



An Roinn Sláinte
Department of Health

Cultural Sensitivity: Intersectional Impacts on Women's Health in Ireland

Rachel Kenna

Chief Nursing Officer and Co- Chair of the Women's Health Taskforce, Department of Health

Peggy Maguire

Director of the European Institute for Women's Health (EIWH) and Co-Chair of the Women's Health Taskforce

Dr Salome Mbugua

Chairperson, Akidwa

16 Sept 2026

What is Cultural Sensitivity in Healthcare and why is it important?



- Cultural sensitivity is the capacity to recognise and respect cultural differences, to reflect on one's own cultural assumptions, and to adapt behaviour and communication in ways that promote understanding, inclusion, and respectful relationships across cultures. (*Oxford Review*)
- Ireland has become increasingly culturally, ethnically and linguistically diverse over recent decades.
- A key aim of **Sláintecare** is to improve access to healthcare for everyone, implementing more inclusive approaches both for traditionally marginalised groups and also new and diverse groups.

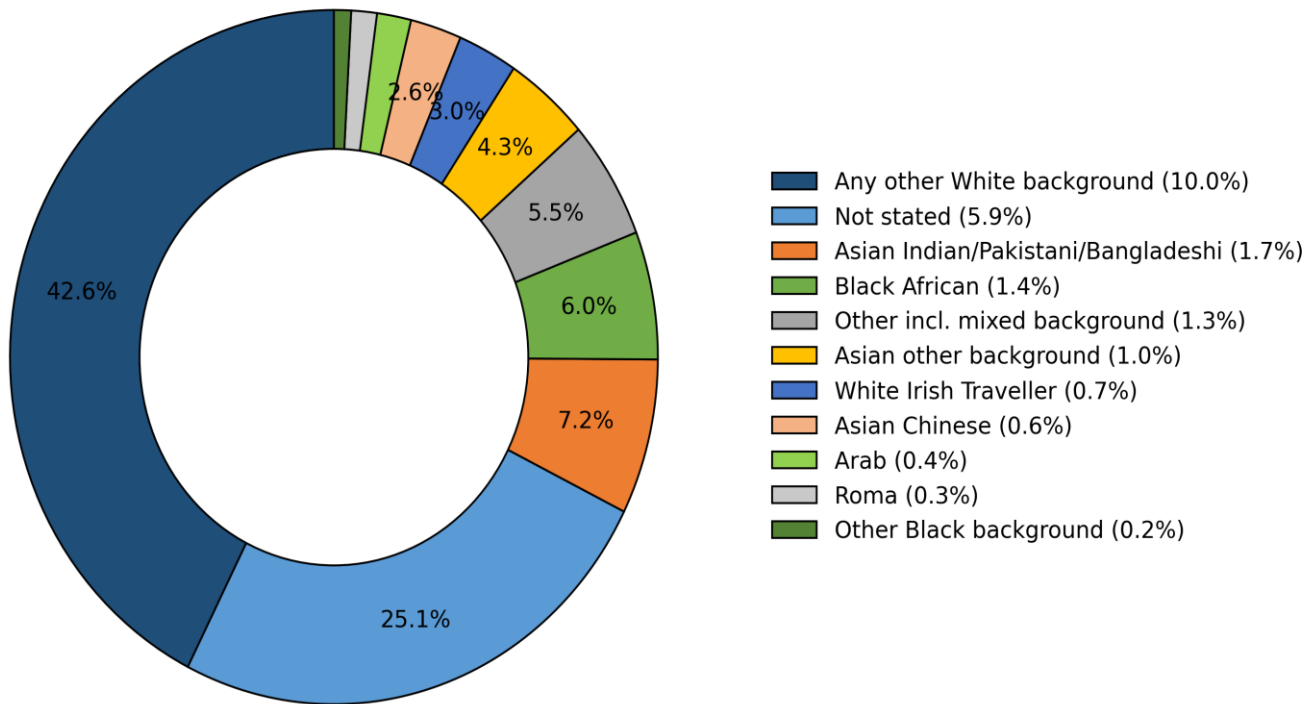
Demographic Change in Ireland

Total population of females in Ireland 2,568,925
White Irish represents 76.7% of the female population

- Approximately 20% of Ireland's population was born outside Ireland, an increase of 207,031 since 2016.
- More than 180 nationalities live in Ireland.

Female Population by Ethnicity
(Excluding White Irish)

<https://www.gov.ie/en/department-of-health/collections/national-healthcare-statistics-2025/>



CSO 2022 <https://data.cso.ie/table/F5085>

Healthcare professionals to consider:

- Language barriers.
- Different health beliefs.
- Religious and cultural practices.
- Variable health literacy levels.
- Previous experiences of healthcare systems.

Global Diversity in Ireland's Healthcare Workforce



126

Nationalities
Represented



16%

Non-Irish
Nationals



25%

of Nurses
& Midwives



39%

of Doctors



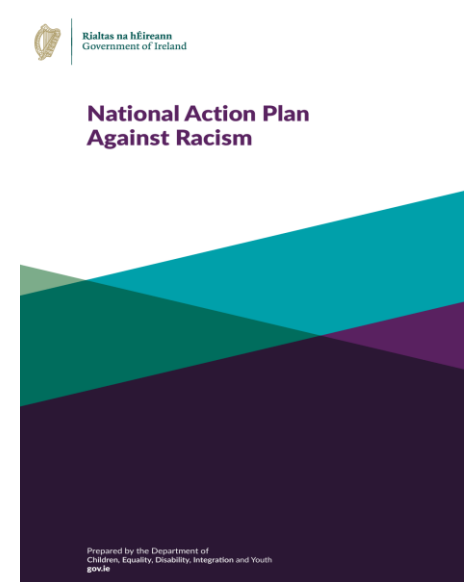
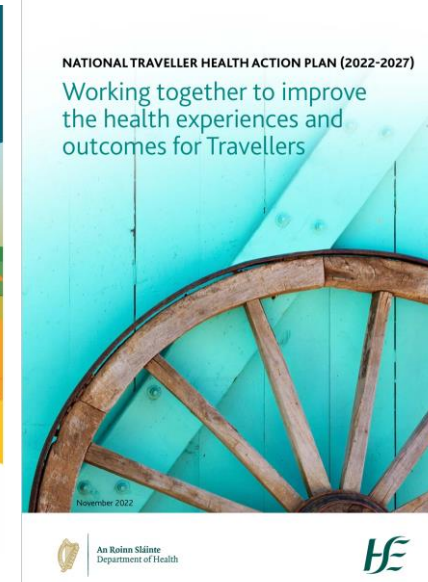
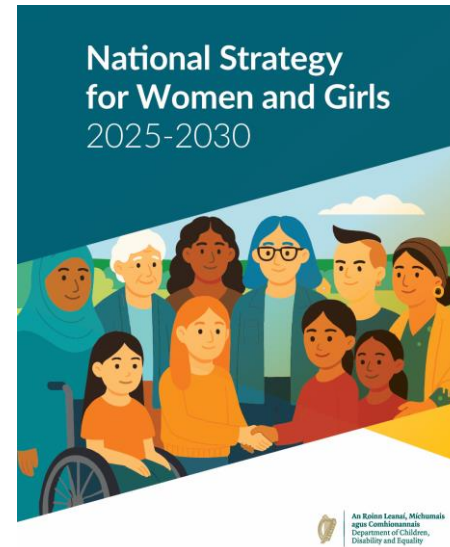
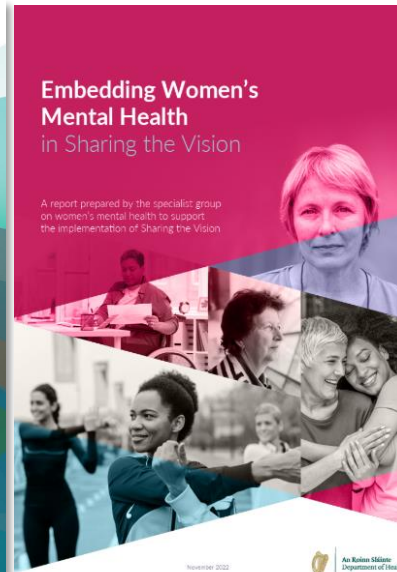
Most Common Countries represented

India
Philippines
Pakistan
Nigeria
South Africa

Zimbabwe
Ghana
Kenya
Poland
Romania

Lithuania
Portugal
Spain
Italy
Croatia

Policies on Equity & Inclusion





- Established 2019 as a result of the Scally report
- Taskforce Membership:
 - Department of Health
 - HSE through the National Women and Infants Health Programme
 - Department of Children, Disability & Equality as lead department for the National Strategy for Women and Girls
 - Irish College of General Practitioners
 - Institute of Public Health
 - Advocacy voice of the National Women's Council
 - National Traveller Women's Forum
 - Spunout.ie
 - Merchant's Quay
 - The Deep End
 - Independent Living Movement Ireland
 - HIQA

Gender Sensitive Care

- Gender is a critical determinant of physical and mental health
- Providing gender-sensitive care means recognizing that men, women and people whose identity falls outside that binary often experience mental health differently because of social roles, expectations, and inequalities.

(A Gender-Sensitive Implementation of Sharing the Vision. National Women's Council, 2025)

- Women's experiences are shaped by their culture, background, race, sexuality – not a homogenous groups

Gender lens:

- Allows us to recognize structural health inequalities and intersectionality
- Improves effectiveness of services
- Supports prevention and early intervention
- Promotes equity and fairness



Initial feedback from Women in 2021



WOMEN FEEL THE HEALTHCARE SYSTEM IS UNDERSERVING THEIR NEEDS IN THE FOLLOWING WAYS

LIMITED INFORMATION
AND CONVERSATION

FEELING UNSUPPORTED, NOT KNOWING WHAT'S AHEAD, FEELING ASHAMED AND EMBARRASED

NOT TREATED AS AN
INDIVIDUAL

FEELING RUSHED, FEELING UNHEARD, FEELING THEIR VOICE DOESN'T MATTER

CARRYING THE GREATER
BURDEN

RESPONSIBILITY OF CARING, FINANCIAL INEQUALITY IN THE COST OF CARE AND WELL-BEING

AN OUT OF TOUCH
SYSTEM

LACK OF VISIBILITY OF WOMEN, PRACTICES NOT MOVING FORWARD, LACK OF COMMUNICATION, EFFECTIVENESS AND JOINED UP THINKING

MARGINALIZED GROUP:
CARERS

FEELING LIKE THEY ARE TREATED UNFAIRLY AND WITHOUT DIGNITY, NOT PROVIDED ADEQUATE RESOURCES

Women's Health Action Plans: Phase 1-3



**Women's Health Action Plan
2026-2027 - Phase 3**



**Women's Health Action Plan
2024-2025 Phase 2: An
Evolution in Women's Health**



**Women's Health Action
Plan Phase 1: 2022 – 2023**

Key Initiatives

Women's Health

Life course events impacting women

➤ Menopause

- National menopause awareness media campaign
- Free HRT medications for the treatment of menopause
- 6 Specialist Menopause Clinics for the treatment of complex symptoms
- Quick reference guide and training for General Practice

➤ Contraception

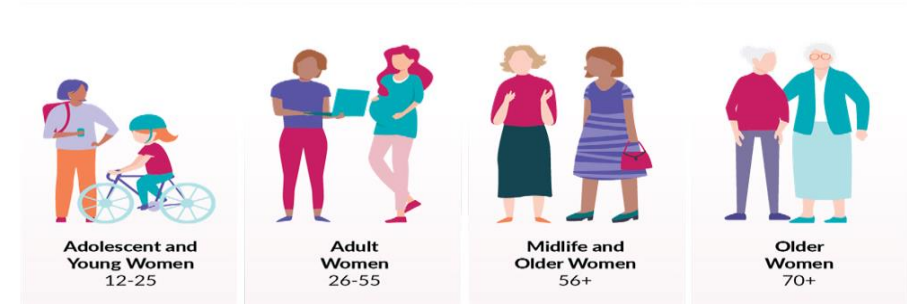
- Free Contraception for women aged 17–35 living in Ireland

➤ Cervical Cancer

- Ireland aims to eliminate cervical cancer by 2040 through a dedicated national plan

➤ Period Dignity

- Period Poverty Products

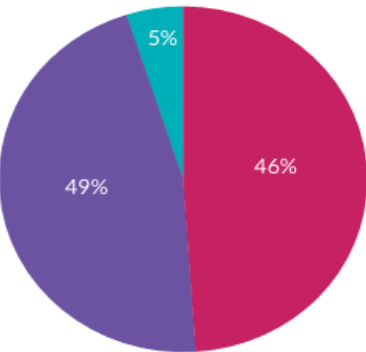


Increased Diversity of Listening Exercise



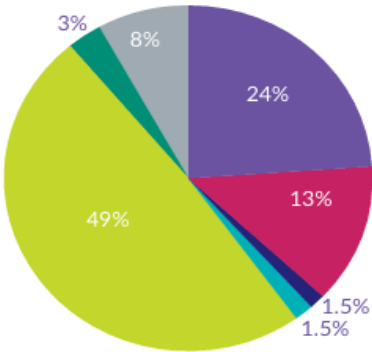
Led by the National Women’s Council. Involved 73 participants taking part in listening sessions and interviews, and a Collective Event, the project engaged Traveller women, Roma women, migrant women, disabled women, LGBTQ+ communities, older women, women experiencing homelessness and addiction, and survivors of domestic, sexual and gender-based violence (DSGBV).

Location where participants are currently residing in Ireland (n=73)

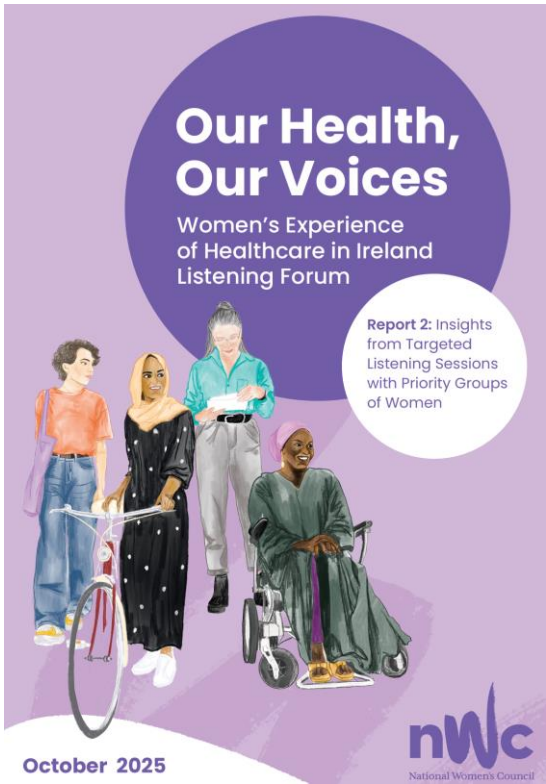


- City (36)
- Town (34)
- Village (3)

Ethnicity of participants (n=73)



- White Irish (18)
- Roma (10)
- Indian/Pakistani/Bangladeshi (1)
- Mixed (1)
- Traveller (36)
- Any other white background (2)
- Black African (5)



BARRIERS TO HEALTH SERVICES

Structural & System Barriers

Cultural Competency & Cultural Sensitivity

Health Literacy/ Digital exclusion

Awareness of Services & Access Pathways

Racism, Bias & Discrimination

Immigration & Residency Status

Language & Communication Barriers

Challenges Experienced by Marginalised Communities

Fear, Mistrust or Negative Experiences

Stigma and Shame

Cultural Beliefs & Understandings of Health

Economic and Financial Challenges

Religious and Spiritual Considerations

Intersectionality and Multiple Identities

Many barriers are interconnected and may affect individuals differently based on their circumstances and identities.

Changes women want to see

01.

Universality

– Equal access for every woman

02.

Equity

– Meeting women where they're at

03.

Accessibility

– Information and services that women can use

04.

Respect & Inclusivity

– healthcare workers who understand and reflect women's needs

05.

Accountability

– A system that listens, learns, & improves

Culturally Sensitive Initiatives in the HSE

Staff training

- Training for staff on intercultural awareness and sensitivity e.g. Traveller Cultural Awareness and Anti-Racism Training
- Education for Healthcare Professionals on Female Genital Mutilation
- Training for staff working with interpreters

Language accessibility

- Translation of screening information and available services
- Videos on contraception, menopause and related aftercare, delivered by native speakers
- 15 multilingual videos in 27 languages in women's health related topics
- Translated leaflets in contraceptive counselling, informed consent
- Use of Google Translate and Access Translations (service that provides phone or in-person interpreters).

Health Literacy/Access

- Guides to accessing the health service in 22 languages
- A Guide on Access for Refugees and Other Migrants
- The National Roma Infoline supports Roma health queries
- Menopause and Me

Peer Support Initiatives

- Intercultural Health Advocates - act as trusted intermediaries between services and communities while supporting access to Healthcare
- Community Champions for screening – Building trust and improving access to screening in Traveller, Roma and Migrant communities
- Roma Peer Support Workers co-deliver culturally tailored screening outreach
- Peer migrant health workers bridge cultural and linguistic gaps between International Protection Applicants and the health service.
- Traveller community health peer workers

Outreach

- On site cervical screening for women in IPAS centres in Cork
- Antenatal and maternity clinics for Roma women – in partnership with Rotunda and Wexford General Hospital

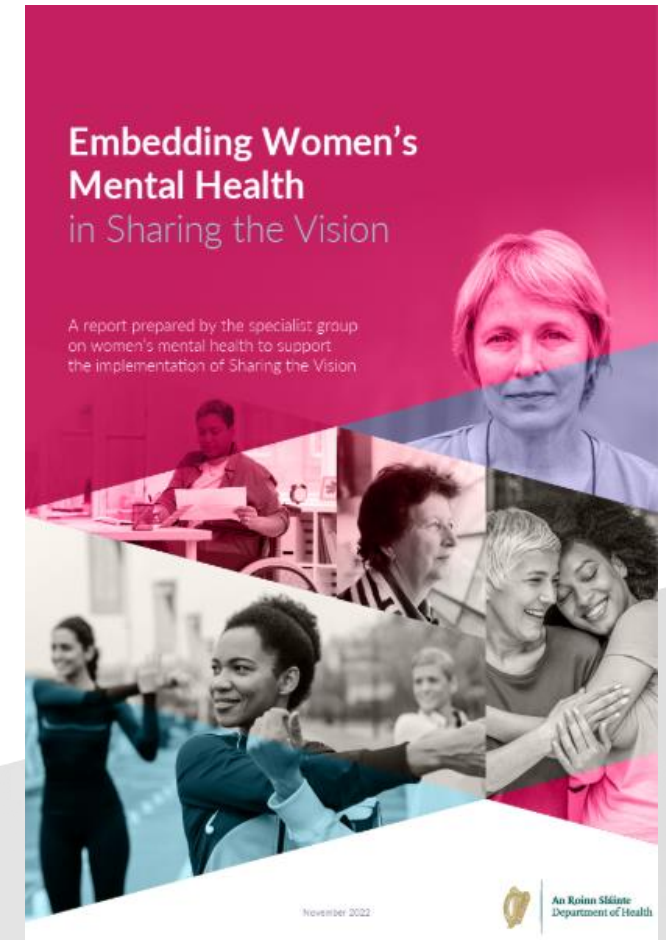
How success is measured

- Through participation and engagement outcomes e.g. 50% attended IPAS cervical screening in Cork
- Through surveys and focus group sessions – evaluations e.g. Traveller Service User Experience Survey
- Evaluation Report for Screening Support shows all community champions saw an increase in screening uptake in their communities
- Almost all Traveller (98%) women accessing antenatal care during pregnancy
- Improved uptake of cervical and breast cancer screening among Traveller women

Mental Health Supports for Women



- Development of the Model of Care for Specialist Perinatal Mental Health Services (SPMHS)
- The National Clinical Programme for Eating Disorders, as a condition which predominantly affects women
- Mental Health Commission launches groundbreaking guidance to support LGBTQIA+ inclusion in mental health services
- Embedding Women's Mental health in sharing the vision has been published.
- The National Traveller Mental Health Working Group has been established
- Cultural Humility in Mental Health Services report published (CHUMS)
- The Mental Health Commission drafted Guidance for staff working in Mental Health Services on the Care and Treatment of LGBTQIA+ People



Practical Actions



Individual Level

- Reflect on bias
- Improve communication
- Build trust
- Use plain language and avoid jargon
- Ask open questions
- Use teach-back
- Check understanding

Service Level

- Inclusive materials, translation of materials
- Staff training
- Community engagement
- Data-informed quality improvement



References & links



Key sources

- Sláintecare Programme [Path_to_Universal_Healthcare_Slaintecare_Programme_for_Gov_2025.pdf](#)
- HSE Second National Intercultural Health Strategy 2018-2023 [intercultural-health-strategy.pdf](#)
- Embedding Women's Health in Sharing the Vision [embedding-womens-mental-health-in-sharing-the-vision-2a0e66ab-c7a5-4854-b720-1a7849b8e.pdf](#)
- National Strategy for Women and Girls 2025-2030 [NationalStrategyforWomenandGirls2025–2030](#)
- National Traveller Health Action Plan 2022-227 [national-traveller-health-action-plan-2022-2027.pdf](#)
- National Action Plan Against Racism [national-action-plan-against-racism.pdf](#)
- Sharing the Vision, A mental health policy for everyone [sharing-the-vision-a-mental-health-policy-for-everyone.pdf](#)
- National Sexual Health Strategy 2025-2035 [NationalSexualHealthStrategy,2025–2035](#)
- Women's Health Taskforce [Women'sHealthTaskforce](#)
- Department of Health Women's Health Action Plans Phase: 1-3 [Women'sHealthActionPlans](#)
- Our Health, Our Voices: Women's Experiences of Healthcare in Ireland Listening Forum [OurHealth,OurVoices:Women'sExperiencesofHealthcareinIrelandListeningForum](#)
- National Health Statistics 2025 [NationalHealthcareStatistics2025](#)
- CSO Census Data. <https://data.cso.ie/table/F5085>
- HSE LanD [HSeLand | The Irish Health Service's portal for online learning](#)
- Pavee Point Traveller Health Resources [Pavee Point - Traveller and Roma Centre - Pavee Point](#)
- National Women's Council Publications [Publications » The National Women's Council of Ireland](#)
- (n.d.). Cultural sensitivity: Definition and explanation. Retrieved August 17, 2026, from <https://oxford-review.com/the-oxford-review-dei-diversity-equity-and-inclusion>
- <https://www2.healthservice.hse.ie/organisation/nss/equity-in-screening/>
- From HSE website <https://www2.healthservice.hse.ie/organisation/nss/news/peer-support-project-helps-break-down-barriers-to-screening-roma-community/>
- RTÉ News (10 August 2026), *Immigrant workers in HSE reluctant to report racist abuse*.
- Health Service Executive (HSE) (2026) *HSE Diversity, Equality and Inclusion Strategy 2026-2027*. Dublin: Health Service Executive. Available at: https://assets.hse.ie/media/documents/HSE_Diversity_Equality_and_Inclusion_Strategy_2026_to_2027.pdf (Accessed: 8 September 2026)
- HSE National Healthcare Communication Programme [NationalHealthcareCommunicationProgramme](#)
- CDC Health Literacy Guidance and WHO people-centred care frameworks



Cultural Sensitivity Pharmacy:

Intersectional Impacts on Women's Health in Ireland

Peggy Maguire, European Institute of Women's Health

European Institute of Women's Health (EIWH)



- The European Institute of Women's Health is a health NGO launched in 1996.
- Our aim: to promote gender equity in health for women across the life course.
- Using an evidence-based approach, the EIWH advocates for a gender-sensitive focus on biomedical health, research and social policy in order to reduce health inequalities and improve quality of life.
- *Our vision is : a Europe where women not only live longer, but healthier lives — with dignity, equality, and opportunity.”*



Why this matters for women's health

Community pharmacists are often the most accessible health professionals — especially for women who face barriers to primary, specialist or preventive care.



First point of contact



Trusted local advice



Bridge into wider care

EIWH policy message

Culturally sensitive pharmacy is not an optional courtesy. It is part of equitable, person-centred women's healthcare and safer medicines use.

Shift the policy question from “communication skills” to “system support for equitable pharmaceutical care”.

A shared European direction: access → equity → culturally responsive care

Four influential European and international voices point in the same direction — with different emphasis.

PGEU

ACCESS + EQUITY



Community pharmacies are highly accessible frontline services and can help reduce health inequities, especially for underserved populations.

FIP

COMMUNICATION



Pharmacist counselling should account for cultural and language factors, health literacy and the needs of migrant and refugee populations.

WHO Europe

INTERCULTURAL CARE



Responsive, people-centred systems require intercultural competence and diversity sensitivity at practitioner, service and system levels.

European Commission

WOMEN'S HEALTH



The 2026–2030 Gender Equality Strategy includes action with WHO to improve the quality and accessibility of women's healthcare.

Practical synthesis: cultural sensitivity is not separate from quality of care — it is one route to safer, more equitable care.



Who needs culturally sensitive pharmacy?

Migrant and refugee women

language, legal status, unfamiliar systems

Older women

polypharmacy, digital exclusion, isolation

Women with disabilities

accessibility, communication formats

Roma and minority ethnic women

discrimination, trust, continuity

Young women and girls

confidentiality, stigma, sexual health

Women with low income

cost, transport, health literacy

Intersectionality is the starting point: sex and gender interact with age, ethnicity, migration status, disability, poverty, language and health literacy.



Barriers are not only cultural — they are systemic

Barriers women may face

- Language and interpretation gaps
- Low medicines and health-system literacy
- Fear, stigma or previous discrimination
- Cost, transport and digital exclusion
- Limited privacy for sensitive consultations



Women's health impact

- Contraception and reproductive health
- Pregnancy, postnatal and maternal mental health
- Menopause and chronic disease management
- Cancer prevention and screening
- Cardiovascular risk and medication adherence



What good practice looks like in the pharmacy

1	Language access	professional interpretation, translated medicines information, multilingual staff
2	Cultural mediation	trained mediators for complex or sensitive consultations
3	Health literacy	plain language, visual aids, teach-back and pictograms
4	Privacy and dignity	confidential space for sexual, reproductive, mental and menopause care
5	Continuity	clear referral pathways to GP, screening, maternity and specialist services



European and international models of good practice

Belgium – adaptive community pharmacy

Flanders evidence demonstrates culturally responsive practice in everyday community pharmacies: pharmacists accommodated different languages, supported medicines and health-system literacy, and responded to socioeconomic and sociocultural circumstances.

WHO Europe – cultural mediators

Cultural mediation goes beyond literal translation. Mediators can bridge linguistic and cultural differences, support patients to understand systems, and help professionals understand patients' expectations and perspectives.

Türkiye- WHO Europe – migrant and refugee pharmaceutical care

WHO work in Türkiye identified linguistic and cultural barriers affecting pharmaceutical services and recommended regular good-pharmaceutical-care training with language-appropriate visual information materials.

WHO global competency approach

WHO competency standards emphasise person-centred and culturally responsive care, with healthcare workers trained and supported by health systems rather than left to improvise alone.

Common lesson: culturally responsive pharmacy requires system support — training, interpretation, mediation, accessible information and links into care.



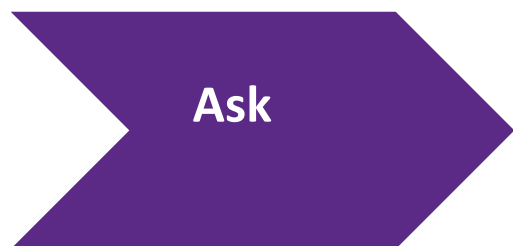
Policy asks

- 1 Recognise pharmacy as health-equity infrastructure
- 2 Fund interpretation and cultural mediation pathways
- 3 Embed sex, gender and intersectionality in pharmacy training
- 4 Co-design services with underserved women
- 5 Collect equity data on access, adherence and outcomes
- 6 Link pharmacy with prevention, screening and women's health services

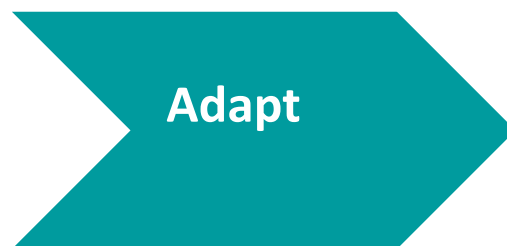
Policy direction: move from individual good will to system-enabled equitable pharmaceutical care.



A culturally sensitive pharmacy standard



Do not assume. Ask about preferences, routines and concerns.



Use language support, pictograms, teach-back and accessible formats.



Ensure privacy, confidentiality and non-judgemental support.



Refer women to screening, GP, maternity, sexual health and specialist care.

This standard can be embedded in pharmacy education, service design, quality improvement and national women's health policy.

The important policy shift is from asking:



FROM ASKING:

“How can pharmacists communicate better with culturally diverse patients?”



TO ASKING:

“How can European health systems equip community pharmacists to deliver equitable pharmaceutical care to every woman?”



SYSTEMS
APPROACH



EQUITY
FOCUS



WOMEN
CENTRED



LASTING
IMPACT



Culturally sensitive pharmacy is women's health policy in action.

When pharmacies are supported to understand women's lives, they can improve trust, medicines safety, prevention and access to care.

EIWH: equity, evidence and women's voices

Dr Salome Mbugua
CEO AkiDwA- Network of Migrant women

**Cultural Sensitivity: Intersectional Impacts on Women's
Health in Ireland: Migrant Women's perspective**
16th September 2026
IOP Webinar



Introduction to AkiDwA

Who are Migrant women

For AkiDwA, the term 'Migrant Women' *includes not only recent immigrants, asylum seekers and refugees, but also migrant workers, students, trafficked and undocumented women. It also includes those who have acquired Irish citizenship, but who still consider themselves to be outside the mainstream society in terms of their linguistic, racial or cultural backgrounds, and who therefore still define themselves as Migrants.*



AkiDwA
AKINA DADA WA AFRICA

25 Years **AkiDwA**
Network of Migrant Women
Justice, Equality & Belonging

IRELAND IN NUMBERS – 2024

- Total Ireland Population: **5.46 million**
- Ireland's foreign-born population: **1.2 million**
- Representing **23.3%** of the total population
- 51%** were women – **612,000** migrant women

AkiDwA, the Migrant Women's Network, is a national organisation committed to promoting equality, empowerment and justice for migrant women living in Ireland.

Established: 2001

Head Office: Dublin
Regional Office: Galway

Governance: Overseen and governed by a Board of 7 Directors supported by an Advisory Board

Our Team: 28 people work with AkiDwA, including full-time staff, community leaders, experts and consultants.

OUR VISION
A just society where there is equal opportunity and access to resources in all aspects of society: social, cultural, economic, civic and political.

OUR MISSION
To promote equality and justice for migrant women.



AkiDwA has played a pioneering role in advocating for the rights and wellbeing of migrant women, many of whom face multiple and intersecting forms of discrimination.

KEY MILESTONES

2001 Set platform for migrant women.	2004 Formation of CADIC – Coalition Against Deportation of Irish Children and Migrant Parents.	2005 Launched of AkiDwA publication, 'Herstory, Migration Stories of Migrant Women'.	2007 Publication of research on Black African women in the Irish labour market.	2008 AkiDwA become Network of Migrant Women.	2009 AkiDwA produced the first national prevalence data on FGM in Ireland.	2010 AkiDwA CEO Salome Mbugua was elected to the board of the National Women's Council of Ireland, becoming the first African woman to serve as both a board member and deputy chair.
2012 AkiDwA published 'Am Only Saying It Now', a research study into the experiences of women seeking asylum in Ireland. After over a decade of campaigning by AkiDwA in Ireland, the Criminal Justice (Female Genital Mutilation) Act 2012 was enacted, making FGM illegal.	2014 Opening of Ireland's First FGM Clinic: AkiDwA's groundbreaking research on Female Genital Mutilation (FGM) culminated in the establishment of Ireland's first specialized clinic dedicated to family planning services for women affected by FGM.	2022 The CEO of AkiDwA was honoured with the prestigious Mayor of Dublin Award, recognizing her dedication and leadership.	2024 AkiDwA CEO named by Concern Worldwide as Woman of Honour.	2025 AkiDwA won National Lottery Award in honour of the organisation's work.	 “The organisation has transformed Ireland through policy engagement and support for women, our work is rooted in the community that we serve.”	

APPROACH TO OUR WORK

- Based on sustainability and integration
- Balance delivery of key services for migrant women alongside a strong base of structured and effective referral system
- Strengthen our work in the area of empowerment and capacity building of migrant women

KEY FOCUS AREAS OF WORK

- GENDER BASED VIOLENCE** (FGM, Domestic Violence, Early and Forced Marriages)
- HEALTH** (Reproductive Health and Mental Health)
- INTEGRATION** (Employment, Intercultural Competency Training and Events and Activities)

OUR IMPACT

- Policy engagement that drives change in laws, services and systems
- Empowering migrant women to lead and thrive
- Building inclusive communities where diversity is valued
- Promoting justice, equality and belonging for all

EQUALITY. EMPOWERMENT. JUSTICE. TOGETHER WE BUILD A JUST SOCIETY FOR ALL WOMEN.



www.akidwa.ie | info@akidwa.ie | 01 834 9851 | Dublin (Head Office) | Galway (Regional Office)





Why lived experience of migrant matters

- Migrant women in Ireland experience healthcare within a complex social and cultural context.
- Health outcomes and access to services are influenced by several factors, gender, migration status, ethnicity, cultural practices, socioeconomic circumstances, language, religion, age, family relationships
- Fear of judgement, discrimination or not being understood / believed, discourage women from seeking care.
- Needs also shaped by displacement, loss, violence, poverty, isolation and uncertainty.
- Traumatic experience before, during and after migration
- Acculturation stress: Adjusting to new cultural expectations while maintaining one's identity and values
- Anxiety: Uncertainty about asylum/ work permits, residency, housing, employment, family reunification, and personal safety
- Mental health concerns been under-recognised because of stigma, language and cultural differences.

Female Genital Mutilation/Cutting (FGM/C)

- Did you know there are 5795 women living in Ireland who have experienced FGM?. (FGM refers to procedures involving the partial or total removal of the external female genitalia, or other injury to female genital organs, for non-medical reasons.)
- 30 women visiting our office every month. consequences include chronic pain, urinary and menstrual difficulties, sexual health concerns, childbirth complications and psychological distress.
- Women sometimes feel unable or uncomfortable discussing FGM/C with healthcare professionals.
- Avoid assumptions or stereotyping: ask sensitively, respect the woman's experience and focus on her individual needs.
- Staff need appropriate knowledge and a trauma-informed approach.
- AkiDwA has provided training to over 6000 healthcare professionals to date
- Cultural competence training to service providers and frontline services



Key barriers to healthcare access

- Language barriers: explaining symptoms, understanding medical terminology and treatment instructions.
- Access to information- communication
- Navigating unfamiliar systems: registration, referrals, appointments, entitlements and where to seek help.
- Financial social economic
- Isolation and limited social networks.
- Access to GP
- Transport, childcare, cost, waiting times and digital access.
- Cultural and religious differences and previous negative experiences with institutions.
- Fear, mistrust or concern about stigma can delay help-seeking.

lived-experience scenario

Amina is a 32-year-old migrant woman who recently moved to Ireland with her young child. She speaks limited English and has no close family nearby. Having experienced trauma before migration, she struggles with anxiety and poor sleep. Amina has also experienced Female Genital Mutilation (FGM) and is now pregnant, but she feels worried about discussing sensitive health issues and is unsure how to access maternity services.

After missing a healthcare appointment because she did not fully understand the referral process and had difficulty arranging childcare, Amina came to AkiDwa for support.



From barriers to better care and support

- Listen to migrant women and value lived experience.
- Build trust through respectful, consistent communication.
- Make information understandable and services easier to navigate.
- Strengthen culturally responsive and trauma-informed practice.
- Improve coordination between health, social and community services.
- Co-design services WITH migrant women, not simply FOR migrant women.

**Listen → Understand → Build trust → Remove barriers → Co-design
with Migrant women**

Thank You



www.akidwa.ie

info@akidwa.ie