Women, Gender and Health: Looking back, thinking ahead

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This presentation mixes

- Some History
- Some Critique
- Some Feminism
- Some Challenges
Goals

- Review the past five decades of women, gender and health
- Trace the trends in knowledge and activism on the influences of sex and gender on health
- Identify challenges going forward
Inspired by, almost 50 years of (women’s) advocacy – reacting to a range of practices in health care and research

- Oversights and omissions
- Gender-neutrality
- Gender-blindness
- Exclusion from trials
- Lack of women in science
- Sexism
- Over-medicalization
- Paternalism
The past five decades

- 1960- Birth of the “Second Wave”
  - 50th Anniversary in 2010
  - Second Wave Women’s Project
    - publishing books
    - sponsoring celebrations Jan 1, 2010
    - recognizing the 40th anniversary of the Royal Commission on the Status of Women.
2nd wave women’s movement

- Emerging politics of women’s liberation
- Over-medicalization of women’s bodies
- Control over health, especially reproductive health, childbirth and sexuality
INSPIRING A WORLDWIDE MOVEMENT
OF WOMEN'S HEALTH
Especially abortion rights, home birth and midwifery

- How to Stay Out of the Gynecologist's Office 1979
- A New View of a Woman's Body 1982
- Woman Centered Pregnancy and Birth 1984
Self-examination kits to avoid doctors and be self-sufficient
Home birth and midwifery - staying out of hospital; having natural childbirth
Women’s health movement identified basic values to underpin care and systems

- Inclusive
- Sensitive
- Respectful
- Empowering
- Accessible
- Comprehensive
Key dates

- 1966 – First funded birth control clinic
- 1969 – Becomes legal to distribute information on birth control
- 1970 – The Abortion Caravan crosses Canada and closes Parliament
Key Dates

- 1980 – 32% graduating doctors were women
- 1990 – C-43 defeated, abortion becomes similar to other medical procedures
- 1996 – Statistics Canada agrees to collect data on unpaid work
Activism affected trends in knowledge
Women’s health research, care and policy

- The women’s health movement moved from reactive to proactive
- Women-specific issues got defined
- Gender and other social determinants became critical variables in women’s health
- Coalitions with other equity based movements
Expressing these values made a difference

- Affected the definition of women’s health

- Served as a political basis (feminist) for getting commitment to women-centred care, policy and research principles
Women’s health movement inspired the women’s health research movement

- Identified **values**
- Improved **science**
- Contributed to new **structures**
Exposed the sociology of knowledge production

- There is no value-free science
- Science is defined by who does it, how it is done and why it is done
- Knowledge is power
- Therefore all science is political
Counteracted with a laywoman’s guide to evidence
Women and Health Care Reform

- See “Just the Facts, Ma’am” – Evidence about Health and Health Care
- Truth and values
- Defining the research problem
- Asks “What counts as evidence?”
- Critiques authority and credibility
Evolving politics define the concepts; the issues

- Sex
- Gender
- Diversity
- Language
- Measurement
- Capacity
- Institutionalization
Sedimentary layers of terminology and analytic frames have evolved

- Sex
- Gender
- Sex and gender
- Sex differences
- Gender differences
- Sex differences and gender influences
- Sex and gender related factors

- Sex stratification
- Sex differentiation
- Gender (based) analysis
- Determinants of health
- Sex and gender (based) analysis
- Sex, gender and diversity (based) analysis
- Disparities, inequities of health
- Intersectional analysis
- Intersectional-type analyses
Fields evolved

- Health
- Women’s health
- Gender and health
- Men’s health
- Gender and women’s health
- Gender and health, (including women’s health and men’s health)
- Now three fields: (at least)
  - gender and health
  - women’s health
  - men’s health
Different interests need nurturing

- Layered terminology, analytic frameworks and field domains need to be encouraged and built upon
- Many different interests, goals, ‘projects’ and players:
  - Clinical treatment
  - Health system improvement
  - Program design
  - Policy design
  - Academic research
  - Community based advocacy and research
  - Capacity building
Organizational changes and key events
Some examples...

- advisory councils
- women’s bureaus
- women’s health strategies
- gender analysis policies
Landmarks

- Medical Research Council committee paper on women’s health research 1996
- Canada-USA women’s health forum 1996
- Centres of Excellence for Women’s Health Program 1996
- Ontario Women’s Health Chairs 2000 onward
- CIHR developed 1999-2000 – Institute of Gender and Health established
The historical evolution of seeking sex and gender in research

- Gender Based Analysis Policy (2000) Government of Canada
And more recently, in health research

- CIHR 2000: Sex, Gender and Women’s Health (1999) Greaves et al. BCCEWH
- Gendering the Health Determinants Framework: Benoit and Shumka (2009) WHRN
And in women’s health policy

- Women’s Health Strategy, 1999 Health Canada
- Women’s Health Surveillance Report, 2003 Health Canada and CIHI
- Provincial Strategies
- Provincial Profiles
Arguments for sex and gender in health

- Biological differences: women’s and men’s bodies are different
- Social differences: being male and being female are gendered experiences
- Redress: research on women has been overlooked
- Mistakes: research on men has been applied to women
- Vacuum: “We don’t know what we do not know”
- Science: Sex and gender mean better science
Rationale for addressing women’s health issues

- Generalizability and validity in question
- Inadequate evidence base, hence
  - inadequate treatment
  - incomplete or ineffective health policy
- Untailored health programs
What did we say about sex?

- Biological construct encompassing hormones, genes, anatomy, physiology etc
- Affecting: trajectories, prevalence and treatment of health conditions and diseases
- Often represented and categorized as a binary
And gender?

- A social science construct
- Linked to economic and social status, culturally specific, and temporal
- Reflects equity issues; globally male valued over female
Going forward, thinking ahead
We have recognized issues with:

- Equity for women
- Language usage
- Measurement vagaries
- Conceptual clarity
- Interactivity of factors
- Importance of social determinants
- Sources of evidence
- Political will
Challenges going forward

- Developing more accurate surveillance of women’s health
  - developing indicators,
  - getting uptake,
  - improving measurement
  - addressing intersections

- Developing advocacy principles in all sectors
  - training,
  - politics,
  - persuasion,
  - argument,
  - evidence
Thinking ahead

- Maintaining interest in, and funding for, women’s health
  - Resisting conflation with gender and health

- Focusing on equity-enhancing initiatives and goals
  - Resisting equality propositions regarding men’s health
  - Resisting doing men’s work
What will enhance women’s health?

- Doing more advocacy, at community, policy and scientific levels
- Welcoming complexity in thinking about sex, gender and diversity in women’s health
- Respecting all “projects” and players in women’s health
- Identifying relevance to and resonance with the public
- Building on the past
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