



KEY CHALLENGES FACED BY MUSLIM WOMEN IN IRISH SOCIETY

A Cross-Sectional Quantitative Survey Study



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Abstract

Muslim women in Ireland experience unique challenges shaped by the intersection of gender, religion, and minority identity. While Ireland has grown increasingly diverse, systematic quantitative evidence of their experiences remains scarce.

This study identified common struggles faced by Muslim women in Ireland, examined demographic differences, and assessed beneficial support forms. A cross-sectional online survey was conducted among Muslim women in Ireland. Stratified and convenience sampling methods were used, with questions on demographics, discrimination experiences, social inclusion, and support needs. Descriptive and inferential analyses were conducted using RStudio.

Results revealed high discrimination levels across multiple domains. Younger participants more frequently reported school and university discrimination, while older participants faced higher workplace discrimination rates. Women wearing visible attire (hijab or niqab) were significantly more likely to report discrimination and social exclusion. Rural participants described greater difficulty accessing culturally sensitive healthcare than urban residents.

Despite its modest sample size, this study provides important insights into Muslim women's struggles in Ireland, highlighting systemic inequities and the urgent need for policy responses, workplace training, and culturally sensitive community support initiatives.

Introduction

Muslim women represent a growing yet underexamined demographic in Ireland. Their experiences are shaped by multiple intersecting identities, creating barriers to education, employment, healthcare, and full societal participation. Despite anecdotal and qualitative accounts documenting discrimination and exclusion, quantitative research remains limited.

Existing literature from Western Europe and North America shows Muslim women, particularly those wearing visible attire, face heightened discrimination risks in public and professional spaces. However, most Irish studies have relied on qualitative interviews and community reports, which, while valuable, are not easily generalizable.

The knowledge gap lies in the absence of survey-based, statistical analyses of Muslim women's experiences in Ireland. Such data are essential for informing evidence-based policy and support services. This study addressed this gap through a cross-sectional survey focusing on discrimination prevalence, patterns, and needed support types.

Research questions included: What are the most common struggles faced by Muslim women in Irish society? How do these vary across demographic factors? What support types are most valued? Based on prior evidence, we hypothesized that younger women would report more educational discrimination while older women would describe more workplace challenges; visible attire would associate with higher discrimination levels; and longer Irish residence would correlate with greater perceived acceptance.

Methods

This cross-sectional survey targeted Muslim women and girls residing in Ireland across diverse demographic backgrounds. Sampling combined stratified and convenience methods, ensuring representation across age groups, education levels, and geographic locations while recruiting through mosques, schools, and social media. Despite targeting 385–450 participants, only 300 responded, reflecting limited community accessibility.

Inclusion criteria required self-identified Muslim women residing in Ireland. Exclusion criteria included men, non-Muslims, and non-Irish residents. Participants could provide individual written responses at survey end, sharing personal experiences anonymously. This qualitative component complemented quantitative data.

Data were collected using a structured online questionnaire via Google Forms, including sections on demographics, discrimination experiences, education and employment effects, mental health, and support needs. Most items were closed-ended using Likert scales, yes/no responses, and categorical variables. A 10-participant pilot test ensured question clarity and reliability.

Independent variables included age, education level, employment status, length of Irish residence, attire (visible vs. non-visible Islamic identity markers), and geographic location. Dependent variables were self-reported discrimination experiences, social inclusion levels, and perceived religious respect.

Data were analyzed in RStudio using descriptive statistics and inferential statistics including ANOVA to explore demographic-experience associations. Participants provided electronic informed consent, and all responses were anonymized.

Results

A total of 300 Muslim women across Ireland participated, representing diverse age groups, educational backgrounds, and employment statuses. While both urban and rural communities were included, most participants resided in urban areas, reflecting both demographic patterns and recruitment accessibility.

There is sufficient mental health support available for Muslim women in Ireland.

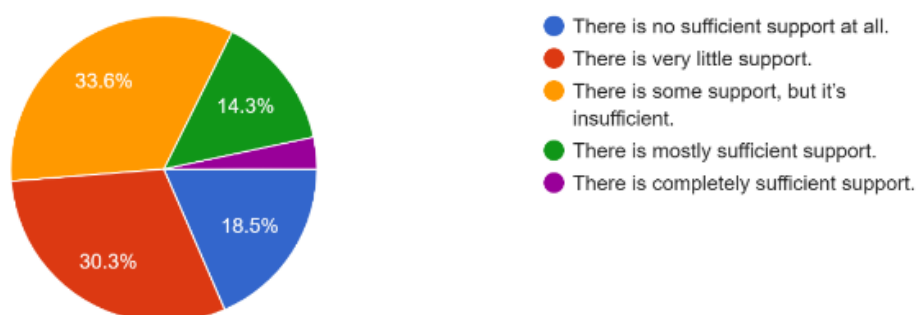


Figure 1: Pie chart displaying results regarding mental health support for Muslim women.

Findings revealed consistent discrimination patterns across multiple life domains. Mental health support emerged as critical, with only approximately 14.5% reporting completely sufficient services while the vast majority indicated various inadequacy degrees (Figure 1). This suggests significant unmet mental health needs requiring immediate attention.

Discrimination patterns varied significantly by age and context. Younger participants, particularly in secondary schools and universities, reported highest educational discrimination levels, with approximately half describing unfair treatment by teachers or peers. Older participants reported greater workplace challenges. This age-related pattern suggests discrimination follows Muslim women throughout their life course, adapting to different institutional contexts.

Public spaces emerged as most problematic, with 65.9% reporting discrimination most frequently in public settings, indicating challenges in daily navigation of Irish society. Additionally, 53.7% reported healthcare access challenges due to cultural or religious barriers.

The impact of visible religious attire was particularly striking. Nearly three-quarters of hijab or niqab wearers reported workplace and public exclusion or negative treatment, compared with less than half of those not wearing visible religious attire. This confirms that visible Islamic identity markers trigger discriminatory behaviour.

Geographic location significantly shaped experiences, particularly in healthcare access. Over 40% of rural participants reported difficulties accessing culturally sensitive healthcare providers, compared with approximately 20% of urban residents.

Educational attainment presented a paradoxical relationship with discrimination. Women with higher education reported more frequent employment application discrimination, suggesting persistent systemic barriers even among highly qualified candidates. However, participants living in Ireland over ten years reported feeling somewhat more respected in their religious beliefs than newer arrivals.

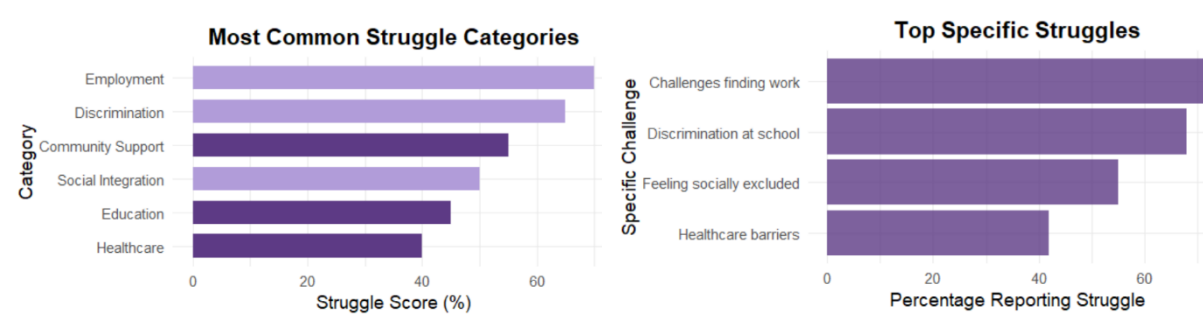


Figure 2: Most Common Struggle Categories **Figure 3: Top Specific Struggle Reported**

Struggle categories revealed employment, discrimination, and identity-related issues as most common challenges, including finding work opportunities, dealing with workplace discrimination, and maintaining cultural identity.

Regarding community support, 47.9% reported having mentorship or leadership opportunities access within the Muslim community, while 29.4% had no such access. However, 96.7% agreed more initiatives supporting Muslim women in education, employment, and mental health were needed. When asked about solutions, 70.2% believed charity organizations could provide effective solutions.

Discussion

This study provides an important quantitative snapshot of Muslim women's challenges in contemporary Ireland. Despite the smaller sample size, findings are remarkably consistent with international research, underscoring universal impacts of age, visible religious attire, educational attainment, and geographic location on discrimination experiences.

High educational discrimination prevalence among younger participants highlights urgent intervention needs within Ireland's education system. Schools and universities require systematic cultural awareness programs and inclusion initiatives. The substantial workplace discrimination reported by older and higher-educated participants reveals structural barriers systematically hindering career advancement and economic participation.

The strong association between visible religious attire and discrimination confirms previous qualitative studies across Ireland and Europe, where hijab and niqab serve as visible difference markers exposing women to bias. This has important implications for religious freedom and women's autonomy, suggesting Muslim women face difficult choices between expressing religious identity and avoiding discrimination.

Geographic healthcare disparities, with rural women facing particular challenges, reflect broader Irish healthcare inequalities. These findings underscore targeted healthcare provider training programs and strategic resource allocation importance.

Near-universal agreement (96.7%) regarding additional support initiative needs provides clear policy action and community intervention mandates. However, mixed organizational effectiveness views suggest interventions must be carefully designed to build trust and demonstrate concrete benefits.

Study strengths include systematic quantitative data capture from an underrepresented population, providing baseline measurements for policy development and progress tracking. Inclusion across age groups, educational levels, and geographic locations enhances finding comprehensiveness. However, the 300-participant sample size limits generalizability. Online distribution may have excluded women with limited digital access or those isolated from community networks.

The cross-sectional design precludes causal relationship establishment, and self-reported discrimination experiences may be subject to recall bias. Despite limitations, findings provide robust foundations for future research and policy development, highlighting urgent needs for comprehensive, multi-level interventions addressing discrimination across educational, employment, healthcare, and public domains.

Conclusion

This study provides compelling evidence that Muslim women in Ireland face significant systematic barriers across education, employment, healthcare, and social inclusion. Quantitative findings reveal troubling discrimination patterns, with 65.9% reporting public space discrimination and 53.7% facing healthcare access barriers.

Intersectional analysis reveals that age, visible religious attire, educational attainment, and geographic residence are key discrimination experience determinants. Younger participants face particular educational challenges (approximately 50% reporting unfair treatment), while older participants encounter systematic employment barriers. Most concerning, nearly three-quarters of hijab or niqab wearers experience exclusion compared to less than half without visible religious attire.

The paradox that higher education doesn't protect against employment discrimination but may increase exposure to systemic barriers challenges Irish meritocracy assumptions and suggests discriminatory practices are deeply embedded institutionally. Geographic disparities compound these challenges, with rural participants facing twice the healthcare access difficulties of urban residents.

Near-universal agreement (96.7%) that more support initiatives are needed provides clear comprehensive policy intervention mandates. Combined with findings that only 14.5% reported adequate mental health support, this indicates both current gap severity and strong community desire for systemic change.

Findings call for immediate coordinated systemic changes across multiple sectors. Educational institutions must implement comprehensive anti-discrimination policies and cultural competency training. Employment sectors require targeted interventions including bias training and religious diversity accommodation policies. Healthcare systems must prioritize culturally competent care protocols, particularly in rural areas.

This study establishes crucial baselines for measuring progress and evaluating intervention effectiveness, contributing to international literature while providing Ireland-specific insights for national policy development and local community initiatives (1,2). The findings support intersectional equality policy

approaches recognizing complex ways religious, gender, and other identities interact to shape discrimination and inclusion experiences (3).

Ensuring equal rights and opportunities for Muslim women in Ireland requires sustained commitment from institutions, policymakers, and society. The systematic barrier nature demands equally systematic responses addressing structural inequalities while promoting cultural understanding and social cohesion. Only through such comprehensive efforts can Ireland fulfill its potential as an inclusive society where Muslim women are genuinely supported and respected as equal national community members.

References

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