



Overview

A Profile of Women's Health in Manitoba breaks new ground in its systematic application of Gender-Based Analysis (GBA) to over 150 indicators of women's health. The report combines information from available data, research literature, and community knowledge on health status, health services use, socio-economic influences, health system performance and lifestyle choices.

The result is a richly contextualized, gender-aware resource that provides health policy makers and planners with an analytical process to gain more value from health data, and to achieve more efficient and appropriate health strategies for women, and the most vulnerable among women in Manitoba.

GBA involves asking challenging questions that bring equity—fair opportunities to achieve health—to the fore-front, addressing the upstream as well as proximal determinants of health, and showing the linkages between health and social contexts.

The greatest strength, challenge and potential of *Profile* has been its role in facilitating the uptake of GBA by regional health authorities. The *Profile* has generated lessons on the process of GBA, and has sparked dialogue on gender implications for health in regional, national and international arenas.

Purpose

The purpose of the *Profile* is to inform the provincial Women's Health Strategy and to support the integration of GBA in ongoing health programming and policy decisions.

The project has also evolved to serve other purposes, including refining our knowledge of gender-sensitive health indicators and an effective process for conducting gender-based analysis.

Data & Methods

A framework of health indicators was developed, based on available data sets and covering a broad definition of health. The framework included not only health status outcomes but such factors as unpaid work, income, employment, and exposure to violence.

Sex-disaggregated data from provincial health administrative files, national surveys, Census of Canada, and municipal and other studies were used. Where possible, data were presented by RHA, age, and Aboriginal ancestry. For most indicators, counts and/or rates were provided. Where possible, age-adjusted rates and results of tests for statistical significance were also provided.

For each indicator, PWHCE retrieved the necessary data, described the preliminary analysis, and proceeded with a gender-based analysis of the implications for women's health [1].



Staying healthy requires more than just receiving good health care. Geography, stress, income, employment conditions, social supports and roles and responsibilities in the community are just some of the factors that affect women's well-being.

What is Gender-Based Analysis ?

Gender-Based Analysis (GBA) is a process that helps us to understand how the experiences of women and men are different and how they are the same.

GBA considers the life expectations, the nature of social relationships, economic circumstances, and the roles and responsibilities men and women have in society, including obvious and subtle differences in power and decision-making.

In the case of health, GBA helps to identify how biological factors, social

norms and structured systems (e.g. legal, political, religious) that govern those norms are all important influences on women's and men's health status, and to clarify the different and similar ways that women and men are vulnerable.

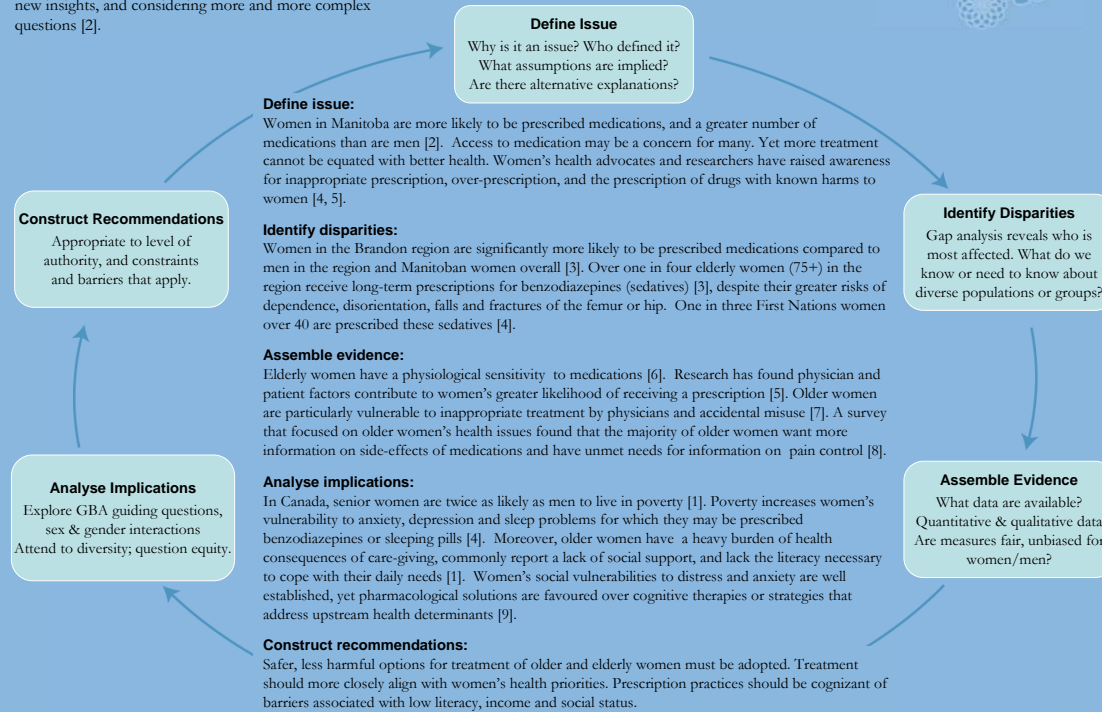
GBA illuminates the differences in health status and its determinants, health care utilization in accordance with health needs, ability to pay for health services, and men's and women's participation in health management.

Guiding Questions

- Are women, girls, men, or boys appropriately included in the data?
- Is the indicator a fair, unbiased measure of women's health or men's health?
- How do sex (biological) differences account for differences in risk, need or outcome; how does biology interact with gender (social) influences?
- How are women's or men's health risks, needs, or outcomes shaped by socially prescribed roles, relationships, personality traits, behaviors, values, and relative power?
- Has diversity among women, or among men been addressed; what can we learn about the most vulnerable sub-populations to effect the greatest improvements in policies and programs?
- How well do health and social systems respond to women's or men's health priorities?
- Have women, girls, men, or boys been consulted in strategies intended to improve their health?
- Are policies and programs perpetuating stereotypes and the status quo with regard to women or men; has evidence for differences or similarities been considered?

GBA Process Applied to Women & Prescription Drug Use

The following is an illustration of GBA applied to some key health concerns arising from women's use of prescription drugs—an example drawn from a more thorough analysis published in the *Profile* [1]. The GBA process is iterative, cycling through five components of analysis, adjusting to new insights, and considering more and more complex questions [2].



Benefits

GBA increases the scope of available evidence. It sheds light on why disparities in health exist, how experiences influence decisions to seek care, treatment decisions, and barriers to health and health services.

Challenges

- **Technical** – It is often difficult to find data that are gathered and reported by sex as well as by other social dimensions known to influence health (e.g. ethnicity, immigrant or refugee status, income). Appropriate surveillance data are lacking for some very important health determinants for women. For example, data on income are gathered by household, but women's access to this income may be limited.
- **Conceptual** – Sex and gender, concepts basic to GBA, are still often confused and used interchangeably.
- **Political or Attitudinal** – There is an impression that gender issues are women's issues, but GBA should also be applied to men's health. GBA may be seen as an add-on or alternative to current strategic priorities. Seniors, youth or Aboriginal people may be the current focus, but recognition that all these populations are gendered is often lacking.

Spin offs

- Pilot test of an international core set of gender-sensitive leading health indicators in Manitoba for World Health Organization
- Guides and training events on GBA and health profile development for Pan-American Health Organization
- GBA skills development workshops in eleven Manitoba Regional Health Authorities
- Contributions to a methodological guide and workshops tailored to federal bureaucrats, developed with Atlantic (ACEWH) and BC (BCEWH) women's health centres
- Input on *The Source*—a women's health data directory developed by BCEWH

What's Next

- Consultations with some Manitoba RHAs to support improved consideration of gender in health planning
- Gender-based analysis of deprivation indices
- A roundtable to develop strategic policy directions arising out of recent research, including the *Profile*, and knowledge translation
- Further research on older women's current health concerns and information needs related to prescription drugs and natural health products

Partners

- Manitoba Health and Healthy Living
- Bureau of Women's Health and Gender Analysis, Health Canada
- Manitoba-Saskatchewan Regional Office, Health Canada

Technical Assistance

- Manitoba Centre for Health Policy
- CancerCare Manitoba
- Statistics Canada, Prairie Region & Health Division, Ottawa
- WHO Kobe Centre-Centre for Health Development

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