IPH response to:

Towards a new National Women's Strategy 2017-2020

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Introduction

The Institute of Public Health in Ireland

The remit of the Institute of Public Health in Ireland (IPH) is to promote cooperation for public health between Northern Ireland and the Republic of Ireland in the areas of research and information, capacity building and policy advice. Our approach is to support Departments of Health and their agencies in both jurisdictions, and maximise the benefits of all-island cooperation to achieve practical benefits for people in Northern Ireland and the Republic of Ireland.

IPH is committed to addressing health inequalities in all its work. We recognise the significant interface between many aspects of women's equality and the wider health inequality agenda.

We welcome the opportunity to submit a response to this consultation. In particular we welcome that the goal, stated in the consultation document, to give priority 'to the needs of those experiencing, or at risk of experiencing, the poorest outcomes'. We applaud the specific inclusion of women's physical and mental health as one of five high level objectives within this forthcoming national strategy on women's equality.

Our response is principally focussed on the first and second high level objectives – relating to advancing socio-economic inequality for women and girls and improving women's and girls' physical and mental health.

We have also included some additional commentary in respect of population ageing and in respect of aspects of strategy timeline and structure at the end of the document as we feel these issues were not addressed within the consultation document and will be critical to the strategy's success.

Key points

- IPH welcomes the opportunity to submit our views to the development of a new National Women's Strategy in the context of the interface between women's equality, population health and health inequalities. Positive physical and mental health supports girls and women to participate fully in opportunities within social, cultural and economic life and gender-based inequalities in access to social and economic opportunity can threaten the health of women and their families.

- IPH recognises the positive impacts on population health that can accrue from realising the women's equality promises set out in the Programme for Partnership Government. However, we could caution that the stated women's equality actions focus solely on health services. Action on social determinants of health and the root causes of health inequality among girls and women is also required.

- The consultation states that it is not intended that the Strategy would replicate actions already included in other strategies and action plans. The aim is that the new strategy would reflect current priority needs and enhance work already being done on a sectoral or thematic basis. However, it is not clear how such integration will occur in respect of the health agenda, particularly in light of the lack of any comprehensive national strategy on women's health.

- IPH would welcome recognition and defined actions within the new strategy that recognise the synergies between the rights of women and the rights of children as set out in the UN Convention on the Rights of Children (United Nations, 1990). In particular, IPH would welcome action on further empowering Irish women to feel confident and supported to breastfeed.

- IPH is concerned at the short duration of the strategy (2017 – 2020) in terms of what can realistically be achieved within such a short period. We recommend that the final strategy include specific measurable and

time-bound objectives embedded within a clear action plan. The final strategy would benefit from a clear monitoring and accountability mechanism for the action areas.

- We recommend that the final strategy should better reflect issues relating to population ageing within the women's equality agenda. In particular the interface on issues of income inequality, ill-health and disability and elder abuse should be addressed. We recommend that some age-proofing of the draft national women's strategy should be undertaken.

IPH Response on proposed High Level Objectives

High level objective 1 - Advance socio-economic equality for women and girls

There are important links between women's equality and health outcomes at population level. When girls and women enjoy the best possible physical and mental health, this supports them to participate more fully in opportunities within social, cultural and economic life. Conversely, inequalities in women's access to social and economic opportunity reduce their capacity to enjoy good health as well as foster health within their families. Health inequalities are particularly profound among vulnerable women and children with health outcomes among those subgroups of women at greatest risk of poverty a particular concern. Those women most affected by poverty and social exclusion are also at highest risk of poor physical and mental health, notably lone parents, women with a disability, Traveller women and older women living alone (Central Statistics Office, 2015).

Mother's employment and maternal educational attainment are important factors in protecting young people from child-specific deprivation (Hanafin, 2016). Therefore advancing socio-economic equality for women and girls has wider population health implications with regard to child health and development.

In this section we have provided comment on the specific issues referred to in the consultation document linked to the Programme for Partnership Government promises in respect of women's and girls' equality.

Parental leave

Active pay inequality in the workplace exists, but it is ameliorated by the 'chosen' career paths of women in less well-paid/highly valued sectors of the economy as well as by motherhood and childcare duties. However, an extension of paid parental leave, particularly shared parental leave, as well as provision of quality affordable childcare would begin to address this issue.

Ireland is known to have among the highest childcare costs in the OECD (DCYA, 2013). The extension of the Early Childhood Care and Education scheme (ECCE) to two years in the most recent Budget is welcome in this regard but unaffordable childcare remains a threat to achieving socio-economic inequality for women.

National Parenting Support Plan

A national parenting support plan is a significant step in assisting both parents and children. The WHO (Irwin et al, 2007) state that the early child period is the most important developmental phase across the life span. However, it is possible to empower parents to give their children a good start in life across the social and economic continuum (Cotter, 2013). We particularly support early intervention as a cost-effective measure for achieving better outcomes throughout the life course.

Holmes and Kiernan (2013) state that longitudinal data show that persistently poor children have more disadvantageous developmental contexts than children in poverty for shorter periods of time and they also have worse developmental outcomes. However taking an assets-based approach, resilience factors among persistently poor children have been shown to include parenting. For resilience in cognitive outcomes the following factors have been shown to be beneficial: where the mother reads to the child several times a week, the parent/child relationship involves positive interactions, and the mother feels she has control over her own life. For resilience factors in behavioural outcomes, lack of depression in mothers and little conflict between the parent and child have been shown to contribute positively (Holmes and Kiernan, 2013). This demonstrated the inter-relatedness of the health of mothers and their children. The outcomes of many parenting programmes demonstrate decreased stress levels and increased confidence among parents (Hanafin, 2016; McGilloway, 2016). However, parenting programmes cannot be seen as the silver bullet to address the negative effects of persistent poverty on child development (Holmes and Kiernan, 2013). It is therefore critical that the implementation of actions focused on advancing equality through parenting plans maximizes all opportunities to enhance the health and wellbeing of mothers. Approaches focused on

women's equality should integrate with the evolving national child health programme being led by the Health Service Executive and the early years' strategies and programmes operating under the Department of Children and Youth Affairs.

High- level objective 2 – Improve women's and girls' physical and mental health

The consultation states that it is not intended that the Strategy would replicate actions already included in other strategies and action plans. The aim is that the new strategy would reflect current priority needs and enhance work already being done on a sectoral or thematic basis.

However, it is not clear how such integration will occur in respect of the health agenda, particular in light of the lack of any comprehensive national strategy on women's health. It is notable that a second National Men's Health Action Plan has now been published in Ireland (Department of Health, 2016a). In contrast there is no National Women's Health Strategy. While the recent publication of a National Maternity Strategy (Department of Health, 2016b) is welcome, this addresses only a fraction of the women's health agenda and may lead to a focus on the women's health agenda principally in terms of reproductive issues, which is in itself rather contrary to a true equality agenda.

In the section below, we have provided commentary on the key programmes and strategies mentioned in the consultation document.

Focus on key programmes and strategies

IPH recognises the positive impacts on population health that can accrue from realising the women's equality commitments set out in the Programme for Partnership Government. However, we could caution that this does not represent a comprehensive strategic agenda to address women's health. In particular the actions relate primarily to health services and not to addressing social determinants of health and the root causes of health inequality among girls and women.

IPH would welcome recognition and defined actions within the new strategy that recognise the synergies between the rights of women and the rights of children as set out in the UN Convention on the Rights of Children (United Nations, 1990). In particular, IPH would welcome action on further empowering Irish women to feel confident and supported to breastfeed. Ireland has low breastfeeding rates and women rights have been negatively affected by culturally ingrained attitudes as well as inappropriate marketing of breast milk substitutes (McAvoy et al, 2014). Integration with the key goals of the new breastfeeding policy should be considered as an action item within the forthcoming National Women's Strategy.

Regulation of surrogacy and assisted human reproduction services

IPH welcomes the inclusion of this regulation in a forthcoming National Women's Strategy, albeit these are not services to meet the demands or needs of women alone. However, the female body is the primary site of such interventions. For many years the many clinics and facilities across Ireland offering assisted human reproduction services have been operating in a vacuum and regulation is required. IPH endorses the recommendations of the Commission on Assisted Human Reproduction report (2005), however this needs to be updated to take account of advancing technologies and possibilities. However it should be acknowledged that the majority seeking these services are heterosexual couples seeking to conceive a child/ children via their own gametes. The maturation to blastocyst stage can ensure a limited number of higher quality (i.e. have a better chance of implantation leading to a pregnancy) embryos are available for cryopreserving; the more common practice in Irish clinics is now for vitrification which has also improved embryo survival rates. Therefore, fewer embryos are available for cryopreservation and those that are have a greater chance of survival. For people experiencing infertility, these embryos are valuable potential children (Cotter, 2009) and destruction is a more unusual option, albeit it does occur – but without regulation and transparency. In addition, Ireland has no data on how many people seek treatment for infertility, how many single people or homosexual couples pursue third party donation and no information on Irish clinic success and failure rates. IPH supports a mature acknowledgement of these services operating in this country and citizens access to services in

other countries. IPH supports the regulation and greater transparency to safeguard the interests of patients, children and healthcare professionals.

Assisted human reproduction is expensive and only available privately. Although the drugs associated with superovulation are available through the Drugs Repayment Scheme and a proportion of costs can be reclaimed at year end through Revenue, it is only very recently that private health insurance has begun part-funding assisted human reproduction. Assisted human reproduction is therefore largely not available to people on limited incomes (albeit certain clinics may offer a limited number of pro-bono treatments to patients unable to afford treatment). In contrast, in the UK, assisted human reproduction is available through the National Health Service as well as privately.

Domestic violence, gender-based violence, sexual violence and women's health and wellbeing

The consultation document acknowledges that addressing violence against women and improving women's access to justice continue to be urgent priorities. IPH welcomes the commitment within the National Women's Strategy to help prevent and tackle domestic violence and its intention to implement in full the Istanbul Convention on tackling domestic violence and the Second National Strategy Domestic, Sexual and Gender-based Violence.

IPH believes the new National Women's Strategy will be strengthened as it takes account of the articles of the Istanbul Convention. Over one quarter (26%) of women in Ireland surveyed in 2014 reported having experienced physical and/or sexual violence by a partner or non-partner since the age of 15, whilst one in three women experienced severe psychological violence from a male partner (SAFE Ireland , 2015). Domestic violence and violence against women has significant detrimental effects on physical and mental health and wellbeing. In conjunction with the implementation of the Second National Strategy Domestic, Sexual and Gender-based Violence, the new National Women's Strategy has the potential to make a significant contribution in addressing violence towards women by improving rights and equality for women and by empowering women through increased participation in politics and leadership roles.

IPH would recommend that the new National Women's Strategy be aligned and integrated with the implementation of the 'Connecting for Life' suicide prevention strategy for Ireland. These linkages can be used as leverage for coordinated care and support for some of the most vulnerable and at risk members of society. IPH welcomes the recognition by the Department of Justice and Equality that new technology has facilitated the growth of new forms of violence directed at girls and young women; in particular, online harassment on social media and cyber-violence. IPH would encourage the Department to consider the very harmful influence the internet and social media can have on young women in terms of self-harm and suicide.

Alcohol and drug use continues to be a significant feature of domestic violence. Research typically shows that between 25% and 50% of those who perpetrate domestic abuse have been drinking at the time of assault, although in some studies the figure is as high as 73% (Institute of Alcohol Studies, 2014). The extent of domestic violence in Ireland was reported in the national study on domestic abuse (physical, emotional and sexual abuse). Among those who experienced severe domestic abuse, in one-third (34%) of cases, alcohol was identified as a potential trigger for abusive behaviour. In one-quarter of severe abuse cases, alcohol was always involved. As noted by the authors, 'alcohol use may be more likely to lead to injury, so its role in triggering domestic abuse needs to be taken seriously' (Hope, 2008). While women are less likely to engage in high risk drinking they are disproportionately affected by Ireland's harmful pattern of alcohol consumption. IPH recommends that the new National Women's Strategy foster links in the form of joint research and policy initiatives with the new Drugs National Strategy currently being developed by the Department of Health in order to tackle the excess alcohol-related harm experienced by women. Synergy between the two strategies provides an opportunity to further address fundamental issues affecting the physical and mental wellbeing of women in Ireland.

Additional focus - Population ageing

In general, the issue of population ageing is not featured within the consultation document.

Life expectancy continues to increase for women in Ireland. In 2014 life expectancy at birth was 83.5 years compared to 78.6 years in 1994. While women live longer on average than men, the gender gap has narrowed, from 5.5 years in 1994 to 4.2 years in 2014. Although women may live longer, they spend many more years than men living with age-related ill-health and disability (Department of Health, 2016c).

With population ageing comes great opportunity for the women's equality agenda in terms of using the wisdom and experience brought by women who lived through change in women's rights since the 1950s. The new strategy should seek to make the best use of this in moving forward on women's equality.

Consideration of the impact of longer working lives on health and well-being has been virtually absent in policy discussions. 52% of women aged 50+ in excellent, very good or good health were in paid employment but just 30% in fair health and 9% in poor health were employed (TILDA, 2011).

There are several important issues at the interface of gender equality and population ageing. In particular, ensuring that income inequalities across the life course are not compounded in later life through unfair pension policies is of great importance (Duvvury et al, 2012). Similarly, women's equality throughout the life course should be considered including the support needs of older women made vulnerable by chronic illness, disability and ageist attitudes. Elder abuse of older women is a particular concern not addressed within the consultation document (Naughton et al, 2010).

IPH recommends that the final policy would be enhanced by age-proofing.

General comments

We note the short duration of the proposed strategy, from 2017-2020. It is not clear when the final strategy will be published with the consultation phase ending within the first quarter of 2017. It is evident that the women's equality agenda is complex requiring changes not just in national systems and policies but also in terms of changes in cultures, attitudes and perceptions. With this complexity in mind, the timeline of the strategy seems unduly short.

The consultation document has not provided detail on the monitoring and accountability framework underpinning any future strategy. We recommend that a clear structure be described within the final strategy in the interests of public accountability and good governance.

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