

The Voice of Maritime Women

The Unspoken Burden
of Women's Health.

SURVEY SUMMARY | OCTOBER 2025



**WOMEN'S
HEALTH**

Forward

A message from the IWK Foundation CEO

In June 2025, we asked Maritime women to share their health experiences with us and the response was overwhelming. We heard from a staggering **27,317** women. We are deeply humbled by the trust they have shown in sharing their stories with us. Not only did they acknowledge a women's health gap here in the Maritimes, but they spoke loud and clear that they want change and a champion for this movement.

As a woman, and as a team of women, we see ourselves in the answers and insights they have shared. While many of the themes in this survey reflect challenges shared by women globally, the voices of Maritime women offer a powerful, place-based lens on how those experiences unfold here, shaped by our geography, healthcare systems, and social context. Their stories are both deeply local and profoundly resonant.

While the IWK Foundation is deeply committed to world-class clinical care, we recognize that a woman's health is shaped by forces extending far beyond the walls of a hospital or clinic. Clinical treatment is only one piece of a much larger puzzle.

The existing care landscape often overlooks or is inadequately equipped to address the array of social and structural determinants that truly shape women's health. These include the realities of economic insecurity, caregiver burnout, systemic barriers to access, and experiences like being dismissed or disbelieved, all common manifestations of bias that represent widely shared challenges among women, alongside the profound lack of supports that enable women to thrive, not just survive.

Our commitment to Maritime women is to communicate their experiences, to bring a sense of urgency to women's health, and to act as a champion by bringing stakeholders to the table to create a new future for women's health.



A handwritten signature in black ink that reads "Jennifer".

Jennifer Gillivan, ICD
President & CEO, IWK Foundation

Response

The survey was accessed by **27,597 participants** across the Maritimes. After survey analysis, **278 cases** were removed, leaving **27,317 overall responses** to the survey. As participation was voluntary, and questions were not mandatory, we have varying response rates throughout the survey. Participants dropped off throughout, with 13,503 participants reaching the end of the survey. All partial responses were included in the analysis and reporting.

**Overall
responses:**

27,317

Results per province

PEI

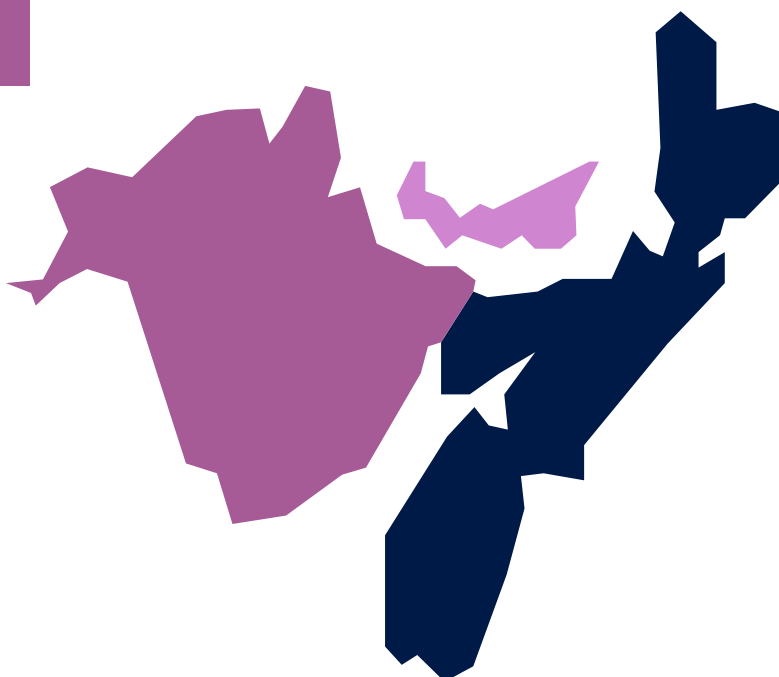
2,261 (8%)

Nova Scotia

18,473 (68%)

New Brunswick

6,583 (24%)



Introduction of Findings

The Voice of Maritime Women

The Unspoken Burden of Women's Health

The findings offer an unfiltered, deeply personal look at how women experience health and what it means to manage their health as a woman in the Maritimes today.

While statistics capture the scale, it's women's own narratives that give these numbers meaning. In this survey, over 13,000 women courageously shared stories from their health journeys — stories of resilience, frustration, hope, fear, and systemic barriers. These are not isolated incidents, but recurring patterns that highlight shared realities. For too long, such voices have been overlooked; here, they are brought forward to reveal the realities that shape women's health in the Maritimes.

What emerges is the picture of a woman who feels stressed and anxious; who carries the burden of care for those around her and who has self-censored her own health concerns due to a pattern of dismissal and bias.

The challenge is not just medical, it is structural, societal, and systemic.

This is a call to listen — a call for a reimagined approach to women's health. One that recognizes the complexity of women's lives, respects their expertise about their own bodies, and delivers care that is informed, coordinated, and compassionate.

The Health of Maritime Women: A Snapshot

Women feel their health is average at best and very few feel they are in optimal health.



Physical health: Women give their physical health a rating of **6.4/10**
(n=25,340)

"The overwhelming responsibility to do it all, no easy access to quality care"



Mental health: Women give their mental health a **6.7/10**
(n=25,334)

"Fortunately, I have a good mental health team. The downside is there still being a stigma surrounding mental health"

How They're Doing

Positive Well-being

34%

When considering their own health journey, only **34 per cent** of women consider themselves doing ok — where things are good or great.

Our data shows a clear divide: a small group of women reported feeling truly healthy and need little or no extra support, while the majority experience ongoing health concerns or needs that the current services and supports are not fully addressing.

(n=21,397)

Seeking Support

27%

27 per cent of women report they're seeking support for health-related issues.

The women who are actively seeking medical help or in the process of receiving care show a strong desire for more information and support.

(n=21,397)

Women in Crisis

21%

21 per cent of women who responded report they are in crisis.

Women who feel they are in crisis, who are actively seeking medical help or in the process of receiving care also strongly desire more information and support. They're feeling underserved in terms of communication and a sense of being cared for.

(n=21,397)

Preparedness

72%

Women's health knowledge is highly concentrated on the present, creating a significant confidence gap when they look to the future. **72 per cent** of women feel somewhat or well informed about their current health stage. This feeling of preparedness plummets when considering what comes next. Nearly half of all women feel uninformed about the health transitions they are approaching.

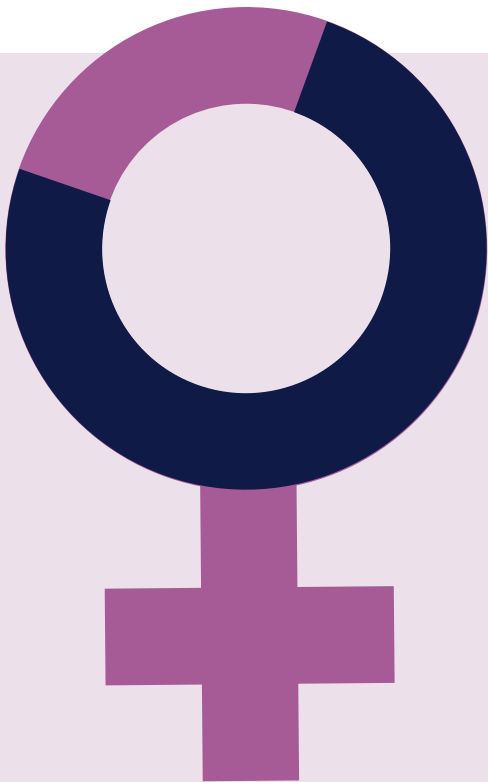
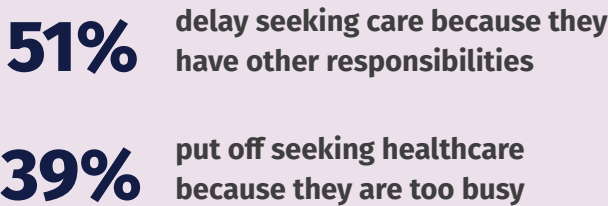
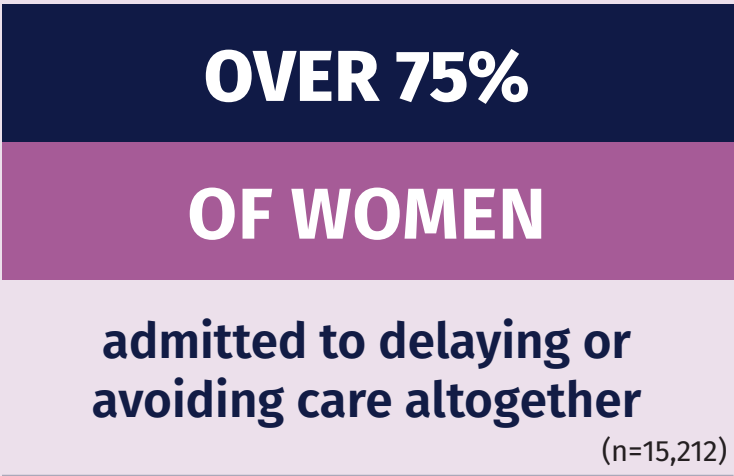
(n=16,484)

“I feel on a personal level there is so much I do not know about my body, its reproductive system, and what is considered ‘normal.’”

Self-Censorship and Fear of Dismissal

“I went to the doctor to talk about disordered sleep. I was told that maybe I just didn’t need that much sleep, I was told that it was a common issue, and nothing was done. My husband went to same doctor, concerned about some aftereffects of a virus he’d had (pre-covid) that included night headaches. He immediately got sent for a full array of blood tests, scans, and referrals to specialists. Sure, the issues were different, but my concerns were brushed aside, and his were dealt with.”

Women reported internal conflict when seeking care or support for their health, fearing judgment, dismissal, being seen as a burden or being labeled “difficult.” Women also cited being too busy due to prioritizing other responsibilities.



(n=15,079 – 15,187)

Invisible Struggles, Visible Impacts on Well-being

"I have been dealing with menopause symptoms for probably 10 years and have only just learned what was going on. Being part of the sandwich generation and dealing with my elderly parents and children in university is very stressful. I would love to have down time for me."

The most common health concerns were not acute illnesses but chronic and often invisible issues like stress, anxiety, sleep disruption, hormonal imbalances, and the physical and emotional toll of caregiving.

The survey makes clear that women's health is shaped by more than clinical symptoms. Social pressures, caregiving roles, financial strain, and knowledge gaps all converge to create invisible barriers to wellness.

Women often carry a disproportionate share of the responsibility and the consequences when things fall apart. Emotional and mental health supports top the list of needs, not just for themselves, but for those they care for.

Interestingly, the need for emotional and peer support from those with shared experiences ranks remarkably high, highlighting that the gaps in care are not just clinical but also deeply personal and relational.

58%

identify as being either **completely or mostly** in charge of healthcare decisions, shouldering the responsibility for not just their own health, but the entire household.

(n=14,009)

51%

are caregivers for others.

(n=14,095)

60%

care for
children

33%

care for
parents

11%

care for
extended family

14%

care for children
with special needs
(youth and adult)

(n=7,128)

The Impacts of Day-to-Day Health Challenges

“As women, we often don’t talk about physical and social life transitions. As much as we could, we just bear the weight and make it through. I think as we weather the seasons of our lives, alongside our commitments, it’s important that we have community supports and medical options. I look to other women that have gone before me and cleared a path with possible routes.”

Health issues are not only affecting women’s bodies, but they are also disrupting their daily wellbeing, their work, their home lives, their ability to plan for the future, and their sense of self. This burden is quietly reshaping the lives of thousands.

The findings reveal how physical and mental health challenges ripple across every area of life: home, work, caregiving, relationships, and identity.

Day-to-Day

56%

report health issues that actively
disrupt their day-to-day life

(n=14,323)

66% have sleep quality impacts

65% report mood and emotional
wellbeing impacts

51% report self-esteem or
self-worth impacts

(n=14,289)

Home life

81%

say their health
affects home life

(n=8,154)

70% have difficulty
concentrating or focusing

46% report overall
family impacts

67% are avoidant of
social interactions

39% report problems with
sex life/sexual dysfunction

(n=6,575)

Work life = Economic impact

70%

say their work life
is impacted

(n=8,154)

64% report decreased
productivity at work

64% report avoidance of social
interactions at work

49% have reported
missing work

17% report difficulty
maintaining employment

(n=5,688)

A System Not Built for Her

Women across the Maritimes are navigating a system that often wasn't designed with them in mind. From misdiagnoses and delayed referrals to the emotional labour of advocating for their own care, many feel they must work around the system to protect their health and that of their families.

Women's health journeys were marked by long wait times, difficulty accessing primary care, and a lack of support for mental health, perimenopause, menopause, and postpartum care. Many expressed a desperate need for more information, advocacy, and holistic care options.

28%

could not access a family doctor when they needed one

23%

lacked access to walk-in clinics

19%

couldn't reach a specialist

(n=17,635)



The Future of Women's Health

Over a quarter of the respondents cannot point to a single institution, individual, or leader who they feel truly champions their health. This lack of visible, public advocacy means women feel they are navigating their health journey without a leader.

The opinion from women is clear and nearly unanimous: the current system is falling short of meeting the needs of most, and there is strong demand for meaningful change.

70%

of women feel the current system does not meet their needs. This is a collective appeal for substantial reform to better serve women's healthcare needs.





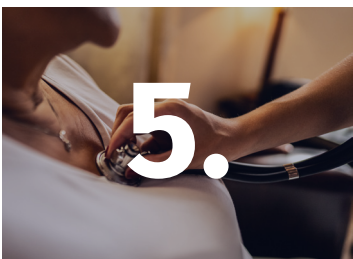
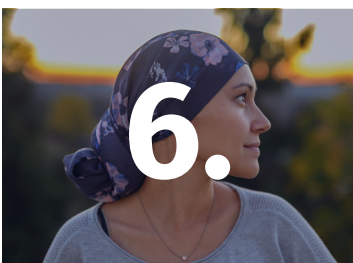
(n=13,855)

86%

agree significant changes are needed to improve women's healthcare.

(n=13,845)

Top Issues Women Want Prioritized

| | |
|--|--|
|  | 1. Menopause (48%), Hormonal health (42%) and perimenopause (38%) |
|  | 2. Stress (47%), Anxiety (44%), Depression (42%) |
|  | 3. Obesity/weight management (42%) |
|  | 4. Sleep disorders (33%) |
|  | 5. Heart disease (31%) |
|  | 6. Cancer (29%) |

(n=20,837)



Women aren't asking for more resilience, they're already showing that. They're asking for systems that listen. Care that is proactive, not reactive. And solutions that are grounded in real-life experience.

Despite this, the report also captures a deep well of resourcefulness and clarity about what must change. Women are not just asking for better care, they are demanding a new approach: one that values their experiences, prioritizes preventive care, embraces gender-informed research and education, and invests in specialized services across every life stage.

When asked what would most improve health in the Maritimes, women pointed to:



- **Access to care: more doctors, better navigation, shorter wait times.**
- **Dedicated women's health clinics.**
- **Stronger education and training for doctors on women's health.**
- **More research into women's bodies, symptoms, and experiences.**
- **Support for mental health and caregiving.**
- **Care that listens, respects, and includes women in decision-making.**

Conclusion:

A Movement for Change

The findings are clear: meaningful change is not optional, it is urgent. With more than 70 per cent of respondents saying the current system does not meet their needs, this report offers not just data, but direction.

It is a roadmap for decision-makers, health leaders, researchers, and advocates ready to build a system where women's health is no longer an afterthought, but a priority.

Women across the Maritimes are already doing the work — researching, advocating, caregiving, enduring. What they need now is not encouragement to keep going, it's commitment from healthcare systems, institutions, and leaders to meet them halfway.

This is not a story of what women lack. It is a story of what they deserve.



Methodology

Background

For this pioneering survey in the Maritimes, our methodology was intentionally designed to prioritize women's voices. It provides an unfiltered window into their health experiences and the broader societal forces affecting their well-being, many of which reflect systemic issues faced by women globally.

This report presents findings from that powerful collection of testimonials. It is an analysis of lived experience intended to illuminate systemic barriers and crucial points of support.

Our hope is that these stories, as a vital evidence base, will inform policy, practice, and ultimately, a more holistic and supportive approach to women's health in our region.

Design

This survey employed a cross-sectional online survey design to gather qualitative and quantitative data from women across the Maritimes. Data was collected via a self-administered online survey, which was optimized for completion on mobile devices to ensure broad accessibility. To cater to the region's linguistic diversity, the survey was made available in both English and French. The survey was open between July 2 – 31, 2025.

The survey utilized a non-probability, convenience sampling method, wherein participation was voluntary and open to all individuals who accessed the survey link. The median time to complete the survey was approximately 19 minutes overall and approximately 33 minutes for those who reached the end of the survey.

Recruitment

A comprehensive public outreach strategy was deployed to recruit participants, with a deliberate effort to engage a diverse array of communities across the Maritimes. The survey was promoted through various digital channels, including targeted advertisements on social media, the IWK Foundation's website, associated social media platforms, and the IWK podcast, inviting widespread participation. Word of mouth also played an important role and was one of the most powerful ways the survey gained traction. This proactive engagement provided crucial insights into the nuanced approaches essential for effectively reaching and including various community groups in surveys of this kind.



Target Audience

The target audience for this survey included all women residing in the Maritime provinces of New Brunswick, Nova Scotia, and Prince Edward Island.

Using Statistics Canada's 2021 census data as an indicator, we saw under-representation from various cultural, racial, and socio-economic communities. This initial outreach has deepened our understanding of the specific engagement strategies required and will actively work with leaders from various communities to ensure even greater inclusivity and input in our future work.

Recognizing the importance of diverse perspectives, throughout the data collection period, dedicated outreach was conducted to various cultural, racial, and socio-economic communities, and response metrics were monitored to encourage a broad respondent pool.

While these efforts yielded valuable participation from diverse groups, we acknowledge that the final demographic composition of respondents predominantly represented the region's majority demographic, and that participation from the African Nova Scotian and Maritime black community, Indigenous and immigrant women as well as individuals who identify as non-binary or other genders was also limited.

The survey, and subsequent reports adopts a Women's + approach, encompassing individuals assigned female at birth and gender-diverse people undergoing estrogen-based hormone therapy. This inclusive framework shifts away from sex-agnostic models towards an approach that distinguishes sex and gender.

Furthermore, the IWK Foundation is steadfast in its support for the Two-Spirited and LGBTQ+ communities, recognizing their invaluable insights within the healthcare system. While this particular survey was primarily focused on women and individuals who identify as women, the systemic changes and heightened awareness we aim to foster through this report are intended to create a more equitable and responsive healthcare environment for all marginalized communities. We are committed to continuing our journey of awareness and advocacy. Indeed, the report includes powerful examples and quotes from individuals within the Two-Spirited and LGBTQ+ communities, demonstrating the alignment of our values and the shared journey towards inclusive healthcare.