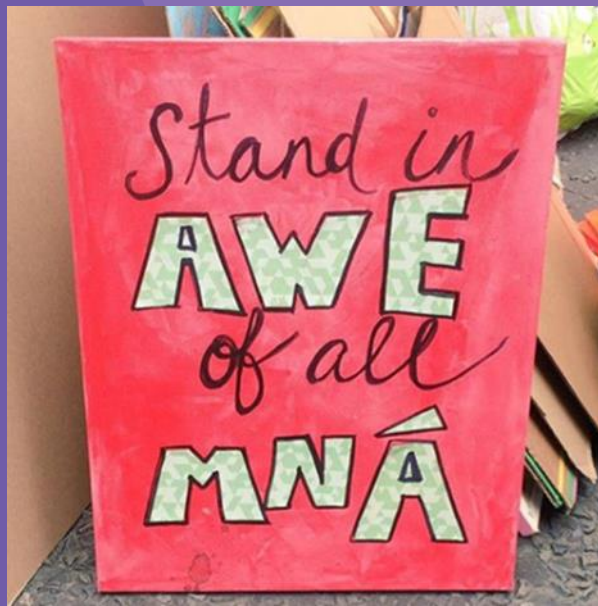


Womens Conference “Reconnecting during uncertain times”

Catherine Lane, Women in Local, Community and Rural
Development Officer



The image features a large, vibrant red circle in the center, which serves as a backdrop for the main text. The background of the entire image is a white field densely populated with numerous handprints in various colors, including blue, green, yellow, orange, red, purple, and teal. The hands are scattered across the frame, some overlapping, creating a sense of community and diversity. The text is centered within the red circle and is rendered in a bold, white, sans-serif font with a thin yellow outline. Below the main title, a short horizontal yellow line acts as a separator, followed by a question in a smaller, plain white font.

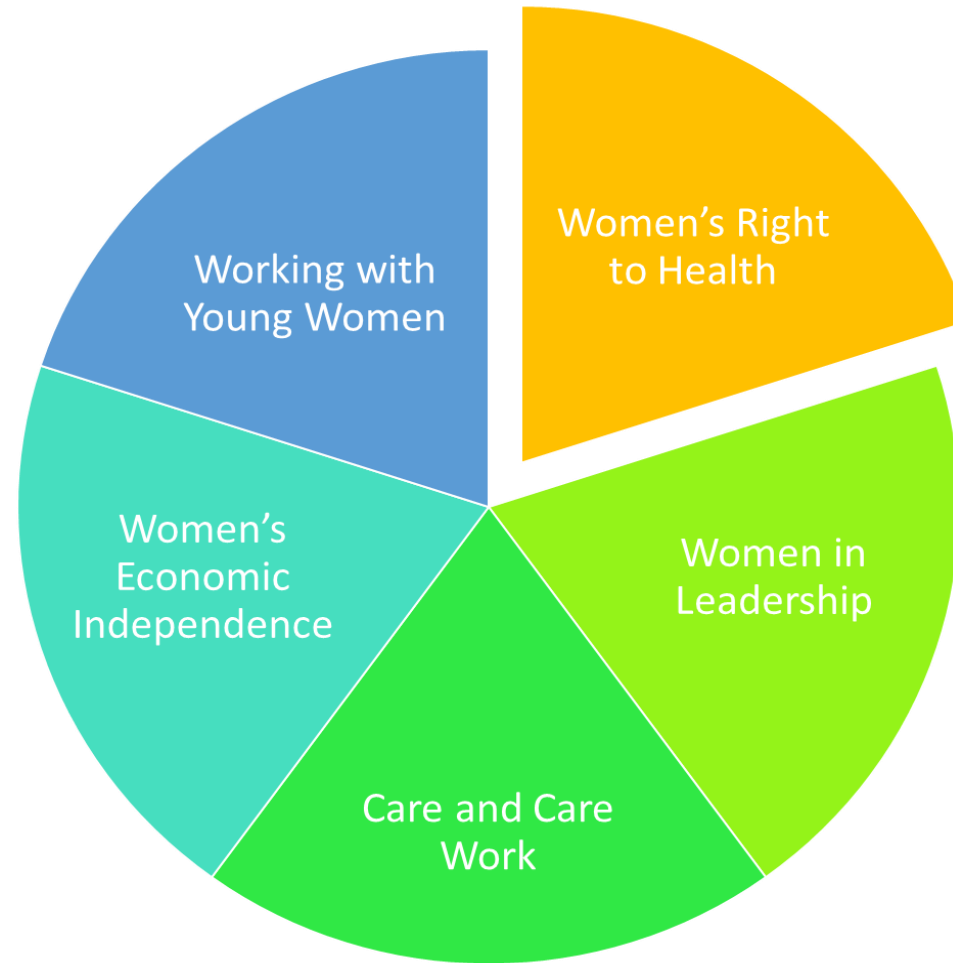
TELL US SOMETHING GOOD!

How has someone helped
you during COVID-19?

National Womens Council

- Feminist organization seeking full equality between women and men
 - 190 group members
 - National leading representative organisation for women in Ireland
-

Our priorities - Strategic Plan 2016 - 2020



We work with our members to influence government policy using

- ❖ Research
- ❖ Lobbying and advocacy
- ❖ Campaigns – online
- ❖ Media work (including social media)
- ❖ Policy briefs, supporting members campaigns and networking opportunities



Why we need equality for women in Ireland today

Women in Ireland are more likely to:

- ❖ be engaged in low paid, precarious work
- ❖ to parent alone
- ❖ to be the victim of domestic or sexual abuse
- ❖ to be the main provider of unpaid care work
- ❖ Be underrepresented at all levels of decision making

Women are a diverse group

- ❖ A woman may experience 'double discrimination' if she is a Traveller woman, a woman from a migrant background, a disabled women
- ❖ ~~Women are resilient and have achieved considerable change~~



Existing Health equalities

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

“Not the great leveler”

- The pandemic has only brought into focus existing structural inequalities women experience.
- Our position and power in society influences both our likelihood of illness and the type and quality of healthcare we will receive.



Major impacts for women

1. In a pandemic, women and girls are most likely to take on the extra caring.
2. Most front line health workers are women - but they don't always have a voice in the high level decision-making.
3. Lockdowns lead to increased gender-based violence.



Challenges for women

1. Economic independence – job loss and recovery
2. Pregnant women – disruption to antenatal and postnatal care
3. Access to self isolation and hygiene extremely difficult for Traveller women on halting sites, women living in institutionalized settings, women living in direct provision centres, in prison, in hostels and emergency accommodation
4. Women living with addiction and with enduring mental health difficulties
5. Poverty and income adequacy - Women parenting alone continue to be most at risk of poverty(30%)
6. Disabled women - risk to independence and autonomy
7. Digital divide



Women experiencing the pandemic differently



Survey with women's community organisations

In June we carried out an online survey – 42 groups took part

25% have seen a reduction in donations and earned income.
50% saw an impact on staff wellbeing



“Physical issues associated with home working, inability to work with people in the way we want to and enjoy, anxiety about the uncertainty of everything from a work planning perspective, family wellbeing, and possible financial insecurity”

“DV team working with vulnerable clients (women & children) have greater stress levels due to exacerbated physical and mental well-being of clients. All staff are generally anxious about what is going to happen, will there be jobs post covid or is the sector going to succumb to wider budget cuts”

“I feel this experience should motivate us to strongly demonstrate how crucial our supports are to women and families and the most marginalised communities”

Survey on women's experience of care: what women told us

We carried out an online survey focused on women's informal, unpaid care – 1,500 responses

- 85% said their caring responsibilities had increased since the outbreak.
- 55% said that since COVID-19 they had 'less time than usual' to look after their mental health and wellbeing

"I really love spending extra time with my child during COVID-19 but the days are a blur, trying to juggle everything."

"I'm a Traveller woman caring for my elderly parents and relatives. Because of COVID-19 my duties have increased incredibly. My reserves are beyond depleted."

"I never have any time alone during COVID-19. The emotional needs of my daughter, my partner and my mother are constant and very exhausting."

"As a single parent, my parenting in COVID-19 is full-on with no break. There's no-one else to interject, no-one else to support me."

"I feel guilty when working on the front line for COVID-19 as I'm not at home with my family. And guilty when at home"

What needs to happen?

- Women centered and intersectional approach
- Consider the impact of women's life experiences on their health;
- Recognise women as experts in their own health;
- Investment in public services(early years education and adult social care and women's sector
- Living wage and addressing poverty to support family resilience and income adequacy(no increases for two years in social welfare rates)



Resources

❖ Women & Covid -19 - https://www.nwci.ie/women_and_covid_19

Gender impacts of Covid –
<https://www.tasc.ie/blog/2020/07/14/gender-impacts-of-covid19/>

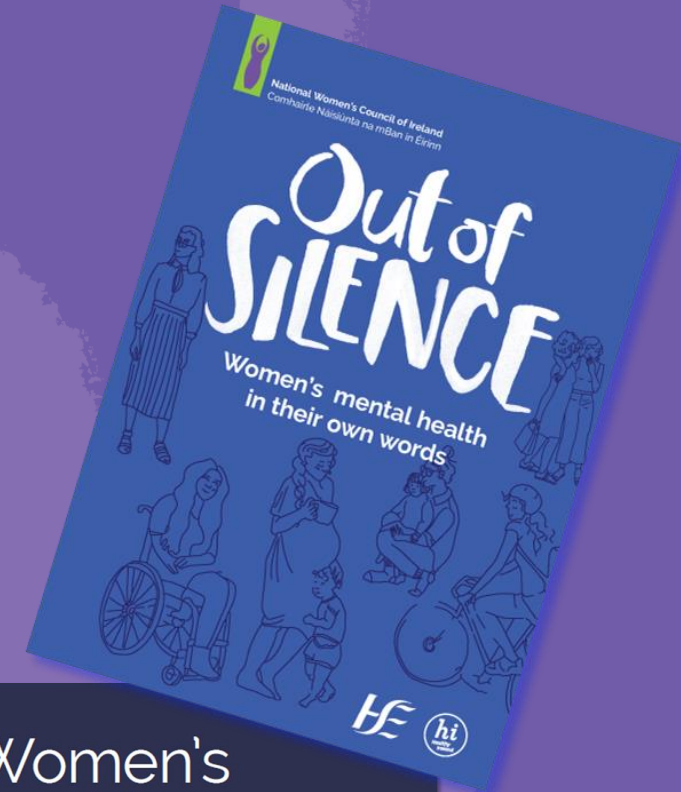
Get involved in NWC Womens Mental Health Network and the Womens Health Task force –
<https://www.gov.ie/en/campaigns/-womens-health/>

Gender Equality score for Ireland
<https://eige.europa.eu/gender-equality-index/2020/IE>

<https://www.cso.ie/en/releasesandpublications/er/sic19wm/socialimpactofcovid-19onwomenandmenapril2020/>.

Citizens Assembly on Gender Equality - www.citizensassembly.ie

<https://inar.ie/covid19-and-minorities/>



Stay in touch

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