

**Will the Canadian Government's
Commitment to Use a
Gender-based Analysis Result in Public
Policies Reflecting the
Diversity of Women's Lives?**

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EXECUTIVE SUMMARY

For decades, women have been analysing government policies and programmes to see if they meet women's needs. Often they did not, and women developed their own services. The federal and some provincial governments (British Columbia, Quebec, and Newfoundland and Labrador) have said they will change the way they work and ensure that their future policies and programmes fit the needs of both women and men using a process they are calling gender-based analysis.

This synthesis paper describes where gender equity and gender-based analysis strategies come from; discusses where they might be going; introduces some of the current debates, concerns and critiques of these strategies; and recommends a model for the health care delivery sector.

Speaking for women can be dangerous. Concerns about the process exist. Gender-based analysis may be a safety net for women inside government bureaucracies working to include women's experience. Women do not talk about gender. They speak about their lives and experiences. Will women know that a gender-based analysis is about putting both women's and men's experience into the policy process? Who will be doing this work and what training will they have? The process needs to be evaluated. Governments have an opportunity to report where and how they have used gender-based analysis to improve policies and programs for women and men.

When we talk about the health care delivery system, we usually mean the system to treat illnesses and disease. According to the determinants of health model, health is determined by other factors (e.g., one's income, education, social support networks, healthy child development, and personal health practices). The health care delivery system plays a small part in maintaining the health of women compared to these other factors. Current initiatives to change the health care delivery system across Canada need to be documented, shared, and evaluated to see if services for women improve.

Gender-based analysis may be one tool to improve the lives of women. But it is only one. Women will be watching this process to see if it produces change.

RECOMMENDATIONS

1. The federal government must report annually on the use of a gender-based analysis in its policy and programs development.
2. As this is a new process the women's community need funds to pursue education and information about gender-based analysis.
3. The use of a gender-based analysis must be monitored and evaluated using feminist indicators. The federal government must allocate funds for this monitoring and evaluation.
4. Changing the health care delivery system to meet women's needs is being tried. Funds must be allocated to document this process and to share the information with women across Canada.
5. Gender-based analysis will be mainly done inside non-feminist institutions. There needs to be much discussion on how to support the feminists working inside those institutions working for change, while holding the institutions accountable if the change is not happening. This discussion must take place in many places. Funds are needed to develop, to document and to share models to do this work.

INTRODUCTION

This synthesis paper has four objectives: to describe where gender equity and gender-based analysis strategies* come from; to discuss where they might be going; to give some current debates, concerns and critiques of these strategies; and to recommend a model for the health care delivery sector.

METHODOLOGY

This paper is based on eleven key informant interviews done in May 1999. The contract from the Canadian Women's Health Network required that attention be paid to the diversity of women including women of colour, women living with a disability, women living on low income, lesbian women, young and old women. As well ideas were to be gotten from women who are members of equality seeking groups, academics and policy makers. Women who could be defined as belonging to these groups were interviewed. The voice of younger women defined as less than 25 years of age is not here.

* This paper uses the following definitions:

Equity acknowledges that all women are not the same and do not have similar status or contexts. It recognizes the different situations and needs of diverse groups of women such as women of colour, women with a disability, women living on low incomes and lesbians.

Gender is a sociocultural variable that refers to the comparative relational or differential roles, responsibilities and activities of females and males.

Gender-based analysis is used to describe a process that assesses the different impacts of proposed and existing policies program sand legislation on women and men. It makes it possible for policy to be undertaken with an appreciation for gender difference, the nature of the relationship between women and men and of their different social realities, life expectations and economic circumstances. It is a tool for understanding social processes and for responding with informed and equitable options. This definition comes from the series of fact sheets produced by the gender lens project in the Maritime Centre of Excellence for Women's Health.

This work was done in six weeks, which did not allow time for anyone to get permission to speak for a group. Women belonging to the Newfoundland and Labrador Health Network, the Women's Health Clinic in Manitoba, the National Action Committees on the Status of Women, Comité Québécois de Suivis de Beijing and Canadian Research Institute for the Advancement of Women were interviewed.

Women who had used a gender analysis tool in provincial and federal governments agreed to be interviewed. Activists and academics also gave their ideas and time.

Three electronic list serves, PAR-L Policy Action Research List, the BC Center of Excellence for Women's Health and the Gender Lens from the Maritime Center of Excellence for Women's Health were used as sources of information and the names of people to interview.

The eleven women interviewed lived in seven provinces but no one lived in either territory. All of the interviews were done in English and taped.

BACKGROUND INFORMATION ON GENDER-BASED ANALYSIS

To some women's movement activists gender-based analysis is a new term. However, the idea is not new. For decades women have been analysing government policies and programmes and to see if they meet women's needs. Often they did not. Women not only complained when this happened but they did something about it. They set up services such as sexual assault centres, birth control and abortion clinics to met women's needs.

Now the federal and some provincial governments have said they will change the way they work. They will ensure that their future policies and programmes will fit the needs of both

women and men using a process they are calling gender-based analysis.

WHERE DID GENDER-BASED ANALYSIS COME FROM?

The idea has been evolving over the past 30 years in the international arena especially in the United Nations. It was in 1975 in Mexico City at the World Conference for International Women's Year that the idea that governments needed internal mechanisms to help the advancement of women was first raised. At the conference a Plan of Action was released and it included the idea of internal government mechanisms. Internal mechanisms include both bureaucrats to do the work and processes with which to work. During the Decade for Women (1976 to 1985) many countries adopted this idea. In the language of the United Nations these internal mechanisms are now called national machineries and they are using a gender-based analysis to work.

The Canadian government has developed its own national machinery to help achieve equality for women. Status of Women Canada, the Women's Health Bureau and the Secretary of State are all part of this national machinery. These institutions have the responsibility for promoting the integration of gender equality perspectives in Canadian government policy development and decision-making.

In 1995, the Canadian government adopted a policy requiring federal departments and agencies to conduct gender-based analysis of future policies and legislation. This policy is found in the Federal Plan for Gender Equality. Some departments have developed their own gender equality plans. Examples of this work include the decision in 1996 by the Department of Justice to establish a Gender Equality Initiative to formalize its efforts to mainstream gender. The following year, the Department adopted a Policy on Gender Equality Analysis,

requiring that every departmental issue be analysed for its impact on gender equality. The Department has also published *Diversity and Justice: Gender Perspectives, A Guide to Gender Equality Analysis*. The Department of Human Resources Development produced two booklets discussing gender-based analysis and providing a step-based guide to use of such an analysis. The Women's Health Bureau in Health Canada has started a similar process.

THE USE OF A GENDER-BASED ANALYSIS

While gender-based analysis is discussed in various provincial and federal government documents and there have been training sessions on their use, the development of policies using them is almost non-existent. One example mentioned by several key informants were changes in the Employment Insurance Act introduced by the federal government several years ago. A question in the House of Commons committee asked whether the new legislation had been subject to any gender-based analysis. Government officials subsequently presented the Committee with a gender-based analysis that showed the legislation might be more "favourable" to women than men, because men's benefits would be reduced more than women's benefits, and because the new hours-based system would allow more part-time workers, most of whom are women, access to benefits. A recently released review on the impact of the legislation, however, found that fewer women and young people qualify.

At the provincial level British Columbia has had experience with a gender-based analysis starting in December 1993. They started with an initiative at the cabinet level. All cabinet papers were required to have been through what they called a gender lens before going to the cabinet. Cabinet papers are not public and the process has not been evaluated. One person's assessment of the process was that it

has not worked as hoped as the gender lens is often applied after the big decisions are made.

WHERE IS GENDER-BASED ANALYSIS GOING?

It appears that gender-based analysis and related ideas, main streaming, gender-based management will be part of the world of governments in the future. There is a gradual adoption of these processes across both the provincial and federal governments. The United Nations has adopted this process in agencies like the World Health Organization. Some federal government departments are using it. At the provincial level, British Columbia has been engaged since 1993; two other provinces, Newfoundland and Labrador and Quebec, will start soon.

The Quebec provincial government has promised to adopt a gender-based analysis, starting in 2000. The first departments will be the Ministry of Health and Social Services. A provincial conference in Montreal in 1997 was an opportunity for women to learn about this process and to discuss their concerns. This provincial conference was followed with two regional workshops on gender-based analysis. Relais and the Université du Québec à Montréal will provide training on the subject over the next two years.

In Newfoundland and Labrador the government has committed to a gender-based analysis in their Strategic Social Plan. A goal of this plan is to adopt integrated and evidence-based policies and programmes through coordinated policy impact analysis across departments using enhanced evidence-based decisions and gender-based analysis. To meet this goal a guideline on gender inclusive analysis was produced by the Women's Policy Office. The Women's Policy Office has offered the first of a series of training workshops on how to use their guidelines. The evaluation from that first two-day workshop will be used to make changes in

future training programmes. Women's Policy Office estimates there are at least 150 women and men within the central government that could benefit from this training.

The use of a gender-based analysis by federal and government departments is new. As government departments adopt this process there must be a mechanism to document both its use and the results of its use. Case studies which describe using a gender-based analysis that resulted in a policy or programme that reflect the diversity of women's lives would be a welcome publication from a government department.

CURRENT DEBATES, CONCERNS AND CRITIQUES

A recognition that gender-based analysis may offer a way to make public policy more reflective of women's lives exists. There is a window of opportunity based on respect for the people suggesting its use and an understanding that raising women's issues in many work places is not easy. How long this window will be open before the concerns about the process come through is unknown.

RESPECT

Respect for difference has been one cornerstone for feminists' actions. There are differences among feminists who work inside government and those who do not, difference in experiences. Feminists who work in bureaucracy tell us that gender-based analysis is something they can use inside government. A tool of the feminist movement has been to ask women to tell their stories. To say what they need. Others then must respect that voice. The voices of women in government at the international, national and provincial levels are saying they need a process to help influence public policies. The suggestion they are making is gender-based analysis. In a respectful process

gender-based analysis would be used then evaluated on the resulting policies and programmes.

IS GENDER-BASED ANALYSIS A SAFETY NET?

Few women work in women friendly places. Many work places are toxic. Most feminists' leaders pay a very high price for speaking for women. Most need a safety net. Gender-based analysis may be a safety net for women inside government bureaucracies.

Some women interviewed had concerns about the use of a gender-based analysis. One feminist said, "After main streaming gender, will the new stream look like the old stream?" Some of the concerns raised are discussed briefly below.

LANGUAGE

Language is an important aspect of the women's movement. There are concerns that a gender-based analysis is not a feminist analysis. If it were, it would be called a feminist-based analysis. Will women disappear as they often do, when gender neutral language is used?

Gender-based analysis did not come from the activist community. Activists are unsure of what it is. Women do not talk about gender. They speak about their lives and experiences. Will women even know that a gender-based analysis is about putting both women's and men's experience into the policy process?

WHO WILL BE DOING THIS WORK?

There were many questions such as who will be doing this work and what training or experience will they have? Can any anyone be taught to do a gender-based analysis? Will people be using this process with no training? These questions must be raised in the many places this work will be done.

WILL A GENDER-BASED ANALYSIS TAKE DIVERSITY INTO ACCOUNT?

Much public policy is developed using statistics. These statistics are not collected to reflect the diversity of women. For example, there are almost no statistics on lesbians. How will diversity be addressed in this process? Given that many issues of diversity are not captured in statistics will governments fund qualitative research to see if the diversity of women's experience is reflected in the new policy or program?

Another concern is that dealing with gender alone is not reflective of women's lives. Some women thought race and gender must be dealt with at the same time and that this separation of gender was a feature of a dominant white culture.

DOES A GENDER-BASED ANALYSIS WORK?

The use of gender-based analysis is recent in Canada and it is not widely used. Will it make things better for women? Will it be used to justify decisions that are already made? Are the resources going into this process worth it? How long must we give the process 10, 15, 20 years?

There is an opportunity for governments to report where and how they have used gender-based analysis to improve polices and programmes for women and men. Then the process needs to be evaluated.

A MODEL FOR THE DELIVERY OF HEALTH CARE SERVICES

JURISDICTION

Under the Canadian constitution there are two levels of government, the federal and the provincial or territorial. The responsibility for the delivery of health care services is with provincial governments. Many provinces have adopted a regional system of health care delivery. Thus most health care delivery decisions

are now made at the regional level in a regional board of health. This means that there are many levels to impact policy decisions in health care delivery.

HEALTH CARE DELIVERY SYSTEM

No model of health care delivery in Canada is giving better service to women than men. When we talk about the health care delivery system, we usually mean the system to treat illnesses and disease. It includes hospitals, cancer treatment centres, doctors' offices and the many people who work in those agencies nurses, social workers, cleaners and administrators. It is important to note this system does not deliver health. Most of the resources go into treating illnesses and disease.

This is an important distinction. According to the determinants of health model, health is determined by one's income, education, social support networks, healthy child development, personal health practices, coping skills and working conditions and the health care delivery system. The role that the health care delivery system plays in maintaining the health of women is smaller than these other factors.

There are many changes in the health care delivery system across Canada. Initiatives such as those following, may improve the delivery of health care services to women. It is too early in the process to know what the results will be.

BRITISH COLUMBIA

British Columbia has several government agencies dealing with women including the Ministry of Women's Equality, a Women's Health Bureau within the Ministry of Health and Ministry Responsible for Seniors and the Minister's Advisory Council on Women's Health.

One of the five Centres of Excellence for Women's Health, the BC Centre of Excellence

for Women's Health has offices in Vancouver and works throughout the province.

In September 1997, the Women's Health Bureau working with the Ministry of Women's Equality started a project to explore how women's health issues are being planned within a regionalised health care delivery system and what mechanisms exist to include women's voices. This project has named four elements for successfully integrating women's health issues into the health planning process. Women must be included in management, governance and advisory roles to the regional health authorities. To ensure the participation of women, efforts must be made to have gender sensitive policies that reflect their many roles and responsibilities and their different economic and social circumstances. A strong collaborative relationship must be developed between the health authority and women's organizations. The final lesson was the need for accurate and up to date information on local and general women's health issues.

The Vancouver Richmond Health Board is these four elements in their planning process. It is a very exciting process but the plan has not been put into action yet. It is well worth watching.

The Women's Health Bureau had developed a series of six workshops for use by the regional health authorities. The most popular of the six workshops is the medicalization of women's health. A workshop on gender-based analysis was delivered in one site. This site had people who were interested in the topic and could make the workshop happen. Change requires both tools to make the change but as important is having people in positions of influence who were committed to working to improve services for women.

The BC Centre of Excellence for Women's Health, the Women's Health Bureau and five regional health authorities has started to develop a gender tool to use in the design of health care services for women.

In December 1997, the Medical Officer of Health published Health Goals for British Columbia. It contains six goals. The Women's Health Bureau has taken selected objectives in each goal and developed indicators that a regional health authority could use to evaluate the health of women in their area. In May 1999 they published a *Provincial Profile of Women's Health: A Statistical Overview of Health Indicators for Women in British Columbia*.

A next step in the process will be to follow the regional health authorities that use either the gender tool to design health care services or the indicators from the BC Women's Health Bureau to evaluate the impact of their services on women.

QUEBEC

The provincial government of Quebec has agreed to use a gender-based analysis in developing programme and policies. The first department to use this will be Health and Social Services in the year 2000.

NEWFOUNDLAND AND LABRADOR

Newfoundland and Labrador has a provincial women's health network. The membership includes people working in the health care delivery sector, provincial government policy makers, community activists and academics. The Women's Health Network has held two forums on women's health and is a vehicle where debate and analysis on gender-based analysis might occur.

A STORY FROM WOMEN IN SPORTS

The Canadian Association for the Advancement of Women in Sports and Physical Activity (CAAWS) has been working to improve the position of women in the area of sports and physical activity. They have made a change in how they are working to do that. Their story is briefly given here as it may offer lessons helpful for activists in the women's health movement as some of them move to work more closely with the health care delivery sector.

CAAWS positioned itself with women's organizations trying to put physical activity and sports on the agenda of agencies such as transition houses. They decided to base themselves with sports organizations and then try to put women on the agenda of sports organizations.

There may be lessons to learn from their experience. Sports Canada adoption in 1986 of a goal to attain equality for women in sport did not result in equality. CAAWS has used this goal as a lever for change. Maybe the adoption by Canada of gender-based analysis can be used as a lever for change in the delivery of health care services.

Two lessons were learned during this process. First, there is a need to have women-only space to grow future female leaders. These spaces can include women-only sports such as netball or field hockey or women-only organizations such as a Canadian Association for the Advancement of Women in Sports and Physical Activity. Women need to be in women-only environments to get the strength and learning for leadership. A second lesson is the need for a support group for women who are challenging the sports system. Challenging any system can be very demanding work. The women doing this work will be challenged by other feminists as to whether they have "sold out". Of course they are challenged by the system they are trying to impact.

HOW WILL THE EVALUATION OF GENDER-BASED ANALYSIS TAKE PLACE?

Gender-based analysis will need to be evaluated. Both the use of gender-based analysis and the results of using it must be documented. But the use of a process evaluation may give better results. A suggestion of one potential process evaluation comes from a process used in hospitals called mortality and morbidity rounds.

The goal of the mortality and morbidity rounds is to improve the care of patients by looking at deaths and illnesses. In those rounds one goes behind closed doors in an environment of trust and respect. Errors are made when care is given and improvement requires critical evaluation and accountability. Suggestions to improve the care are made and change is made in the care. Places do not now exist where this type of discussion could occur on gender-based analysis. As groups work more closely with their particular health care delivery agencies place will have to be developed to allow for change to occur earlier in the processes.

This paper has given some background on gender-based analysis strategies and where they might be going. Some of the current debates, concerns and critiques of them are given. Finally there is some information on changes in the health care delivery sector to incorporate the experience of women when services are designed.