

The Voice of New Brunswick Women

The Unspoken Burden
of Women's Health.

SURVEY SUMMARY | AUGUST 2026



**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

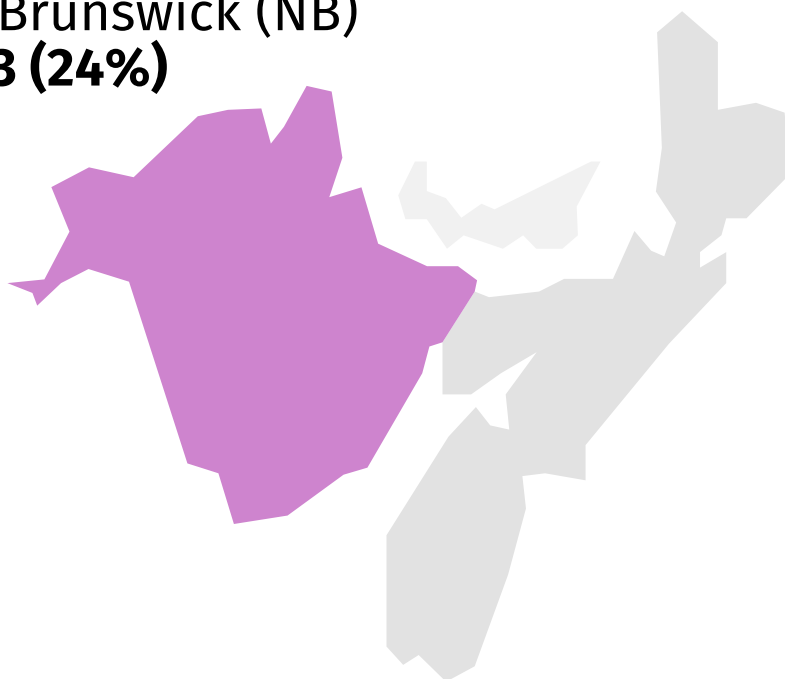
The survey was accessed by **27,597 participants** across the Maritimes. After survey analysis, **278 cases** were removed, leaving **27,317 overall responses** to the survey. As participation was voluntary, and questions were not mandatory, we have varying response rates throughout the survey. Participants 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 in New Brunswick (NB)
6,583 (24%)



Introduction of Findings

The Voice of New Brunswick 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 New Brunswick today.

While statistics capture the scale, it's women's own narratives that give these numbers meaning. In this survey, over 6,583 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 NB.

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 New Brunswick 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 **6.2/10**
(n=5,918)

"I'm fortunate to be in good health, but I don't have a family doctor, and that leaves me worried about who I would turn to if I became ill."



Mental health: Women give their mental health a **6.6/10**
(n=5,898)

"I've struggled with depression since I was a teenager and am now in my twenties without a family doctor, which makes it difficult to maintain consistent care and support."

How They're Doing

Positive Well-being

32%

When considering their own health journey, only **32 per cent** of women consider themselves doing "Okay" — 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=5,038)

Seeking Support

28%

28 per cent of women report they are 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=5,038)

Women in Crisis

23%

23 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=5,038)

Preparedness

70%

Women's health knowledge is highly concentrated on the present, creating a significant confidence gap when they look to the future. **70 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=3,844)

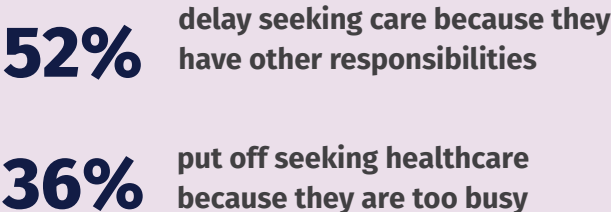
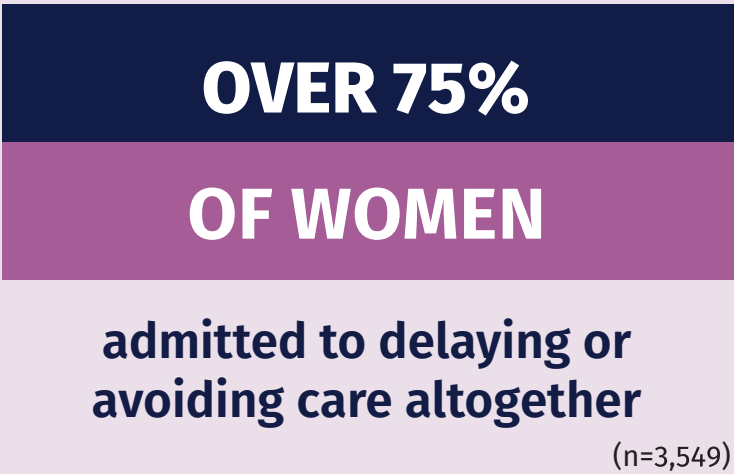
“Menopause and perimenopause care is inadequate. I experienced a heart attack during perimenopause and believe earlier recognition of my symptoms and basic testing might have led to better care.”

Self-Censorship and Fear of Dismissal

"I often feel dismissed or not taken seriously when I speak with healthcare providers, so I have become hesitant to bring forward new concerns. I worry that I will be labelled a hypochondriac, told that my symptoms are caused by anxiety or menopause, or made to feel that I am taking resources away from someone who needs them more. Over time, this has led me to minimize my symptoms, delay appointments, and try to manage problems on my own.

The emotional energy required to prepare for an appointment, explain my history, and advocate for testing is exhausting—especially when I am already struggling physically and mentally. I know my body, but repeated experiences of being dismissed have made me question myself and avoid seeking care, even when something does not feel right."

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= 3,540 - 3,549)

Invisible Struggles, Visible Impacts on Well-being

"A lot of what I was dealing with was invisible to the people around me, but it had a very real impact on my life. I was working full time, caring for family members, and trying to manage the expectations placed on me while experiencing fatigue, poor sleep, brain fog, anxiety, and other symptoms that I later understood were connected to perimenopause. Because I looked capable and continued to work, people assumed I was fine.

Even I questioned whether I was simply not coping well enough. I spent years minimizing my symptoms and putting everyone else first, while my health, relationships, work, and quality of life gradually suffered. It made an enormous difference when I finally found a provider who listened, looked at the whole picture, and took my concerns seriously. Being heard did not solve everything immediately, but it helped me feel less alone and gave me the confidence to seek appropriate care"

The most common health concerns reported were not acute illnesses, but chronic and often invisible issues—including stress, anxiety, disrupted sleep, hormonal changes, and the physical and emotional demands of caregiving.

The findings also show that women's health is shaped by more than clinical symptoms. Social expectations, caregiving responsibilities, financial pressures, and gaps in reliable health information combine to create significant barriers to well-being. Emotional and mental-health support emerged as a leading need, both for women themselves and for the people they care for.

The strong demand for peer support and connection with others who have shared experiences further highlights that gaps in care are not only clinical. They are also deeply personal, social, and relational.

59%

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=3,263)

51%

are caregivers for others.

(n=3,285)

60%

care for
children

36%

care for
parents

11%

care for
extended family

9%

care for children with special
needs (youth and adult)

(n=1,665)

The Impacts of Day-to-Day Health Challenges

"Managing my health has become a day-to-day challenge. Some mornings I wake up exhausted, in pain, or unable to concentrate, yet I still have to work, care for my family, prepare meals, keep up with the household, and attend appointments. Ordinary tasks can require careful planning and recovery time, and I often have to choose between looking after myself and meeting everyone else's needs. Because my symptoms fluctuate, people may assume I am fine on better days, but I never know how much energy I will have or what the next day will bring. I have learned to pace myself and push through, but living this way affects my independence, relationships, work, and overall quality of life."

Health issues are not only affecting women's bodies, but they are also disrupting their daily wellbeing, their work, home lives, ability to plan for the future, and 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

58%

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

(n=3,341)

67%

have sleep quality impacts

65%

report mood and emotional
wellbeing impacts

52%

report self-esteem or
self-worth impacts

(n=3,324)

Home life

80%

say their health
affects home life

(n=1,980)

- 70%** have difficulty concentrating or focusing
- 66%** are avoidant of social interactions
- 46%** report overall family impacts
- 40%** report problems with sex life/sexual dysfunction

(n=1,571)

Work life = Economic impact

69%

say their work life
is impacted

(n=1,980)

- 62%** report avoidance of social interactions at work
- 62%** report decreased productivity at work
- 50%** have reported missing work
- 19%** report difficulty maintaining employment

(n=1,360)

Built for Her

Women across New Brunswick are navigating a healthcare system that often does not adequately reflect their needs. Many described experiences of misdiagnosis, delayed referrals, and limited continuity of care, along with the exhausting responsibility of advocating for themselves and their families. Rather than being supported by the system, they often felt they had to work around it to protect their health.

Their health journeys were frequently shaped by long wait times, difficulty accessing primary care, and insufficient support for mental health, perimenopause, menopause, and postpartum needs. Many called for clearer information, stronger advocacy, and more holistic, coordinated approaches to care.

32%

could not access a family doctor when they needed one

23%

lacked access to walk-in clinics

17%

couldn't reach a specialist

(n=4,116)



The Future of Women's Health

Nearly three in ten 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.

74%

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=3,219)

88%

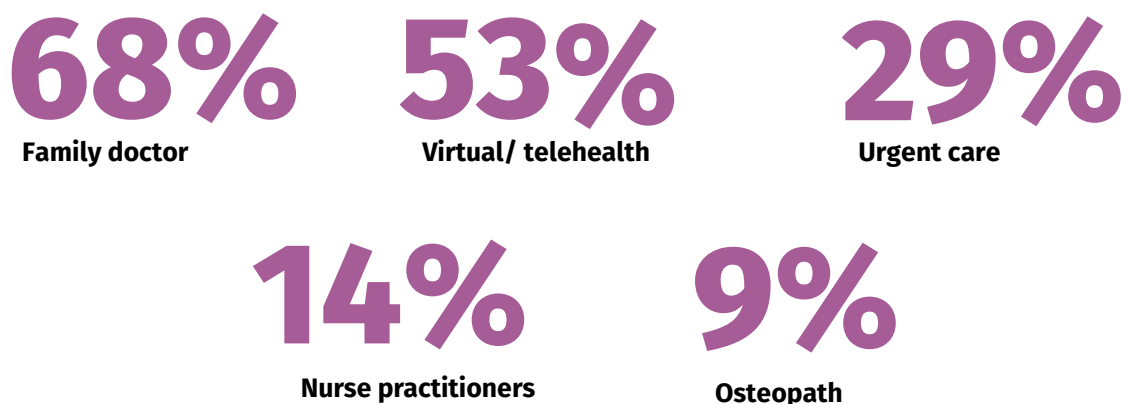
agree significant changes are needed to improve women's healthcare.

(n=3,218)

The Access Gap

In New Brunswick, healthcare access is a story of adaptation. Compared with women elsewhere in the Maritimes, women in New Brunswick appear to face greater challenges accessing family doctors and osteopathic care, leading them to rely more heavily on virtual and telehealth services, as well as urgent-care options.

Women in New Brunswick identified access to:



(n=4,210)

The Unmet Need

The healthcare crisis in New Brunswick is defined by a lack of access; 32% of women report being unable to secure a family doctor, only slightly better than their counterparts in PEI. But access to walk-in-clinics and Nurse Practitioners was more challenging than the rest of the Maritimes.

Women in New Brunswick reported needing but being unable to access:



(n=4,116)

Top Issues Women Want Prioritized

	1. Menopause (48%), Hormonal Health (46%), Peri-menopause (39%)
	2. Stress (49%), Anxiety (46%), Depression (45%)
	3. Obesity/ Weight Management (45%),
	4. Heart disease (32%)
	5. Sleep disorder (34%)
	6. Cancer (29%)

(n=3,228)



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 New Brunswick, 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 ~~to~~ **to** build a system where women's health is no longer an afterthought, but a priority.

Women across NB 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.

The Voice of NB Women, is a separate report focusing only on the results from the women of New Brunswick. This report presents findings from the powerful collection of testimonials from those on New Brunswick.

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.

To cater to the region's linguistic profile, the survey was offered in both English and French. In the New Brunswick context, it is important to recognize that French-speaking communities include Acadian communities as well as other Francophone communities.

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.