as Traveller women".[94] Within this triumvirate of discrimination lies discrimination in access to and provision of health services.[95]

As the All Ireland Traveller Health Study reported, 40% of Travellers have experienced discrimination in accessing health services.[96] It further stated that often "healthcare providers may fail to appreciate nuances of understanding that lead to an inadequate treatment experience".[97] This is hugely worrying given the distinct health needs of Travellers.

Pavee Point have highlighted how traveller women live nearly 12 years less than women in the

93 Health Service Executive, *National Intercultural Health Strategy 2007-2012*, pg 46, https://www.hse.ie/eng/services/Publications/SocialInclusion/National-Intercultural-Health-Strategy-2007---2012.pdf
94 Pavee Point, *Traveller Women*, http://www.paveepoint.ie/wp-content/uploads/2015/04/Traveller-Women.pdf
95 Pavee Point, *Traveller Women*, http://www.paveepoint.ie/wp-content/uploads/2015/04/Traveller-Women.pdf
96 University College Dublin & Department of Health & Children, *All Ireland Traveller Health Study*, https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf
97 University College Dublin & Department of Health & Children, *All Ireland Traveller Health Study*, pg 26

general population and their life expectancy is now that of the general population of the 1940s.[98] [99]

Furthermore, Traveller women experience more than double the national rate of still births, infant mortality rates are over three-times higher than the general population, and Travellers have higher rates of morbidity for all causes of death.[100]

As has been noted by Pavee Point as well as the NWCI, as primary carers for their families, traveller women are the main negotiator with service providers and thus are more exposed to experiencing direct and indirect discrimination.[101]

Furthermore, Traveller access to healthcare may be impeded by resources, eligibility and means of payment, thus contributing to an increase in physical and mental ill-health.[102]

Sinn Féin advocates:

- » Special consideration of Traveller women in health care at all levels
- » A holistic and gender responsive national Traveller health strategy and action plan being developed and implemented
- » Recognition that Traveller women are part of a distinct ethnic group with different perceptions of health, disease and care needs. And these distinct characteristics imply that innovative approaches to service organisation, content and delivery are required if health conditions are to improve.
- » Involving Traveller women in decision making

Women with a Disability

About 15% of the world's population are living with some form of disability.[103] In recent years there has been a growing recognition of the situation and experiences of people with disabilities in Irish society. Disability affects 13.5% of the population in the south[104] and 18% of the population of the north reported as having a disability.[105]

The assumption in relation to disabilities is that policies and practices are gender neutral. As the National Women's Council of Ireland have stated, "there is no understanding in terms of how gender and disability issues interact".[106] As a result, "women with disabilities often experience additional barriers when trying to access basic health services, the result being that they are more vulnerable to inequalities in health".[107]

See the woman, not the disability

98 Pavee Point, *A Review of Travellers' Health using Primary Care as a Model of Good Practice*, pg 8, http://www.paveepoint.ie/wp-content/uploads/2013/11/PrimaryHealthCare05.pdf

99 National Women's Council of Ireland, *Women's Health in Ireland: Meeting International Standards*, pg 18

100 Irish Medical Organisation (IMO), Position Paper on Health Inequalities, pg 4, https://www.imo.ie/policy-international-affair/overview/IMO-Position-Paper-on-Health-Inequalities.pdf

101 The Women's Health Council, *Women, Disadvantage and Health*, pg 27, http://health.gov.ie/wp-content/uploads/2014/03/women_disadvantage.pdf

102 University College Dublin & Department of Health & Children, *All Ireland Traveller Health Study*, pg 26

103 WHO, *Report on Disability,* pg 7, http://apps.who.int/iris/bitstream/10665/70670/1/WHO_NMH_VIP_11.01_eng.pdf

104 CSO, http://www.cso.ie/en/releasesandpublications/ep/p-cp9hdc/p8hdc/p9d/

105 Eóin Murphy, *Research and Information Service Briefing Paper - Statistics on People with Learning Disabilities in Northern Ireland*, http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2014/employment_learning/5014.pdf

106 National Women's Council of Ireland, *Disability and Women in Ireland 'Building Solidarity and Inclusion'*, pg 5, http://www.nwci.ie/download/pdf/disability.pdf

107 National Women's Council of Ireland, *Women's Health in Ireland: Meeting International Standards*, pg 17

Gender inequalities compound existing disadvantages experienced by women with disabilities and add to already distinct forms of exclusion and discrimination.

The struggle for women's equality contains a distinct challenge to include women with disabilities.[108]

Inclusion, supports, autonomy, and research all need to be considered from a woman's perspective when developing an effective strategy for women with disabilities. The response to these issues cannot be delivered on a gender neutral basis. The needs of a woman concerning these issues are not the same as a man. For example, a specific maternity strategy for women with disabilities pre, during and post pregnancy is absolutely essential.

There are also many different identities of women with disabilities; LGBTI, Travellers, Asylum Seekers, etc. Up to this point, as with all persons with disabilities, the medical model was used primarily in terms of a treatment approach. This approach is not appropriate. Women's' cultural, social, political, economic and civil rights requirements need to be respected.

The main issues for women with disabilities include:

- Additional difficulties in accessing health services
- Lack of employment opportunities
- Non ratification of the UN Convention of the rights of Persons with Disabilities in the south[109]
- Poverty
- Social exclusion
- Lack of access to mainstream sexual and reproductive services, domestic violence services and parenting services
- Undue interference and lack of understanding in sexual relationships

Women who have a disability must be part of any conversations, strategies or policies that are developed by National, regional or local bodies into the future. The best people to determine what is needed to solve the existing problems are the very people who have suffered discrimination to date.

Sinn Féin advocates:

» Immediate ratification of the United Nations Convention on the Rights of Persons with Disabilities

» Ensuring the health system delivers for women with disabilities inclusively

» Providing access to mainstream sexual and reproductive services for women with disabilities

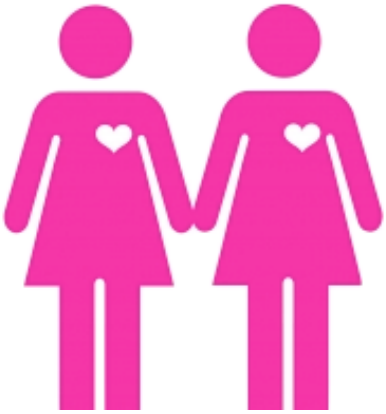
» Involving representatives of disability advocacy groups when formulating health policy

108 National Women's Council of Ireland, *Disability and Women in Ireland 'Building Solidarity and Inclusion'*, pg 5,
109 At the time of publishing the UNCRPD had not been ratified in the south

Lesbian Women

Like all minority groups lesbian women may experience discrimination in health care, whether it is as regards access to services or the understanding of their health needs from medical professionals.

Despite advances in Irish society including the vote for Marriage Equality in the south in 2015, there is still systemic homophobia in our society. This is exceptionally clear when you look at opposition to Marriage Equality from the DUP in the north. There is currently no legislation to allow for equal marriage in the north.



In the sphere of physical health many outdated views are still commonplace in our society. These include the belief that lesbian women cannot catch sexually transmitted infections including HIV, lesbians cannot develop cervical cancer, amongst others.[110] The outworking of which often sees lesbian women less likely to receive a smear test for cervical cancer as doctors incorrectly assume they are not at risk of an STI.[111]

Stigmatisation and marginalisation in society can have a significant impact on the mental health of lesbian women. The LGBTIreland report, which had significant feed in from the Gay and Lesbian Equality Network (GLEN) and BelongTo, highlighted that the issue of mental health is a very pertinent one for the LGBTI+ community, with many lesbians feeling extremely isolated, anxious, or depressed as a result of such stigmatisation and marginalisation.[112]

Irish society still has a long way to go to in order to overcome homophobia in our society and the challenges that presents for gay, lesbian, and bisexual people, but while Sinn Féin must be drivers of that change we also need to focus on making sure that the provision of services are equal, compassionate, and understanding.

Sinn Féin advocates:

- » Introduction of Marriage Equality in the north
- » Combatting homophobia
- » The adoption of a Health Strategy for Lesbian, Gay, Bisexual and Transgendered people
- » Ensuing compassion and understanding from health care professionals when it comes to the health needs of lesbian and bisexual women
- » Appropriate access to healthcare and treatment for lesbian and bisexual women
- » The removal of barriers to lesbian women accessing fertility treatment
- » Adequate provision of mental health services for lesbian and bisexual women

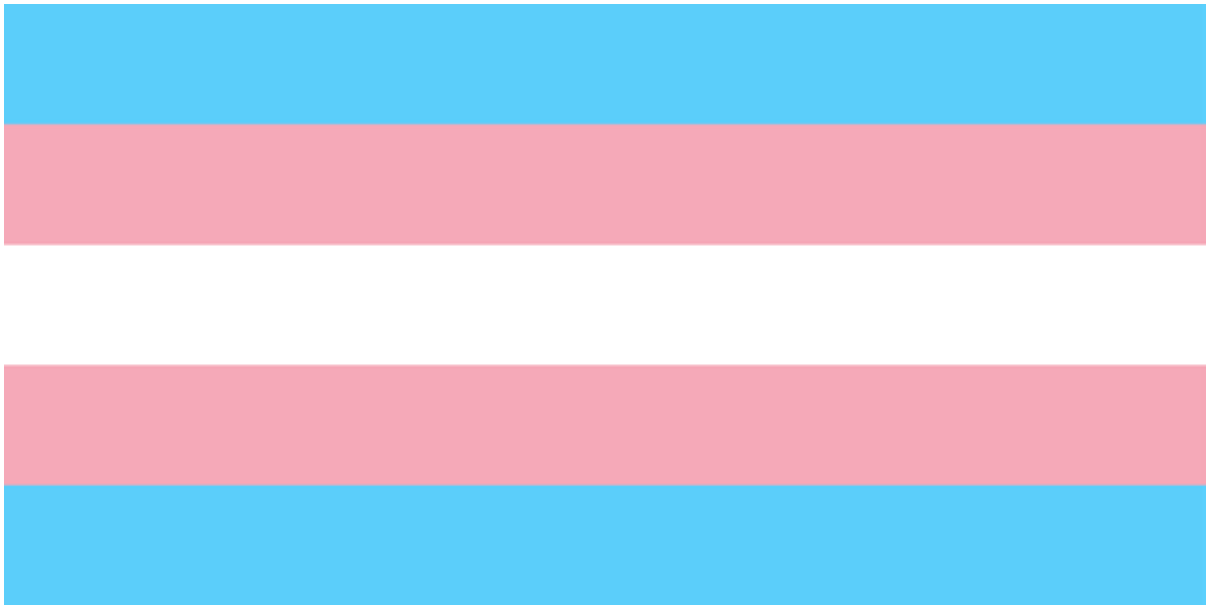
110 National Women's Council of Ireland, *Women's Health in Ireland: Meeting International Standards*, pg 18
111 National Women's Council of Ireland, *Women's Health in Ireland: Meeting International Standards*, pg 18
112 LGBTIreland, *The LGBTIreland Report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland*, pg 196, https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/lgbt-ireland-pdf.pdf

Transgender Women

Sinn Féin opposes discrimination on the basis of gender identity and we believe society and the health system should do too.

Transgender women often face harassment, discrimination, and rejection within society. This is compounded by a lack of awareness, knowledge, and sensitivity within the provision of health care. The outworkings of this are barriers to accessing health services, difficulties in using services that are available, misunderstanding of needs within the health service, and discrimination within the health system, amongst others.[113]

The current system north and south is outdated and often leaves transgender people languishing on spiralling waiting lists to avail of services and receive treatment. We want a health system that moves away from the medical/diagnostic model and adopts the model of informed consent.



A large component of transgender healthcare is based on access to HRT (Hormone Replacement Therpary). In the south only one endocrinology clinic with expertise in transgender hormone therapy exclusively serves the needs of all transgender people in the state.[114] The St. Columcille's Clinic, Dublin is the only clinic delegated to administer the therapy.

Unfortunately, there are also soaring waiting lists for an appointment or initial assessment with an endocrinologist at St. Columcille's.[115] It's worth noting, for those 16-17 years, in order to apply for a Gender Recognition Certificate, supporting documentation must be given from an endocrinologist.[116]

In the north, there is support and medical transition health care for transgender people based in Belfast. There are two separate NHS services, one for children and adolescents and another for adults.

Unfortunately, there is no provider for most surgery in the north, and as such most surgery is performed in England, funded by the NHS. This makes it very difficult to access appropriate postoperative care and support.

Across Ireland we need the development of strategies for meeting the health care needs of

113 LGBTIreland, *The LGBTIreland Report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland*, pg 100

114 Transgender Equality Network Ireland (TENI) 'Information for General Practitioners Working with Transgender People' pg 5-6. Available at http://www.teni.ie/attachments/0ce15fc2-69f4-4b3b-94df-a7c90a11e53b.PDF

115 Ellen Coyne, The Times Ireland Edition, (6th February 2018) 'Two-year wait for transgender hormone therapy', https://www.thetimes.co.uk/article/two-year-wait-for-transgender-hormone-therapy-hvk33hc2k

116 Gender Recognition Act 2015 Section 12 (4)(b)(ii) pg 11, http://www.irishstatutebook.ie/eli/2015/act/25/enacted/en/pdf

transgender women that encompass professional training and development on the issue, and the provision of accessible information on services and criteria for accessing them.

We believe that the creation of an all-Ireland centre of excellence for transgender health needs which guarantees equality of access for all who need it would be the best way forward.

Sinn Féin advocates:

- The creation of an all-Ireland centre of excellence for transgender health needs which guarantees equality of access for all who need it
- Challenging the harassment, discrimination, and rejection transgender people experience in society and in accessing healthcare services
- Increasing awareness and knowledge of the needs of transgender people within the health system including the delivery of gender identity equality and diversity training
- The establishment peer support and family support initiatives for transgender people and their families
- The provision of appropriate healthcare services to address the needs of transgender women
- Moving away from the medical/diagnostic model and adopting the model of informed consent
- Expansion of access to HRT in a regionally balanced manner

Homeless women

The fallout from the austerity years combined with rising rent and housing costs has meant the number of homeless people across Ireland has risen sharply.

The relationship between homelessness and health is complex and incorporates physical health issues, mental health issues, problematic substance abuse, as well as complex needs.[117] The Simon Community have highlighted how "health issues can be both the cause of homelessness occurring in the first place but they can also be a consequence of the experience of being homeless".[118]

117 Simon Community, *Opening Statement to the Oireachtas Committee on Health from the Simon Communities in Ireland*, https://www.oireachtas.ie/parliament/media/committees/health/presentations/Simon-Communities-of-Ireland-Opening-Statement.pdf

118 Simon Community, *Opening Statement to the Oireachtas Committee on Health from the Simon Communities in Ireland*

Homelessness can be a complex issue, especially when it comes to those who sleep rough. In Ireland homeless people are generally categorised into rough sleepers or temporarily accommodated people who are accommodated in hotels or B&Bs, and both these groups have multifaceted health needs.

Those who comprise temporarily accommodated have particularly acute mental health needs as confinement to single bedroom accommodation, often with their family, stigma, and discrimination increase risk and incidence of poor mental health.

But by far the most complex needs are those of rough sleepers. Unfortunately, because of their circumstances they have much worse physical health than the general population and are much more likely than the general population to suffer mental health problems.[119]

The Simon Community have reported that 56% of people who use their projects and services have a least one diagnosed physical condition and 52% have at least one diagnosed mental health condition.[120]

A 2012 research paper entitled "Women's Homeless 'Journeys': Key Findings from a Biographical Study of Homeless Women in Ireland" found that almost all homeless women in their research reported feelings of depression and/or a deterioration in their physical health.[121]

These health problems were often the result of issues such as poor eating habits, substance abuse, sleep deprivation, high levels of anxiety and stress, the trauma of intimate partner violence, and to the experience of homelessness itself, which had resulted in inactivity, unemployment, lack of social interaction or support, insecure housing, and uncertainty about the future.[122]

In order to ensure that homeless women get the health care they need, "services have to be innovative, appropriate, and accessible and importantly patient centred delivered in a coherent and

119 Simon Community, *Opening Statement to the Oireachtas Committee on Health from the Simon Communities in Ireland*

120 Simon Community, *Health and Homelessness Health Snapshot Study of People Using Simon Services and Projects in Ireland*, https://www.simon.ie/Portals/1/Docs/policies/Health%20and%20Homelessness%20-%20Health%20Snapshot%20Study%20of%20People%20using%20Simon%20Projects%20and%20Services%20In%20Ireland%20Dec%202010.pdf

121 *Women's Homeless 'Journeys': Key Findings from a Biographical Study of Homeless Women in Ireland* http://www.drugsandalcohol.ie/17047/1/research_paper_one_women_and_homelessness_in_ireland.pdf

122 Paula Mayock and Sarah Sheridan, *Migrant women and homelessness: key findings from a biographical study of homeless women in Ireland*, http://www.lenus.ie/hse/bitstream/10147/212889/1/womenhomelessnessinireland.pdf

collaborative way aimed at moving the person out of homelessness".[123] "A heath strategy in isolation of housing will not succeed in improving the health and wellbeing of homeless people".[124]

Sinn Fein advocates:

- » Ensuring that no one ever has to sleep rough
- » Investing in mobile health care teams
- » Ensuring that women and children have access to appropriate temporary accommodation and longer term housing solutions
- » Increasing availability of addiction treatment supports
- » Equity between provision of physical health and mental health services

Roma Women

Unfortunately, similar to nearly all minority groups Roma women experience high levels of discrimination and racism at individual and institutional levels.[125] As Pavee Point have highlighted, "Roma women are highly vulnerable to racism, particularly women who are more easily identifiable as Roma".[126]

This discrimination carries into the area of health provision as highlighted in the "Roma in Ireland – A National Needs Assessment" report. The assessment found that 70.5% of those surveyed reported discrimination when accessing health services, with a staggering 84.1% of women respondents reporting feeling discriminated against.[127]

Any discrimination in accessing health services is worrying, but it is even more concerning that groups such as Roma experience such discrimination when their health needs are so distinct and acute.

123 Dr Fiona O'Reilly & Dr Austin O'Carroll, *The Link between Homelessness and Health*, https://www.oireachtas.ie/parliament/media/committees/health/presentations/Safetynet-Primary-Care-Opening-Statement.pdf

124 Dr Fiona O'Reilly & Dr Austin O'Carroll, *The Link between Homelessness and Health*

125 Pavee Point, *Irish Traveller & Roma Women – Joint Shadow Report: A Response to Ireland's Consolidated Sixth and Seventh Review Period Report to the UN Committee on the Elimination of Discrimination Against* Women, pg 4, http://www.paveepoint.ie/wp-content/uploads/2015/04/Pavee-Point-NTWF-2017-Joint-Shadow-Report-to-CEDAW-Committee-19012017.pdf

126 Pavee Point, *Irish Traveller & Roma Women – Joint Shadow Report: A Response to Ireland's Consolidated Sixth and Seventh Review Period Report to the UN Committee on the Elimination of Discrimination Against* Women, pg 4,

127 Department of Justice and Equality & Pavee Point Traveller and Roma Centre, *Roma in Ireland – A National Needs Assessment*, pg 51-53, http://www.paveepoint.ie/wp-content/uploads/2015/04/RNA-PDF.pdf

There is consistent evidence demonstrating the Roma population has considerably shorter life expectancy compared to the non-Roma population. Like women in nearly all minority groups, "Roma women experience significant structural barriers to accessing primary health care due to lack of sufficient income, high cost of health care, and lack of interpretation and translation services". [128]

Roma women experience the following barriers to healthcare:

- Restrictions due to immigration category
- Restrictions in terms of employment
- Language – requirement for interpreters
- Difficulty in accessing health information and poor levels of literacy
- Suspicion of authorities and social exclusion
- Healthcare workers restricted by or unsure of level of responsibility in light of limited rights and entitlements
- Lack of official health records including children's Date of Birth
- Lack of registration with authorities
- Difficulty in accessing routine health visiting services
- Lack of dental care
- Poor uptake of vaccinations and health appraisals in schools
- Cultural barriers in accessing family planning
- Low access to health screening leading to late presentation and poor prognosis
- Lack of GP access leads to A&E services being used to manage chronic conditions which is unsatisfactory for patients and poor use of resources

It is clear that these health inequalities need to be tackled and any compassionate and progressive policy to deliver for women's health must have a tailored plan to meet the unique needs of Roma women.

Sinn Féin advocates:

» Special consideration of Roma women in health care at all levels

» A holistic and gender responsive national Roma health strategy and action plan

» Recognising that Roma women are part of a distinct ethnic group with different perceptions of health, disease and care needs. And these distinct characteristics imply that innovative approaches to service organisation, content and delivery are required if health conditions are to improve.

» Involving Roma women in decision making

» A holistic outreach services including: educational support; intensive culturally competent health visiting and family support services; English language skills development and support for community development within the Roma community

128 Pavee Point, *Irish Traveller & Roma Women – Joint Shadow Report: A Response to Ireland's Consolidated Sixth and Seventh Review Period Report to the UN Committee on the Elimination of Discrimination Against* Women, pg 10

Women and Mental health

Mental health problems affect women and men equally, but some are more common among women, and vice versa.

Mental health disorders such as depression, anxiety, eating disorders, and post-traumatic stress disorders are found to affect women in higher numbers.[129]

Naturally, there are also certain types of depression that are unique to women. Some women may experience symptoms of mental disorders at times of hormone change, such as perinatal depression, premenstrual dysphoric disorder, and perimenopause-related depression.[130]

Sinn Féin advocates:

- » Mental health treatments reflect gender differences
- » A strategy for sustained leadership and action to improve the mental health of women and girls
- » The systematic collection of data on mental health outcomes which is disaggregated on gender, age and other grounds

Mental Health and Pregnancy

As the National Women's Council of Ireland highlighted:

"Gender inequalities and the social roles ascribed to women have a powerful impact on their mental health and wellbeing. In examining women's mental health, we need to reflect that women are more likely to be poor, to parent alone, to be the main provider of unpaid care work, to be in precarious employment, to earn low wages and to be at risk of domestic or sexual violence."[131]

Therefore, as with physical health policy "mental health policy and service developments need to take account of the full range of factors which influence women's mental health – biological (e.g. hormonal factors), psychological (e.g. coping styles of women) and social factors (e.g. role as mothers and carers)."[132]

The AIMS Ireland Submission to the Joint Oireachtas Health Committee 2017 suggested as many as 19% of women experience depression during or after childbirth.[133] That's over 11,000 women a year at risk.

Just as a woman who has recently given birth needs additional physical healthcare, she also

129 WHO, *Gender and Women's Mental Health,* http://www.who.int/mental_health/prevention/genderwomen/en/
130 HSE, Postnatal Depression – A Guide for Mothers, Family and Friends, pg 2, https://www.hse.ie/eng/services/publications/children/postnatal-depression-a-guide-for-mothers,-family-and-friends.pdf
131 NWCI, Women's mental health–a focus for policy and service provision, pg 3
132 NWCI, Women's mental health–a focus for policy and service provision, pg 3
133 AIMS Ireland, *Submission to the Joint Oireachtas Health Committee* https://www.oireachtas.ie/parliament/media/committees/health/presentations/Amended-AIMS-Ireland-Opening-Statement--Submission.pdf

requires tailored mental health support which can help identify symptoms before they can develop into serious problems. At present in the south there is no model of screening that exists specifically for detecting and treating symptoms of peri-natal depression. In the north the Regional Perinatal Mental Health Care was launched in 2012 to facilitate the prediction, detection and treatment of the perinatal mental health of women in the antenatal and postnatal period.[134]

Research shows the value of supportive intervention, as women who have experienced pregnancy related depression commonly report it being brought on by "lack of support" and "feeling isolated".[135] [136]

The restructuring of reproductive health care as a woman centred model is crucial to ensuring that depression related to pregnancy and childbirth is treated seriously. Screening and care should be provided to women during and after pregnancy to the standards of international best practice.

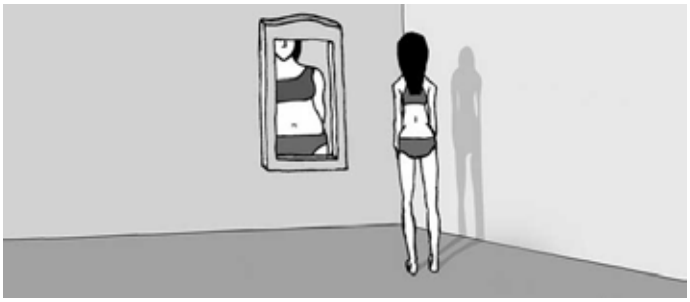
Sinn Féin advocates:

- Establishing a model of peri-natal screening for depressive and psychotic symptoms at 1st, 2nd and 4th month with a minimum of one screening per trimester.
- The establishment of peri-natal mental health units working together, located north and south.
- Establishing a post-natal screening model through GP's and Paediatricians with bi-monthly screenings or alternatively in conjunction with the immunization schedule.
- Providing educational and supportive materials for the woman and her partner if present in order to better identify issues early on and to prevent issues arising through self-care.
- Providing free counselling sessions for women after pregnancy
- Ensuring all women receive a home visit from an appropriate professional within first 3 months after pregnancy
- Instructing that the health of the woman is the primary consideration at all times in choosing any treatment

Social Pressures and Eating Disorders

While men are increasingly vulnerable to eating disorders, women are ten times more likely to experience illnesses lie Bulimia or Anorexia Nervosa which cause on average close to 100 deaths each year.[137] [138]

While eating disorders are often thought of as something young people experience, increasingly women in their late 20's and 30's are being diagnosed and seeking treatment.



134 Public Health Agency, *Regional Perinatal Mental Health Care Pathway*, http://www.publichealth.hscni.net/sites/default/files/July%202017%20PNMHP_1.pdf

135 Dennis CL, Hodnett E, Kenton, L, Weston J, Zupancic J, Stewart DE, Kiss A (2009). "Effect of peer support on prevention of postnatal depression among high risk women: multisite randomised controlled trial"

136 Dennis CL, Dowswell T (2013). Dennis, Cindy-Lee, ed. "Psychosocial and psychological interventions for preventing postpartum depression".

137 NIdirect, https://www.nidirect.gov.uk/conditions/eating-disorders

138 BodyWhys, https://www.bodywhys.ie/media-research/statistics/

A major factor causing this greater prevalence of eating disorders is social pressures, unrealistic and unachievable standards of beauty in media and social media, image and diet fads.

In order to effectively prevent eating disorders from developing and treat those women and girls who have developed them already we must provide accessible tailored services while tackling societal issues which place pressure on women to fit into unhealthy and damaging pigeon holes for their bodies.

In particular there is a need for early intervention as well as the provision of greater treatment options including individual therapy, parent counselling, and family support groups.

Sinn Féin advocates:

- Establishing a 32 county national specialist eating disorder service
- Establishing a national specialist eating disorder service for adult women which would provide outpatient and inpatients services as needed.
- Providing free interpersonal therapeutic services for all people diagnosed with an eating disorder including access to Cognitive Behavioural Therapy.
- Providing training in identification and referral processes for all primary care teams, GP's and School Guidance Counsellors
- Initiating a Public Health campaign to challenge stigma and support women to speak out and seek treatment while promoting positive body image
- Providing information and educational materials for teachers, parents and youth workers on dangers of pro-eating disorder websites and social media
- Introducing legislation to require all photoshopped images of models to come with health warning type notice that images are not a reflection of reality.
- Increased legislative requirements on dietary information to promote healthy evidence based information and discourage misleading or healthy promotions

Sexual health and education

Sex Education, historically, has not catered for Irish women. It has harboured and manifested views that women should be passive participants in their own sex lives. While views are changing an early intervention sex education model should inform young women of positive views towards their sexual health during their formative years.

There have been substantial calls for a structural reform of the Social Personal and Health Education (SPHE) curriculum recently, namely the Relationships and Sexuality Education (RSE) aspects of the syllabuses, not least from the United Nations.[139]

The Citizen's Assembly, the Joint Oireachtas Committee on the Eighth Amendment on the Constitution, the LGBTI+ Youth Strategy, along with many LGBTQI, disability and youth organisations from all across Ireland have been calling for calling for genuine, progressive reform for some time.[140] [141] [142]

With the objective of diversity and inclusivity current modules need substantial update to meet the needs of personal development in a 21st century society.

The value of an inclusive, diverse and welfare-based RSE curriculum has been understated until now and with early-intervention, the lives of young people can be improved by teaching them to have positive and informed outlooks on their health, contraceptive options, self-care, body image, relationships, consent and sexuality.[143]

Such measures were echoed by the Citizen's Assembly with the ancillary recommendations of the "First Report & Recommendations of the Citizens' Assembly-The Eight Amendment of the Constitution" stating:

"Improvements should be made in sexual health and relationship education, including the areas of contraception and consent, in primary and post-primary schools, colleges, youth clubs and other organisations involved in education and interactions with young people."[144]

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139 United Nations Human Rights Office of the High Commissioner, *Convention on the Elimination of All Forms of Discrimination against Women - Concluding observations on the combined sixth and seventh periodic reports of Ireland*

140 First Report and Recommendations of the Citizens' Assembly *'The Eighth Amendment of the Constitution'* (29 June 2017) pg. 9, https://www.citizensassembly.ie/en/The-Eighth-Amendment-of-the-Constitution/Final-Report-on-the-Eighth-Amendment-of-the-Constitution/Final-Report-incl-Appendix-A-D.pdf

141 Joint Committee on the Eighth Amendment on the Constitution '*Report of the Joint Committee on the Eighth Amendment of the Constitution*' pg. 12, https://www.oireachtas.ie/parliament/media/committees/eighthamendmentoftheconstitution/Report-of-the-Joint-Committee-on-the-Eighth-Amendment-web-version.pdf

142 LGBTI+ Youth Strategy *'Report of the consultations with Young People in Ireland'* pg. viii, https://www.dcya.gov.ie/documents/publications/20171208LGBTIConsultationStrategyReport.pdf

143 Sinn Féin, *On Your Side – a Sinn Féin policy for lesbian, gay, bisexual, transgender, queer and intersex equality*, http://www.sinnfein.ie/files/2018/On_Your_Side_-_A_Policy_for_LGBTQI_Equality.pdf

144 Citizen's Assembly, *First Report & Recommendations of the Citizens' Assembly-The Eight Amendment of the Constitution*, pg 5, https://www.citizensassembly.ie/en/The-Eighth-Amendment-of-the-Constitution/Final-Report-on-the-Eighth-Amendment-of-the-Constitution/Final-Report-incl-Appendix-A-D.pdf

Likewise in the north, while RSE is a statutory element of the school curriculum there is no uniform pattern to the provision of RSE in schools.

These major issues must be met when examining the current situation regarding a progressive sex education model:

- Lack of a formal structure to SPHE
- The "characteristic spirit" clause
- Lack of training and support given to SPHE teachers.
- Being inclusive of LGBT students and students with disabilities.
- Informing students of all contraceptive options

In many instances, SPHE has been delivered on an ad-hoc basis with little regard for the realities of people's lives or their health needs at heart.[145] A formal structure that offers and requires teacher's training, set teaching hours, learning outcomes and updated curriculum handbooks should be required to give RSE.

The emphasis placed upon recognising the ethos of the school has undermined the delivery of RSE resulting in patchy and inadequate provision. There are particular gaps with respect to disability, sexuality and gender identity which need to be addressed.

In some instances, Religious groups have been drafted in by ethos-based schools to deliver RSE modules that do not cover artificial contraception. This does not appreciate that the students in many instances do not share the views of the school or religious group. In order to fully inform students on their contraceptive options to reasonably protect students from crisis pregnancy and sexually transmitted disease, the teaching and delivery of RSE must be reformed and made uniform.

Sinn Féin believes that RSE should be taught without the influence of religious ethos, with a progressive sex education model, inclusive of all students and equipping students to assert their boundaries regarding consent.

Sinn Féin advocates:

» Access to RSE for all young people which is appropriate to their age and comprehension, which offers exploration of emotions, feelings and personal values, healthy relationships and gender identity as well as information about reproductive biology and sexually transmitted infections.

» RSE should promote positive sexual health

» Curriculums be formalised with sufficient teaching hours, teacher training and support, set hours and updated curriculum handbooks.

» RSE contain aspects that cater for LGBT students, students with disabilities, modules on consent and all contraceptive options.

145 SPHE Network, *The Future of SPHE: Problems & Possibilities*, pg 26, http://www.diceproject.ie/wp-content/uploads/2014/09/SPHE-Final-Draft.pdf

Later life care and Menopause Services

People in Ireland are living longer than ever and women in Ireland are living longer than their male counterparts. It is important that our health system, health professionals, and policy makers recognise the challenges this poses and reacts to them in a way that ensures an understanding and implementation of geriatric medicine that leaves no one behind.

With women living longer and the challenges this presents the health system needs to understand and respond to older women's particular health needs.

Ireland is no different to any of the other developing Countries in the Western World and has a distinctly ageing population. This creates the need for a specific strategy in terms of altering our Health Service to meet the needs of an ageing population. Whilst the model of health care provision is changing somewhat through the rollout of Primary Care Centres in Ireland, there is still a totally inadequate level of nursing home care facilities available to meet the needs of our ageing population. This will have to be looked at in terms of any future infrastructure planning for the country.[146] There is also a critical shortage of home help hours and homecare packages that are required to enable those older women who wish to continue living in their own homes to do so.

Women face many issues as they get older. One which they may all faces is the menopause. The menopause is the natural reduction in the production of hormones oestrogen and progesterone in a woman's body as they get older. [147]

In the past menopause was seen as a threshold of old age, thankfully now it is now more often seen as the beginning of a new term in a woman's life.

As in all areas of health, awareness is acutely important. Women should be made aware of the symptoms of the menopause, from the most benign to the most severe so they can understand the events that are taking place.

There are a variety of symptoms from Regular symptoms associated with the occurrence of menopause including hot and cold flushes to irregular sleep patterns, and weight gain and/or hair loss.

While women can suffer none, some or all of these symptoms, they need to be made aware of how long they will last and what can be done to reduce or treat them. [148]

Sinn Féin advocates:

- » Raising awareness and understanding of menopause
- » Tailored plans on how women can treat the symptoms of menopause
- » Provision of HRT where necessary

146 Age Action, Health & Older People in Ireland & Developing Countries https://www.ageaction.ie/sites/default/files/attachments/health_and_older_people_in_ireland_and_developing_countries.pdf

147 Irish Cancer Society, https://www.cancer.ie/cancer-information/breast-cancer/living-with/menopausal-symptoms#sthash.smNh6KR1.dpbs

148 IFPA, https://www.ifpa.ie/Hot-Topics/Menopause/Symptoms

Abuse and domestic violence

As Women's Aid have shown, around one-in-five women in Ireland will be the victim of male violence.[149] Women's Aid Federation NI has pointed out that domestic violence accounts for approximately one-fifth of all recorded violent crime in the north.[150]

In addition women are often also the victims of other abuses, such as emotional abuse, and financial abuse.

The mental and physical effects of these abuses on women's health and well-being are extremely significant and can have immediate, long-term and wide-ranging consequences.[151] While we need to do everything in our power to eradicate violence against women, we also need to ensure that when a woman has been the victim of abuse that she has access to the necessary health services.

Rape and sexual assault

Rape and sexual violence are horrific crimes, and result in a particular trauma for the victim which needs specialist treatment. The most recent available statistics from the Rape Crisis Network are from 2015, a 2016 report was unable to be published due to funding cuts. In that year alone, they received a total of 13,200 calls made to 11 Rape Crisis Centre helplines throughout Ireland.[152] The Dublin Rape Crisis Centre reported that 77% of calls to them in 2016 were from women.[153]

The physical aftermath of rape and sexual violence can be extremely traumatic on a woman's body. There is danger of bruising, bleeding, Sexually Transmitted diseases and Urinary infections. All of these must be treated with an added sensitivity for the vulnerability of the woman.

There are many psychological risks for women in the aftermath of sexual violence too, and each may need a particular type of psychological intervention. This should be assessed and provided by a trained professional in a safe and compassionate manner.

Many asylum seeking and refugee women have suffered rape and sexual violence, both in their country of origin and in Ireland.[154] In both cases, the case worker should be trained to offer support

149 Women's Aid, https://www.womensaid.ie/about/policy/natintstats.html
150 Women's Aid Federation NI, https://www.womensaidni.org/domestic-violence/domestic-violence-statistics/
151 WHO, *Violence against women – Health consequences*, http://www.who.int/gender/violence/v8.pdf
152 Rape Crisis Network Ireland, *Rape Crisis Statistics and Annual Report* 2015, http://www.rcni.ie/wp-content/uploads/RCNI-RCC-StatsAR-2015-1.pdf
153 The Dublin Rape Crisis Centre, *Annual Report* 2016, http://www.drcc.ie/wp-content/uploads/2017/07/Annual-Report-2016.pdf
154 Rape Crisis Network Ireland, *Asylum seekers and refuges surviving on hold*, pg 5, http://www.rcni.ie/wp-content/uploads/RCNI-Asylum-Seekers-and-Refugees-Surviving-on-Hold.pdf

to the women and to refer them to the appropriate agencies. Research by the Rape Crisis Network Ireland found that there were extremely high levels of non-reporting of sexual violence by asylum seeking and refugee women.

Furthermore, there is evidence that there is increased under-reporting of sexual violence from older women. Older women may have poorer knowledge around sexual violence services, and there may sometimes be a stigma involved in seeking help.[155]

The provision of adequately funded and supported services for victims of sexual violence is an absolute necessity. Crimes of a sexual nature are a most heinous crime and while we must do all we can to eradicate these crimes, we need to ensure that world class supports and services are available when they are needed.

Sinn Féin advocates:

- » Freely andwidely available Rape and Sexual Violence specific psychological supports for women after an assault.
- » A comprehensive strategy and legal framework for dealing with online sexual abuse and "revenge porn"
- » Health care providers receiving education and training in identifying survivors of sexual violence among older women and providing referral where needed.
- » Case workers who assess women seeking refuge in Ireland being trained in first contact with women fleeing from sexual violence, and should be knowledgeable in where to refer the woman for medical and psychological help.
- » Guaranteed sustainable funding streams for the collection of data concerning rape and sexual violence in Ireland.

Femicide

Women's Aid said it best in their Femicide Watch 2017 report "each woman murdered is an outrage, an absolute tragic loss of life and potential resulting in utter heartache for her loved ones left behind.[156]

On average over 10 women die violently across Ireland every year.[157] [158] Of those who die violently, the vast majority are killed in their home and also knew their killer. Indeed, more than half of women murdered are killed by a former or current partner.[159] [160]

While many report surprise when a women dies violently at the hands of a man she knew, there are often clear and important risk factors which could have been identified in order to prevent it.

19,115 contacts were made with Women's Aid in 2016 during which 16,946 disclosures of domestic violence against women and 3,823 disclosures of child abuse were made. 646 contacts disclosed that they had been threatened with death by a man who she knew, and hundreds more disclosed violent assaults with weapons, stalking and other threatening behaviours by men.[161]

The Women's Aid Federation NI helpline received 611 Sexual violence calls, 518 of these contacts were from female callers.[162]

155 WHO, *Sexual Violence*, http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf
156 Women's Aid, *Femicide Watch 2017*, https://www.womensaid.ie/download/pdf/womens_aid_femicide_watch_2017.pdf
157 Women's Aid, *Femicide Watch 2017*
158 Women's Aid, *The Femicide Census: 2016 findings*, https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2017/12/The-Femicide-Census-Report-published-2017.pdf
159 Women's Aid, *Femicide Watch 2017*
160 Women's Aid, *The Femicide Census: 2016 findings*
161 Women's Aid, *Women's Aid Impact Report 2016, https://www.womensaid.ie/download/pdf/womens_aid_impact_report_2016.pdf*https://www.womensaid.ie/download/pdf/womens_aid_impact_report_2016.pdf
162 Women's Aid Federation NI, https://www.womensaidni.org/domestic-violence/domestic-violence-statistics/

The Global Study on Homicide by the UN Office of Drugs and Crime (2013) found women are much more likely to be killed by intimate partners and family members. Indeed, women are at much higher risk from family and intimate partner homicide.[163]

In recent years much attention has been drawn to the apparent failure of the Gardai, the PSNI, the Justice Systems, and certain sections of society to take this seriously.

Women's Aid "Femicide Watch 2017" research has shown that men in Ireland serve shorter sentences for manslaughter if their victim was a current or former partner.[164] Indeed men who have violently murdered women in their lives and their own children in some cases, have been described as pillars of the community or had excuses made for their actions which have been reported by media sources.

Violence against women cannot be tolerated, excused or trivialised.[165] Without a serious and coordinated effort to identify, prevent, intervene and punish domestic violence women remain unequal and vulnerable to the violence of the men in their lives.

While Domestic Violence requires the attention of a multitude of state bodies and agencies it is also a significant issue of women's health.

Sinn Féin advocates:

- » Immediate ratification of the Instanbul Convention on Violence Against Women
- » Establishing an all-Ireland body to monitor services for victims of domestic violence and make and review the implementation of recommendations on a multi-departmental and agency level
- » Providing risk assessment model for domestic violence and training Gardai, HSE and other relevant professionals in identifying risk factors, administering assessment and following through on necessary interventions. Such assessments should include children where present.
- » All reports of Domestic Violence being logged on electronic Garda and PSNI databases
- » That courts mustconsider the wellbeing of children when granting a barring order in a case where domestic violence is a confirmed or suspected issue.
- » Providing for courts to avail of expert testimony in relation to the risk posed by accused in relation to the women and any children present
- » That courts will consider a former or existing relationship between the perpetrator of domestic violence and the survivor as an aggravating factor.

163 United Nations Office on Drugs and Crime, Global Study on Homicide 2013, https://www.unodc.org/documents/gsh/pdfs/2014_GLOBAL_HOMICIDE_BOOK_web.pdf

164 Women's Aid, *Femicide Watch 2017*

165 Amnesty International, *Justice and Accountability – Stop Violence Against Women*, https://www.womensaid.ie/download/pdf/justice_and_accountability.pdf

FGM

Female Genital Mutilation is recognised internationally by such bodies as the United Nations, the World Health Organisation and the International Medical Advisory Panel as a violation of the fundamental rights of women and girls to bodily autonomy, health and life. FGM is one of the most heinous abuses that can be perpetrated against a girl or woman resulting in irreparable physical harm as well as mental harm.[166]

Consequences of FGM can include haemorrhage, infections such as tetanus and HIV, failure of the wound to heal, urine retention, injury to adjacent tissue, fracture and dislocation of limbs, or death as a result of the above.[167] While the "long term health consequences can include painful sex, recurrent urinary tract infections, painful periods, potential trauma during childbirth, infertility, incontinence and difficulty urinating, chronic pelvic inflammatory disease, sexual dysfunction and psychological trauma", amongst other issues.[168]

Based on estimates by migrant women's support organisation Akidwa, as many as 6,000 women and girls in the south may have been subjected to FGM.[169] Unfortunately, there is no specific data relating to the north.

FGM, sometimes known as female 'cutting' or circumcision, is carried out by cutting away part or all the external female genitalia. It serves no medical purpose and is performed to decrease or eliminate women's enjoyment of sex.

Women and girls who live in Ireland and have been subjected to FGM require medical and psychological support to deal with both the trauma of the experience and the lasting effects on a woman's sexual, mental and reproductive health. [170]

FGM is illegal in Ireland both north and south and it is also illegal for women or girls to be taken out of the country for the purposes of having FGM performed. We must continue to work to ensure that FGM is not practiced or tolerated in Ireland. Equally, we must proactively ensure that no women or girl should ever be allowed to be taken out of the country for the purposes of having FGM performed.

Advances have been made to combat FGM in the south with the first specialised clinic on FGM supported by the HSE established and opened in May 2014 at the Irish Family Planning Association Everywoman Centre. In the north the recent publication of multi-agency guidelines relating to

166 NSPCC NI, https://belfastdvp.co.uk/themainevent/wp-content/uploads/FGM-briefing-paper-3-3.pdf
167 Irish Family Planning Organisation, https://www.ifpa.ie/Sexual-Health-Services/FGM-Frequently-Asked-Questions
168 Irish Family Planning Organisation, https://www.ifpa.ie/Sexual-Health-Services/FGM-Frequently-Asked-Questions
169 AkiDwA, *Towards a National Action Plan to Combat Female Genital Mutilation 2016-2019*, http://akidwa.ie/wp-content/uploads/2014/09/Towards-a-National-Action-Plan-to-Combat-FGM-2016-2019.pdf
170 ActionAid, https://actionaid.ie/after-project/

FGM for those professionals responsible for safeguarding children and adults from abuse was a significant first step forward, but, there is urgent need to appoint a lead department and develop an implementation plan if the goal to eradicate FGM in the north is to be realised.

Recent comments regarding FGM in the south highlight how there is still a significant way to go to educate people and make sure we can work to eradicate FGM.

Sinn Féin advocates:

- Providing discreet, accessible medical, sexual and mental health services for women who are survivors of FGM living in Ireland
- Supporting local, European and global efforts to end FGM and provide care for survivors.
- Putting in place risk assessment procedure for women and girls and protective measures for those who are identified as being at risk.
- Enforcing comprehensive FGM legislation for prosecution, prevention and protection measures.
- Ensuring support through HSE for IFPA FGM clinic and its services
- Multi-agency guidelines aimed at addressing and treating FGM
- Clear reporting guidance
- Training with respect to discussing and treating FGM and how to respond to it in a culturally appropriate manner
- Appropriate measures to address any gaps in service provision for victims and survivors of FGM
- A cohesive and comprehensive data collection strategy among all statutory and voluntary sector organisations.

Conclusion

As stated by the United Nations, "health, in all respects, physical and mental, is a fundamental human right".[171] Health is the foundation for well-being and participation in many aspects of life.[172]

Full health eludes most women in the world today.

As has been noted throughout this paper, gender massively influences health, amongst other things.

To the great shame of successive conservative Governments, religious organisations, and state institutions, women in Ireland have suffered historic and present injustices. These injustices have been, and are, particularly acute in the area of health care.

Understanding that fundamental inequalities pervade the delivery of health services for women has to be a starting point to elicit change.

While always being cognisant of the wrongs of the past, it is imperative that current discrimination is tackled, not only through progressive policy planning, but through action at all levels of our health systems.

We do not claim to have identified all the issues in the delivery of health services for women across Ireland. Nor do we claim to have advocated all the solutions. What we have done is produce a document which outlines Sinn Féin's vision for women's health care in Ireland, a vision that is based on the principles of fairness and equality which we can all work towards together.

171 United Nations Entity for Gender Equality and Empowerment of Women, http://beijing20.unwomen.org/en/in-focus/health

172 United Nations Entity for Gender Equality and Empowerment of Women

www.sinnfein.ie

JOIN THE CAMPAIGN

Help us build a better Ireland for a better future. If you believe in fairness, if you believe in a United Ireland, if you want to see change,text your name and address to 51444, or go to our website

www.sinnfein.ie