

The Voice of PEI Women

The Unspoken Burden
of Women's Health.

SURVEY SUMMARY | APRIL 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.



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 PEI
2,261 (8%)



Introduction of Findings

The Voice of PEI 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 Prince Edward Island today.

While statistics capture the scale, it's women's own narratives that give these numbers meaning. In this survey, over 2,261 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 PEI.

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 PEI 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 **6.3/10**
(n=2,114)

"I am in good health both physically and mentally but without a family doctor it can be worrisome."



Mental health: Women give their mental health a **6.8/10**
(n=2,118)

"I started going to therapy and taking medication for my depression when I was around 13 years old. I am now 23 and no longer have a family doctor, no longer participate in therapy as I cannot afford it and still struggle daily."

How They're Doing

Positive Well-being

When considering their own health journey, only **37 per cent** of women consider themselves doing ok – where things are good or great.

37%

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=1,855)

Seeking Support

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

27%

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=1,855)

Women in Crisis

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

21%

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=1,855)

Preparedness

Women's health knowledge is highly concentrated on the present, creating a significant confidence gap when they look to the future. **73 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.

73%

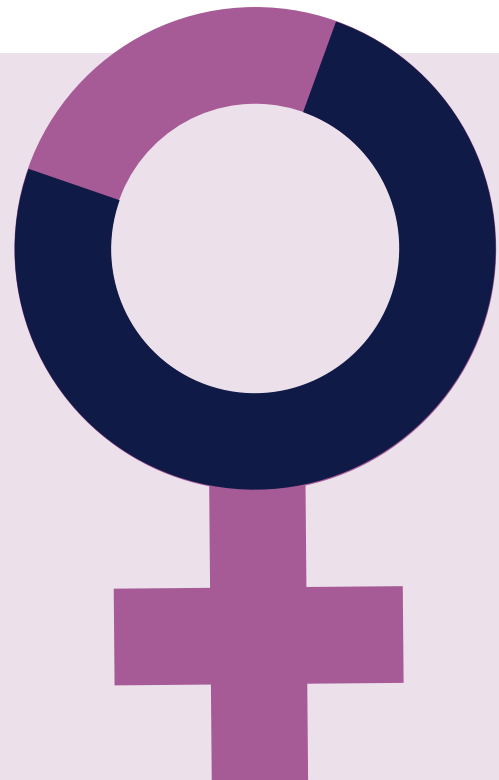
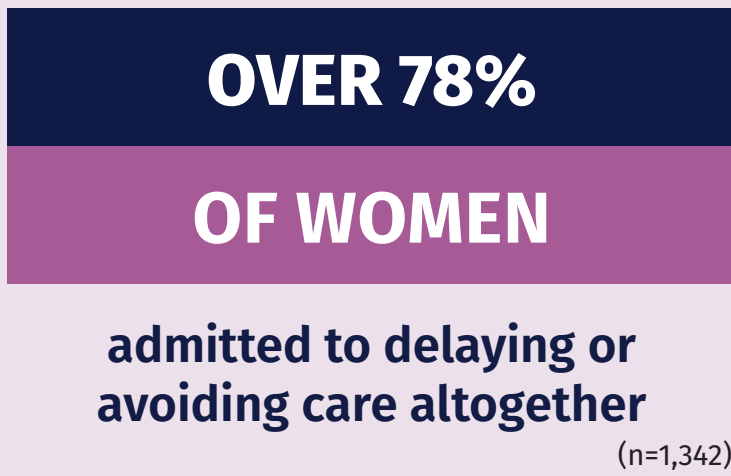
(n=1,451)

“Access to good menopause and perimenopause care is poor. Had a heart attack during perimenopause which I think could have been avoided if doctors had listened to my symptoms and done some basic bloodwork.”

Self-Censorship and Fear of Dismissal

“Suffered a complete burnout resulting in employment resignation and over a year of unemployment. No access to family doctor and extremely limited mental capacity to seek medical support. Accessed a walk in mental health clinic with no capacity for long term treatment or ability to prescribe medication. Referred to a walk in clinic. Subsequent walk in clinic visit resulted in the Doctor disregarding my issue and referring me back to the mental health clinic. Was told by this doctor a referral to psychiatrist was made (never contacted/no referral). Was prescribed medication. Visited one more time with same doctor but unfortunately over the following months felt it was “easier” to take over management of own treatment and decided to discontinue medication. This lack of comprehensive care and inability to have symptoms diagnosed to root cause is detrimental to quality of life. The above now compounded by perimenopause symptoms.”

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.



60% of women reported downplaying their health concerns

76% carefully consider which symptoms are worth mentioning

52% worry about not being heard when discussing their health with their doctor

50% delay seeking care because they have other responsibilities

38% put off seeking healthcare because they are too busy

(n=1,338 – 1,342)

Invisible Struggles, Visible Impacts on Well-being

“I feel that I wasn’t prepared to help with aging parents at this point in my life. I thought somehow there would be more time between caring for children and parents. The stress of trying to be there for them and continuing to work full time can take its toll. I started menopause symptoms early and didn’t receive adequate treatment. Spent years with very little sleep, due to night sweats. Nobody including my close circle, doctor etc. took my symptoms seriously. I finally came in contact with a NP. She took all of my symptoms seriously. Finally I was given HP medication that greatly improved my overall health. Actually just knowing someone heard me and took me seriously made a huge difference. The lack of knowledge or interest in learning in the medical profession is extreme. I greatly appreciate that this survey is taking place. Now that the other ladies in my life have caught up to my menopause journey, they are experiencing great difficulties in receiving adequate care. I know I’ve been discussing it all with my daughter in hopes her journey isn’t as difficult.”

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.

60%

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=1,244)

50%

are caregivers for others.

(n=1,251)

52%

care for children

42%

care for parents

14%

care for extended family

16%

care for children with special needs (youth and adult)

(n=622)

The Impacts of Day-to-Day Health Challenges

“The lack of support towards women’s health is absurd, even when visiting women doctors. I have tried to convince my doctor and the broader health system that my periods are abnormal to the point of restricting my ability to go to work, enjoy time with friends, and more. I’ve been told countless times that it must not be that bad or that I’m overexaggerating. I personally think my pain tolerance is pretty high but I can’t find a way to make the health system understand that. I feel like every time I try to advocate for myself I end up feeling deflated and like a problem.”

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=1,263)

66% have sleep quality impacts

58% report mood and emotional wellbeing impacts

47% report self-esteem or self-worth impacts

(n=1,272)

Home life

80%

say their health affects home life

(n=716)

67% have difficulty concentrating or focusing

65% are avoidant of social interactions

43% report overall family impacts

37% report problems with sex life/sexual dysfunction

(n=571)

Work life = Economic impact

67%

say their work life is impacted

(n=716)

64% report avoidance of social interactions at work

63% report decreased productivity at work

49% have reported missing work

14% report difficulty maintaining employment

(n=477)

A System Not Built for Her

Women across PEI 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.

37%

could not access a family doctor when they needed one

20%

lacked access to walk-in clinics

16%

couldn't reach a specialist

(n=1,564)



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.

65%

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=1,234)

87%

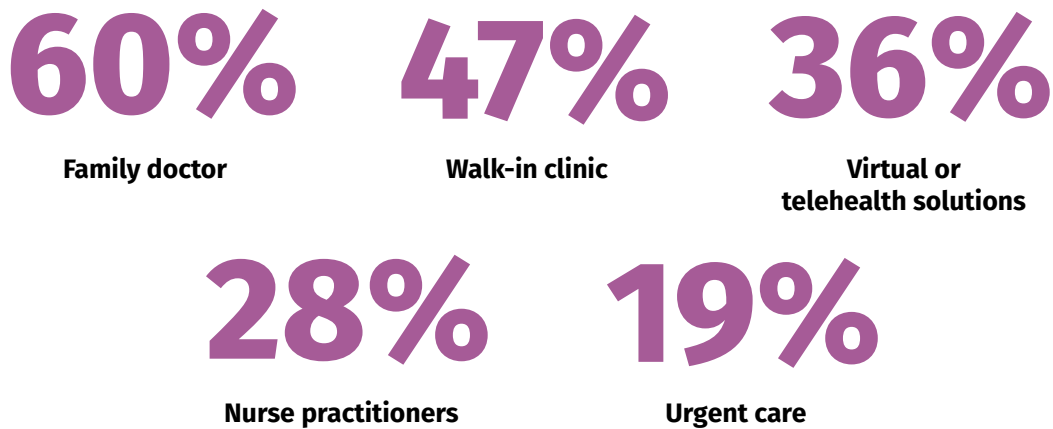
agree significant changes are needed to improve women's healthcare.

(n=1,234)

The Access Gap

In PEI, healthcare access is a story of adaptation. With family doctor availability trailing the rest of the Maritimes, Islanders have been forced to rely on walk-in clinics and nurse practitioners at nearly double the regional rate to bridge the gap.

Islanders reported having access to the following health care practitioners. Access across PEI for all practitioners is lower than the overall Maritime results.



(n=1,597)

The Unmet Need

The healthcare crisis in PEI is defined by a staggering lack of access; 37% of women report being unable to secure a family doctor; a deficit significantly higher than the rest of the Maritimes.

Islanders reported needing but were not able to access.



(n=1,564)

Top Issues Women Want Prioritized



Menopause (46%),
Hormonal Health (38%),
Perimenopause (32%)



Stress (45%)
Anxiety (42%)
Depression (38%)



Obesity/weight
management (42%),



Heart disease (35%)



Sleep Disorders (35%)



Cancer (30%)

(n=1,246)



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 PEI, 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 PEI 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 PEI Women, is a separate report focusing only on the results from the women of Prince Edward Island. This report presents findings from the powerful collection of testimonials from those on Prince Edward Island.

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.