



## CHAPTER TWO

# Income, Living Conditions and Other Determinants of Women's Health in Manitoba

Women's health is affected by their income and their living conditions. This is not a new discovery, but the data and information in this *Profile* of the women of Manitoba confirms what other research in Canada and elsewhere in the world has found. Indeed, this *Profile* confirms what women themselves have been saying for a very long time.

This chapter includes women's health indicators across a number of health determinants. As income is so critical to health, we begin with a look at women's poverty in Manitoba. We see in this chapter that women remain the poorest of our population. Elderly and Aboriginal women, women with disabilities, new immigrants and women with mental illness are also among the poorest of the poor in our province. There is less information in the research literature about the nature of rural women's poverty of women. At a gathering in 2003 however, rural women from across the country cited low income and poverty as the most pressing issue affecting their health and health status.<sup>1</sup>

Consistently across the data and throughout this *Profile*, we see that women with low income are more likely to have their health affected in a number of ways. Women with low income experience more heart disease, more diabetes, live in worse housing and unsafe neighbourhoods, and are less physically mobile. There is no doubt that the stress of living in poverty, compounded by exclusion from education, employment opportunities and even health resources, all contribute to poor health and shorten life expectancy.

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<sup>1</sup> Sutherns, R., McPhedran, M., and Haworth-Brockman, M., 2004. Rural, remote and northern women's health: policy and research directions. Centres of Excellence for Women's Health. 320 p.





Following income, we examine other determinants, starting with women's housing, and the availability of potable water and sanitation. Domestic and sexual violence against women continue to be a part of many women's lives, and are consistently listed by women as impeding their improved health. We then look at literacy and education levels among Manitoba women, leading into women's participation in the labour force and women's employment and unemployment. The hazards and injuries of some women's occupations are examined. Finally, we look at women's unpaid work and the multiple roles women take on (gender roles), and how they affect women's time stress.

This chapter includes information about:

1. Women, Income and Health
2. Housing
3. Potable Water and Sanitation
4. Domestic and Sexual Violence
5. Literacy and Education by Lisa Murdock
6. Labour Force Participation, Employment and Unemployment
7. Occupational Health
8. Unpaid Work





# Women, Income and Health

## Introduction

Since before the release of the Whitehall studies [1], and later with the development of the population health approach, the importance of the connection between income and health has been well accepted. It is well documented that health status improves at each step up the income and social strata [2]. The complex intersections of gender, sex, income and health have received less attention, though.

Women's greater risk of poverty, and accompanying gender inequities in power, control over one's life, and ability to obtain economic, social and physical resources, contributes to women's greater burden of illness. Understanding the ways in which gender, income and other determinants of health interact is therefore important to improving women's health.

## Women's Poverty in Manitoba

Compared to many others in the world, Manitoba women enjoy relatively high incomes. However, as elsewhere in Canada, both poverty and income disparities are real problems. Women are at higher risk of poverty than are men in every age group (See Figure 1).<sup>1</sup>

Among Canadians, Manitoba women and men are more likely to live in poverty than those in all other provinces except British Columbia. Manitoba also has the second highest child poverty rate among the provinces; second only to British Columbia [3].

### How is poverty measured in Canada?

The most commonly accepted definition of poverty in Canada is the Statistics Canada Low Income Cut Off Rate (LICO). LICOs are based on family and community size.

Canadians with income below the LICO spend disproportionate amounts of money for food, shelter, and clothing. The cut-offs are updated to account for changes in the consumer price index over time. All sources of income are included – both market income (e.g. wages, salaries, investments and pension income) and government transfers (e.g. income from Old Age Security, social assistance, workers' compensation, Canada and Québec Pension Plan, Child Tax Benefit, etc.).

There are two ways of measuring LICOs – before-tax and after-tax. Statistics Canada prefers the after-tax LICOs, as they better reflect the entire redistributive impact of Canada's tax/transfer system. The LICO rates used in this document use the after-tax basis of calculation [3].

Low income rates are higher on a before-tax basis than on an after-tax basis.

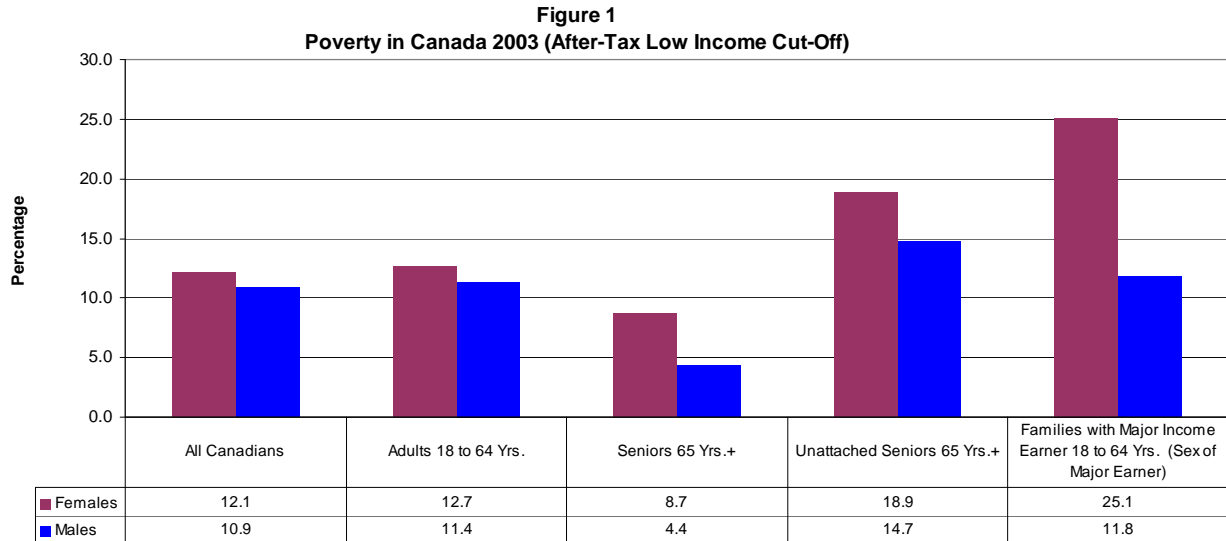
Material in this chapter section was previously produced for the World Health Organization in *Manitoba Field Testing of Gender-Sensitive Core Set of Leading Health Indicators*, by Donner, Haworth-Brockman and Isfeld (2006). The authors are grateful to the World Health Organization for technical assistance.

<sup>1</sup> Data are taken from Statistics Canada's *Income in Canada 2003* and *CANSIM Table 2002-0803* [5], the primary Canadian source for after-tax LICO data.





Women of Aboriginal ancestry<sup>2</sup>, women with disabilities and senior women are at increased risk of living in poverty. Data from the 2001 Census of Canada about Aboriginal Canadians living off-reserve show that Aboriginal females had a poverty rate of 24.8%, compared to 17.2% for non-Aboriginal females [4]. This understates the true extent of low-income among Aboriginal Canadians women because those living in First Nations on reserve communities are much more likely to live in poverty.



Sources: Statistics Canada, Income in Canada 2003 and Statistics Canada, CANSIM Table 202-0803

In 2000, in Winnipeg, Aboriginal people were nearly three times as likely to live in low income as were the general population. 42% of Aboriginal residents lived in low income, compared with 16.2% of Winnipeg residents overall [5].

After-tax poverty rates have decreased in Canada over the last ten years, as illustrated in Figure 2 below. From 1999 to 2003, the poverty rate among Canadian men decreased by 13.8%; the rate among women decreased by 12.4% [3]. Notably, the decrease in before-tax poverty rates has been much smaller (males -8.1%; females -8.6%), demonstrating the important redistributive function of the Canadian income tax system [6].

However, the gender gap in poverty remains. It is greatest among senior women, who are twice as likely to live in poverty as senior men, and among those living in families whose major income earner is a woman aged 18 to 64 years.<sup>3</sup> A comparison of the gender gap in before and after-tax poverty rates shows no reduction in the gender gap. That is, the income tax system does not reduce the gap between women's and men's risks of living in poverty [6].

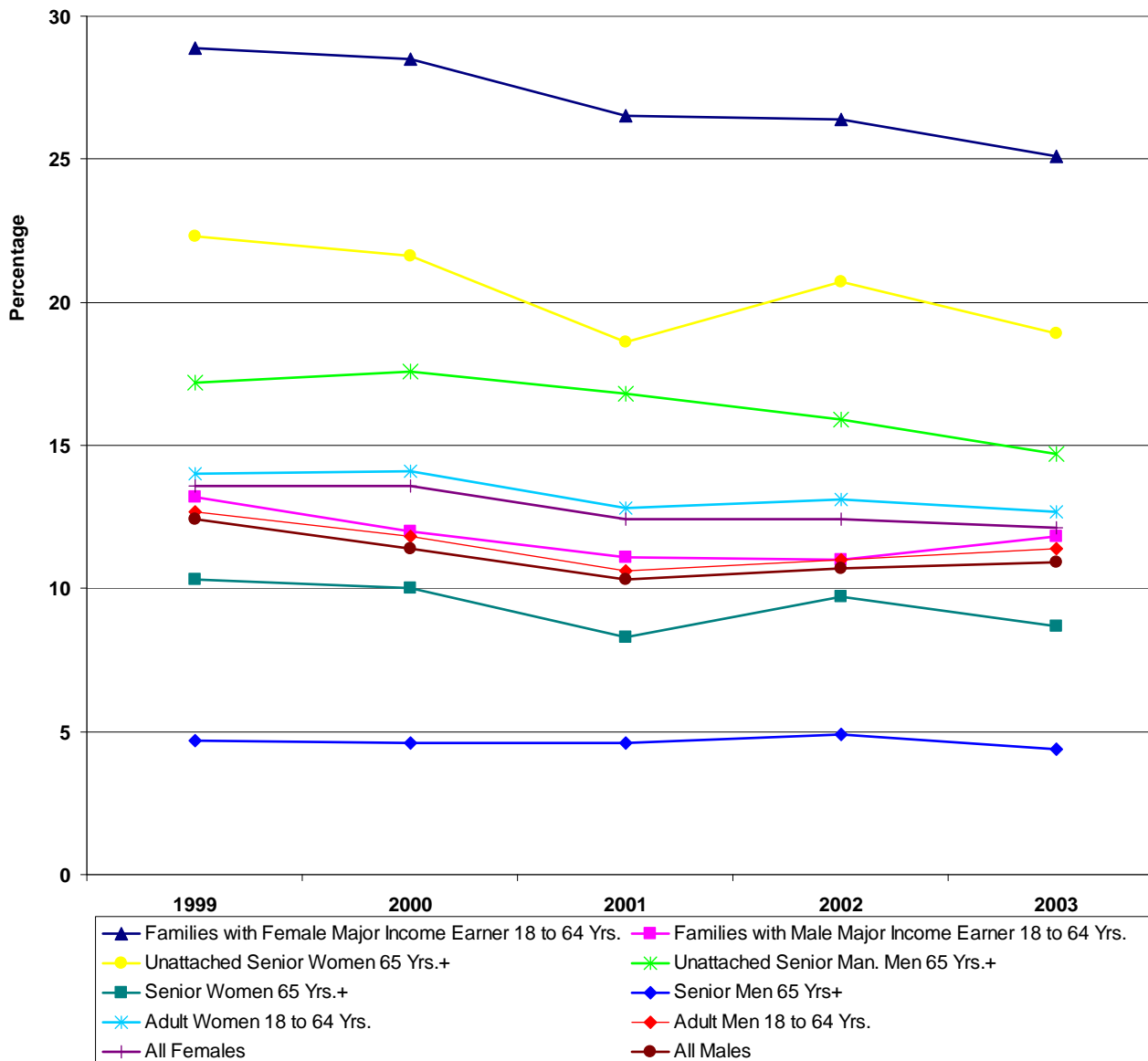
<sup>2</sup> This includes Canadians who reported identifying with at least one Aboriginal group (i.e North American Indian, Métis, or Inuit, and/or those who reported being a Treaty Indian or a Registered Indian as defined by the *Indian Act of Canada*, and/or who were members of an Indian Band or First Nation).

<sup>3</sup> The major income earner is the person with the highest income before tax.





**Figure 2**  
**Changes in Rates of Persons Living in Poverty - Canada**  
**(After-Tax Low Income Cut Off)**



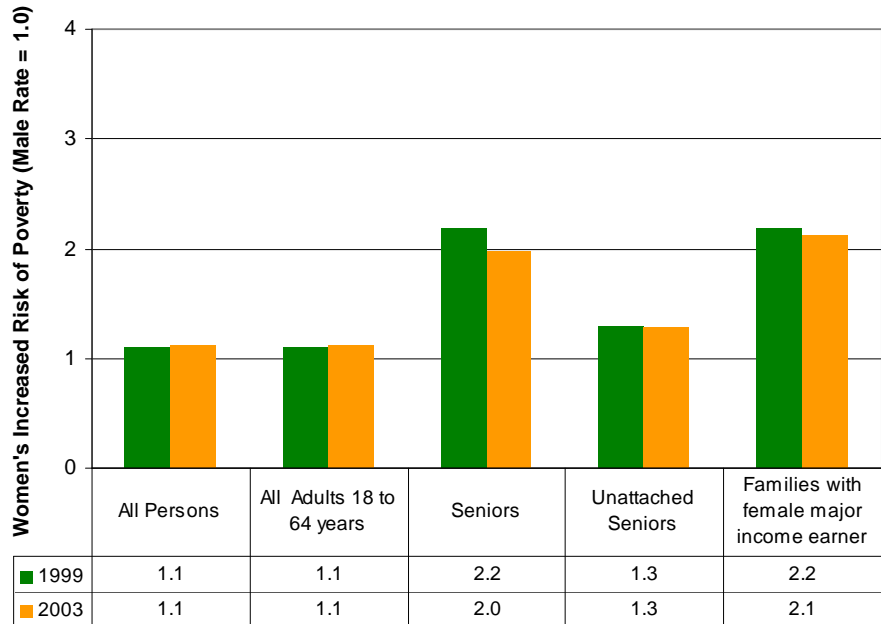
Sources: Statistics Canada, *Income in Canada 2003* and Statistics Canada, *CANSIM Table 202-0803*





Figure 3 below shows the persistence of women’s increased risk of poverty. Despite recent decreases in poverty rates, women’s increased risk of poverty has not changed.

**Figure 3**  
**Poverty Rates Have Decreased but the Gender Gap Remains**  
**Canadian Women's Increased Risk of Poverty (After Tax LICO)**  
**1999 and 2003**



Sources: Statistics Canada, *Income in Canada 2003* and Statistics Canada, *CANSIM Table 202-0803*

## Women’s Personal Income and Household Income

It is important to understand how many women have incomes of their own. Certainly, women’s increased labour force participation has increased their autonomy, and made it easier, for example, to establish independent homes, to raise children on their own if they wish, and to leave abusive or unhappy relationships. Education and labour force participation are also linked, as women with higher levels of education are more likely to be employed. This is described in detail later in this chapter, including the changes over time in the number of mothers of young children who are part of the labour force. Note that women are less likely than men to be participants in the labour force, and women persistently earn less, on average, than men.

These figures presented here, however, cannot describe the extent to which women have control over their personal and household incomes. Decision-making over one’s own income is essential to women’s independence and autonomy. The importance of this autonomy to women’s health is noted by its inclusion in international measures of health (e.g. World Health Organization [7] and Pan-American Health Organization [8]). Currently there are no survey data available to describe the extent to which women control their own incomes, and to what extent they have decision-making power over other family income. For example, Towson [9] as well as Savarese and Morton [10] note that social assistance





policies that assume household income-sharing are flawed, because the presence of a man and a man's income in a household does not mean that a woman can depend on his income [9, 10].

Woolley, in research done in Ottawa, with 300 husband-wife families found that the family should not be viewed as “a model of harmony and sharing in a world of discord [11].” She found that access to, and control over, a family's financial resources was shaped by each family member's circumstances and that women with higher earnings had more control over money. This often means women are at a disadvantage. Woolley found that being married before led to less pooling of family resources in subsequent living arrangements. Her results challenge the notion that the family can be treated as a single entity for purposes of economic theory or public policy [11, also 9].

To really understand women's control over their income, it is important to establish means to measure:

- the extent to which women with independent incomes have control over how their own and their families' incomes are used;
- how women exercise that control; and
- to what extent women without independent incomes have control over how household income is spent.

## Out-of-pocket Health Expenses

As all physician and hospital care is insured through the medicare system, Manitobans do not defer medical or hospital care due to personal costs *per se*. However not all health care is in fact universally available, nor universally paid for. Uninsured items include dental care, physiotherapy, non-prescription drugs, ambulance services and psychology services, and so-called alternative therapies<sup>4</sup>. Rural and northern Manitobans are often referred to Winnipeg for specialist care, and although Northern women's travel costs are covered through the Northern Patient Transportation Program, women report that the expenses of travel and accommodation, lost income, childcare and other items contribute to their decision about whether or not they will seek health care [12, 13, 14].

Insurance for some additional health care costs may be provided through employment-related or privately purchased extended benefits. A review of non-wage compensation (benefits) offered by Canadian employers found that 50% of all employees received extended medical and dental insurance [15]. Employees with “good jobs” (high-wages, unionized, full-time and permanent) or in large companies were much more likely to have access to all types of non-wage benefits. While Marshall did not find age and sex to be statistically significant factors in benefit access, women were found to earn a median wage of \$4.00 less than men [15]. Since women are more likely than men to be unemployed or employed in lower paying jobs which do not provide such additional benefits, they are more likely than men to incur out-of-pocket costs for health care.

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<sup>4</sup> See Chapter Six for a discussion of women's use of medical transportation and women's use of alternative and complementary therapies.







Statistics Canada's Survey of Household Finances includes data about spending on services not insured through the medicare system, including private insurance premiums. However, these are reported by household, therefore making a gendered analysis impossible.

First Nations women with Treaty Status are entitled to some additional health services provided by the federal government. However, only those persons registered under the current legislation are entitled to the additional uninsured health services, including dental care, prescription drugs and non-prescription medication [16]. This is significant to the population of Manitoba because some Aboriginal women are entitled to some funded health services while others are not. "Distinctions are made between and among Aboriginal women residing on reserve, off reserve and in rural and urban settings, and the provision of health care and services may be broken along federal, provincial, regional and band community lines. Free prescription drugs, certain dental procedures and eye care, for example, are not provided for Aboriginal women who do not have treaty status" [16]. For Manitoba Aboriginal residents there can be confusion about which services are available and to whom people apply for authorization and reimbursement [16].

Regular dental care is particularly important for overall good health for women and men [17]. Getting and affording dental care are concerns for all people who do not receive dental insurance as part of employment benefits, the majority of whom are women. Dental services exemplify the shifts that have recently occurred in health coverage: children used to receive routine dental check-ups through their schools. Similarly, regular eye exams were also provided through the medicare system. They are now provided only for children and seniors.

On the other hand, the regulation of midwifery in 2000 in Manitoba is an example of an "alternative" service for which women and their families used to pay privately, but midwifery care has now become a funded service in the province. As debates and discussions continue about the future of universal health care in Manitoba and Canada, it will be important to monitor how women are affected by changes in universal access and care.

## **Health & Income Inequality**

Health is also related to income inequality within a society. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth [2]. In Canada, income inequality increased in the ten years from 1994 to 2003. In 1994, families in the highest income quintile had after-tax income of 7.5 times that of those in the lowest quintile. In 2003, the gap was 8.8 times. When total pre-tax income is considered, the gap is even more striking. In 2003, those in the highest income quintile earned 10.8 times that of those in the lowest quintile [3].

A recent study of National Population Health Survey (1997) data quantified this relationship more specifically. Safaei [18] examined health inequalities between income groups, including allowance for the fact that a high proportion of the people in the two lowest income groups are between the ages of 15-24 and may be in very good health (but are more likely to be students, and thus earning less personal income). Safaei reports that







“A vast proportion (about 50%) of women earn below \$15,000 compared to only 25% of men who earn such income. On the other hand, over 50% of men earn more than \$30,000/yr compared to only 23% of women. The income disparity, of course is both a reflection of differential participation rates in the labour market (and earning income) and gender wage differentials. Such income patterns hold by and large across all provinces.” [18 p. 632)]<sup>5</sup>.

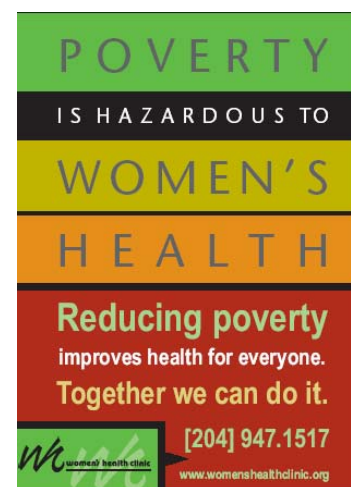
Safaei’s statistical analysis links income to both reported chronic conditions and self-assessed ill health. Compared to the national averages, Manitoba was one of three provinces to show the highest rate of health inequalities. The author speculates on the causes for these provincial differences, but points out that the numerous factors that contribute to ill health are complicated and not necessarily directly traceable in statistical data [18]. However the author notes that while the overall measures of health inequalities are small in magnitude, poor health is clearly concentrated in the low-income groups.

Specifically looking at the burden of illness for women in Canada, Bierman used data from the Canadian Community Health Survey Cycle 1.1 and found that inequities in self-rated health and in reported diseases were greater among women when examined by income than by observation alone [19]. Health inequities were largest among women and men with chronic disease – arthritis, diabetes and heart disease. Specifically, low-income women had more asthma, arthritis, back problems, high blood pressure, diabetes and heart disease than women with higher incomes and more than men in most income quintiles [19].

## Implications for Manitoba Women’s Health

As this *Profile* demonstrates in the following chapters, women’s income has profound implications on their physical and mental health, as well as on their ability to modify their living conditions:

- women are more likely to be living in poor housing and unsafe neighbourhoods;
- women’s ability to afford nutritious foods and to enjoy recreational activities is limited by their incomes;
- women with low income are more likely to have cardio-vascular diseases;
- women with low incomes are significantly more likely to be diagnosed with lung cancer or with cervical cancer, but are less likely to be reached through preventative screening programs;
- women with arthritis in lower income categories are significantly more likely to report their health to be poor and to report great pain and mobility restrictions;
- for urban females there was a strong relationship between ambulatory care visit rates (excluding care provided in hospital and prenatal visits) and income;
- for both rural and urban females there was a strong relationship between hospitalization rates and income;



<sup>5</sup> Note that these calculations use National Population Health Survey data from 1997.





- for both urban and rural females there is a significant relationship between the number of drugs prescribed and income; and
- women with low income have significantly shorter life expectancies and are more likely to die prematurely.

However Manitoba public policy does not yet adequately address these findings to reduce poverty and income inequality. Health services organizations need to consider women's poverty and other social determinants in the course of planning effective development, delivery and evaluation of health services [21]. Health services have so far focused on treatment despite extensive qualitative and quantitative linking low income to health status.

The *Poverty is Hazardous to Women's Health* project of the Women's Health Clinic in Winnipeg is one example of a project that strives to educate the wider public on the importance of reducing health inequities by addressing poverty. The Provincial Council of Women of Manitoba, the Just Income Coalition and the Poverty-Reduction Coalition among others, bring together various agencies who are concerned with the pressing concerns of continued poverty, and the gender inequities women face.

## Implications for Monitoring Women's Health

Disparities in income have long been associated with health inequities at the population level, not just for individuals. As health is inextricably linked to income, it is essential to continue to examine women's health in relation to women's income. The Manitoba Centre for Health Policy has shown leadership for Manitoba and Canada by reporting indicators by income and sex in its reports on health in the province. Consistent application of income-related analysis of health data for women will be essential to continue to address health inequities in Manitoba.

It will be important to establish base-line sex-disaggregated data for indicators of out-of-pocket medical expenses, and to monitor the changes, particularly for women who are more likely to have limited incomes.

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# Housing

## Introduction

Housing, shelter, is a basic human right and essential to good health [1]. While there has been consensus for more than one hundred years that decent housing is required for good health, there is, in fact, little literature about how housing, good or bad, *directly* affects health and health status.

Reduced or poor health has been *associated* with housing and shelter that is compromised by physical, chemical, biological and structural hazards, vermin (insects and rodents), toxins and toxic waste; and poor housing contributes to asthma and other respiratory diseases, chronic disease and other dangers, leading to shorter life span. Housing that is not suitable for seniors, for instance, may increase the danger and likelihood of injury [2]. Homelessness, having no housing at all, is certainly bad for health, and homeless women and men are at much greater risk of respiratory diseases (pneumonia, colds, tuberculosis, asthma), arthritis, rheumatism, high blood pressure, diabetes, lice and scabies [3, 4].

Women themselves say that housing is a fundamental concern to their health. In recent studies led by Prairie Women's Health Centre of Excellence, women with low incomes asked to describe the factors in their lives that contribute to poor health, repeatedly mentioned bad housing, including having to cope with lack of heat, mould, mice, rats and lice, dangerous neighbourhoods, harassment from landlords and the threat of violence. Furthermore, women consistently describe how the stress and deprivation caused by struggling to afford a good place to live, contributes to their weakened mental and physical health [5, 6, 7]. For instance successive studies in Winnipeg report women having to go without food and other essentials in order to pay rents that they cannot afford [5, 6, 8, 9].

Community organizations and policy makers alike recognize that Manitoba, and indeed Canada, has a housing crisis. This section looks at what data and information are available and the need for policy to improve women's housing conditions.

## Housing and Health

According to Moloughney [2], beyond some specific population groups, the published research on the relationships between housing and health are largely focused on relative degrees of housing deprivation. Table 1 outlines the causal relationships between housing conditions and residents' health that have been established to at least some degree in the academic literature. Residents of poor neighbourhoods suffer poorer health for a number of reasons, but it remains unclear to what degree this association of poor health is caused by bad housing, and to what degree the poor health influences the move to, or continuing to remain in, poor housing [10]. What is clear, is that low income is directly related to poor health (see section on women and income), and has been independently shown to cause increased morbidity and mortality, and it is women with low income in Manitoba who are the most likely to live in housing that is unsuitable, inadequate, unsafe and unhealthy.





Table 1. Evidence of Causal Effects of Housing Conditions to Residents' Health.  
(Adapted from Moloughney 2004 [2]).

<b>Definitive/Strong:</b> Numerous or some well-designed studies showing the effect; most/all causal criteria met/ preponderance of opinion among experts that a health effect exists	<b>Possible &amp; Associated:</b> Small numbers of studies showing the effect; some or few causal criteria met; no consensus among experts that a health effects exists	<b>Weak:</b> Conflicting or negative evidence regarding the effect; few or no causal criteria met; consensus among experts that health effect is not proven or unlikely
<b>Exposure to toxins:</b> Lead Radon Asbestos House dust mites Cockroaches Environmental tobacco smoke Black mould*	<b>Exposure to toxins:</b> Urea formaldehyde foam insulation (UFFI) Volatile organic compounds	<b>Exposure to toxins:</b> Electromagnetic fields
<b>Building maintenance and structure:</b> Home safety/stairs Smoke detectors Excessive cold & heat; heating system	<b>Building maintenance and structure:</b> Carbon monoxide detectors Building type Floor level High-rise structure	
	<b>Social living conditions:</b> Overcrowding Housing tenure Housing satisfaction	

\* Note that Moloughney does not include black mould in this column, but other authors do [12, 13].

Bryant [3] suggests that the criteria for causal relationship Moloughney uses may be too stringent, but concurs that there has been little research in Canada that looks at the direct links between housing and health.

A Saskatchewan study did find direct links between household dampness and respiratory problems, including wheezing [11]. Studies from The Netherlands and Australia also point to dampness and the likelihood of associated moulds and house dust contributing to asthma and other respiratory illnesses in both children and adults [12, 13, 14]. In one study both women and men were found to have coughs and phlegm strongly associated with living in a damp home, probably because of exposure to fungi and/or house dust mites [12].

Manitoba women themselves repeatedly draw a link between the state and circumstances of their housing and their personal health. Women report that living in bad housing affects them physically





because of mould, draughty and leaky windows and doors which do not keep heat in, lack of heating and the presence of vermin [5]. Manitoba women have also reported that poor housing conditions affect their mental health as well [6]. Trying to keep themselves and their children safe in dangerous neighbourhoods, threats of physical violence, and humiliating encounters with landlords are just some of the stressful conditions women have listed.

## Measuring Housing Availability & Need

Despite the interest in the interaction of housing and health, there are few ways to directly measure who lives in bad housing. An international Expert Working Group, for instance, included housing suitability, affordability and overcrowded living conditions as potential gender-sensitive health indicators, but did not include housing in a final core set of 37 gender-sensitive leading health indicators tested internationally [15]. Other similar frameworks for gender equity in health also do not include measures of housing adequacy (PAHO for example [16]).

The Canadian Mortgage and Housing Corporation (CMHC) uses Canada Census data to examine core housing need in Canada. The CMHC data record the conditions for people who have housing, good or otherwise. These data are typically only published by household (not by the sex of the household residents), providing some understanding of what the state of housing need is in Manitoba. We are able to present sex-disaggregated data for women living in core housing need later in this section.

More difficult to measure is who is *without* any reliable shelter. The Manitoba Housing Authority operates subsidized housing and keeps a waiting list for applicants. These lists very likely underestimate the number of women, men and families who do not have a shelter or home of their own [18, 4].

To better understand the housing situation in Manitoba, we first look at how much housing is available for women, and the costs women face for shelter.

The Manitoba provincial department of **Family Services and Housing** includes the **Employment, Income and Housing Division**. Under this Division, the **Manitoba Housing and Renewal Corporation** (MHRC) is a Crown corporation governed by a board of directors with policy direction provided by government. The MHRC operates as the delivery arm for federal/provincial cost-shared social housing programs and other capital programming provided by the province. The MHRC provides subsidies for about 36,300 housing units developed under various federal/provincial housing programs. Approximately 13,000 units are directly managed through the **Manitoba Housing Authority** (MHA) which functions as the property management arm of the Housing Division. MHA is responsible for the ongoing operation and management of provincially-owned public housing.

The MHRC provides subsidies for about 23,300 housing units developed under various federal/provincial housing programs, and operated by private agencies.

Source: Manitoba Family Services and Housing [17].







## Women Who Own Their Houses

With more disposable income available because of working in better paying jobs, and because financial institutions are willing to lend to women on their own, which was not the case up to 25 years ago, more women are able to own their own houses than ever before. A January 2008 Ipsos-Reid poll of women who own their homes gave the reasons, advantages and disadvantages women cite after having bought a home. Besides being a good investment, most women noted that they like the independence of owning their own home [19].

## The Shortage of Housing in Manitoba

A December 2006 report from CMHC [20] records a decline in vacancies in two of Manitoba’s four urban centres: Winnipeg and Thompson. The sharpest decline was in the Winnipeg Metropolitan census area (CMA), which had an average 1.3% rental vacancy. Winnipeg continues to have one of the lowest vacancy rates among all census metropolitan areas in Canada. Brandon, though, showed the lowest apartment vacancy rate of all Manitoba cities, at or below 1% (Table 2).

Table 2. Private Apartment Vacancy Rates (%) by Bedroom Type, Manitoba.

Centre	Bachelor		1 Bedroom		2 Bedroom		3 Bedroom +		Total	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Winnipeg CMA	3.1 a	2.2 a	1.8 a	1.4 a	1.4 a	1.1 a	1.1 a	0.7 a	1.7 a	1.3 a
Brandon CA	0.0 b	0.0 b	1.1 a	1.4 a	0.9 a	0.6 a	0.0 a	0.0 b	0.9 a	0.9 a
Portage la Prairie CA	12.8 a	11.8 a	4.5 a	8.7 a	4.1 b	4.8 a	4.7 a	4.8 a	4.7 a	6.8 a
Thompson CA	9.7 a	13.3 a	17.8 a	17.3 a	0.6 a	1.1 a	3.4 a	0.0 a	8.3 a	8.2 a
<b>Manitoba 10,000+</b>	<b>3.2 a</b>	<b>2.4 a</b>	<b>2.1 a</b>	<b>1.8 a</b>	<b>1.3 a</b>	<b>1.1 a</b>	<b>1.2 a</b>	<b>0.8 a</b>	<b>1.9 a</b>	<b>1.6 a</b>

The following letter codes are used to indicate the reliability of the estimates:  
 a – Excellent, b – Very good, c – Good, d – Fair (Use with Caution)  
 \*\* Data suppressed to protect confidentiality or data is not statistically reliable  
 n/u: No units exist in universe for this category    n/s: No units exist in the sample for this category    n/a: Not applicable

Alderson and Ryan point out that a key problem in Winnipeg is supply: “There is simply not enough decent housing – either rent-g geared-to-income or even private market housing” [9]. In 2008 Mulligan reported that the total private rental housing stock for Winnipeg was 52, 430 units, with only 775 vacant or available for rent [21]. These numbers reflect a substantial loss in units available in the past 15 years, in part because of the boom in conversions to condominiums, but also because some units became uninhabitable (demolished or condemned) [21].

While the housing shortage in Manitoba and Winnipeg is well known and reported by women, men, agencies, government and media, it is very difficult to know how many applicants are waiting for publicly subsidized housing at any one time. Campaign 2000 reported Manitoba Housing Authority had 3,037 households on their wait lists in 2003, and Manitoba Urban Native Housing Authority reported 2,300 in 2007 [21]. Manitoba Housing and Renewal Corporation reported however that wait times were at least 6 months to a year; longer for applicants needing more than 3 bedrooms [as quoted in 9].







In interviews with women who were recent immigrants, Alderson and Ryan report that some women were granted apartments with fewer bedrooms than were previously “required” in seemingly arbitrary decisions: “(I) was told that I had to have a 4 or 5 bedroom. I kept pressuring – nothing. Suddenly, after years of pressure – I was told that a 3 bedroom was available. I told them in the beginning that I wanted a 3 bedroom” [9, page 35].

## Affordability

An established rule-of-thumb is that housing in Canada should not cost residents more than 33% of household income in order to be affordable, and to allow households to have enough money for other necessities. Housing that is too expensive for what residents need is part of the chronic problem Manitobans are facing.

The cost of rent has risen by 3.2% annually, on average, across the country [20]. CMHC reports that in Winnipeg the average rent for a two-bedroom apartment (in existing structures) increased by 3.4%, compared to the year before, which is above the rent control guideline for 2.5%. Brandon’s rents also went up in the year preceding October 2006, increasing by about 4% overall (Table 3).<sup>1</sup> CCPA – Manitoba reports that single people on social assistance are at particular risk of being unable to afford a place to live. Shelter allowance for a single person with disabilities is \$285/ month and \$271/ month for someone considered employable, while rents have been allowed to increase [38].

Table 3. Private Apartment Average Rent (\$) by Bedroom Type, Manitoba (utilities not included).

Centre	Bachelor		1 Bedroom		2 Bedroom		3 Bedroom +		Total	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Winnipeg CMA	405 <sup>a</sup>	420 <sup>a</sup>	539 <sup>a</sup>	557 <sup>a</sup>	683 <sup>a</sup>	709 <sup>a</sup>	795 <sup>a</sup>	839 <sup>a</sup>	589 <sup>a</sup>	608 <sup>a</sup>
Brandon CA	365 <sup>a</sup>	374 <sup>a</sup>	469 <sup>a</sup>	475 <sup>a</sup>	590 <sup>a</sup>	600 <sup>a</sup>	691 <sup>a</sup>	703 <sup>a</sup>	544 <sup>a</sup>	553 <sup>a</sup>
Portage la Prairie CA	301 <sup>a</sup>	305 <sup>a</sup>	445 <sup>a</sup>	446 <sup>a</sup>	559 <sup>a</sup>	564 <sup>a</sup>	468 <sup>b</sup>	536 <sup>a</sup>	494 <sup>a</sup>	501 <sup>a</sup>
Thompson CA	424 <sup>a</sup>	438 <sup>a</sup>	494 <sup>a</sup>	502 <sup>a</sup>	557 <sup>a</sup>	566 <sup>a</sup>	638 <sup>a</sup>	648 <sup>a</sup>	526 <sup>a</sup>	536 <sup>a</sup>
<b>Manitoba 10,000+</b>	<b>404<sup>a</sup></b>	<b>418<sup>a</sup></b>	<b>534<sup>a</sup></b>	<b>552<sup>a</sup></b>	<b>669<sup>a</sup></b>	<b>692<sup>a</sup></b>	<b>784<sup>a</sup></b>	<b>823<sup>a</sup></b>	<b>584<sup>a</sup></b>	<b>602<sup>a</sup></b>

The following letter codes are used to indicate the reliability of the estimates (cv = coefficient of variation):

a – Excellent ( $0 \leq cv \leq 2.5$ ), b – Very good ( $2.5 < cv \leq 5$ ), c – Good ( $5 < cv \leq 7.5$ )

d – Fair (Use with Caution) ( $7.5 < cv \leq 10$ )

\*\* Data suppressed to protect confidentiality or data is not statistically reliable

n/u: No units exist in universe for this category n/s: No units exist in the sample for this category n/a: Not applicable

Source: Canadian Mortgage and Housing Corporation [20]).

Likewise, Manitoba has seen an increase in real estate market prices, particularly in the 24 months January 2006-December 2007 [22]. Average prices in 2007 were 16% above the 2006 level, and are predicted to rise equally fast in the months to come. The higher prices make it more difficult to get into the market and buy a first house, and harder for people to move their families into larger or better houses. The increased prices make buying a house less affordable for everyone.

<sup>1</sup> Manitoba’s rent control guidelines allow for no more than a 2.5% increase in rent annually, unless landlords can demonstrate substantial renovations and improvements (there are other stipulations). The effects rent controls have on market economies, the vacancy rate and affordability for low-income residents is contested.





Unaffordable housing does affect health directly for those who must perpetually “borrow” from food money and incidentals to pay rent. A number of recent studies report that some women go without food to pay the rent and associated bills [5, 6]. According to McCracken and Watson, women in a focus group concurred that they paid their rent first, their utilities second, and bought food and other necessities last. “When rent is above what social assistance [provides] they told us they are regularly forced to use their food and clothing money to pay rent.” [5]. Similarly, Wiebe and Keirstead found 26 of 28 participants on social assistance in a Manitoba study did not have enough money to rent a safe place to live [6].

Women on social assistance are not the only ones who struggle to pay for rent. Pomeroy [23] ranks the largest Canadian cities according to rent affordability and the local minimum wage required to afford rent within the 30% of income guideline. Winnipeg ranks 18<sup>th</sup> of 28 cities where minimum wages are insufficient to meet housing costs. According to Pomeroy’s analysis, a minimum wage of \$8.08/hour would make a bachelor apartment affordable<sup>2</sup> in October 2006, when the minimum wage in Manitoba was \$7.60. Since the study was released Manitoba Labour has raised the minimum wage in the province to \$8.25/hour.

### The Cost of Heat

With winter temperatures below -20C regularly, the cost of heating a dwelling in poor repair is critical to the overall health of women and their families [7]. As noted, women report drawing on their food budgets to cover utility bills, especially if social assistance estimates for utilities did not equal the true costs; some women reported going without heat during Winnipeg winters because they could not pay the bill. When women have to move, they may not get more assistance to cover the cost of utility hook-ups [5]. Affordable heat is also a pressing issue in Northern Manitoba. It is ironic that many northern communities, located near hydro electric dams, do not themselves have access to hydro electricity, and rely on generators using fossil fuels.

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<sup>2</sup> Calculated based on working 40 hours per week, 52 weeks per year.





## Women in Core Housing Need in Manitoba

CMHC defines sub-standard housing as that which is not affordable, adequate or suitable; that is, fails to meet one or more of the three criteria for decent or core housing (see box). Figure 1 illustrates that in Canada, Manitoba and Winnipeg, women bear a higher burden of core housing need.

In Manitoba in 2001 there was a 20% incidence of core housing need in senior women living alone (aged 65 and older), a 36.1% incidence for households led by lone mothers, and a 20.2% incidence for non-senior women living alone (Figure 2). The results for Winnipeg sharpen the picture: 17.9% of senior women living alone, 35.2% of women-led lone parent households and 18.2% of non-senior women living alone were found to have core housing need in 2001. That is, 1/5 to 1/3 Manitoba women living alone live in homes that are not affordable, adequate or suitable.

### What is Core Housing Need?

Residents in core housing need live in dwellings that are:

**Not Affordable:** cost more than 30 percent or more of household income, **or**

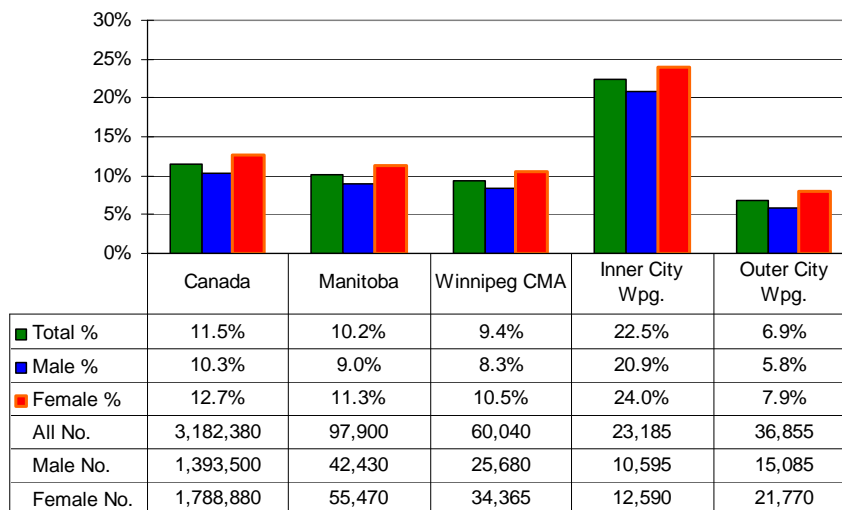
**Inadequate:** in need of “major” repair with respect to basic health and safety codes, **or**

**Unsuitable:** over-crowded, according to the age and sex of children, based on a National Occupancy Standard.

Dwellings that have any one or more of these factors represent core housing need for the inhabitants.

Source: Canadian Mortgage and Housing Corporation [24]

**Figure 1**  
**Incidence of Core Housing Need**  
**Males and Females 2001**



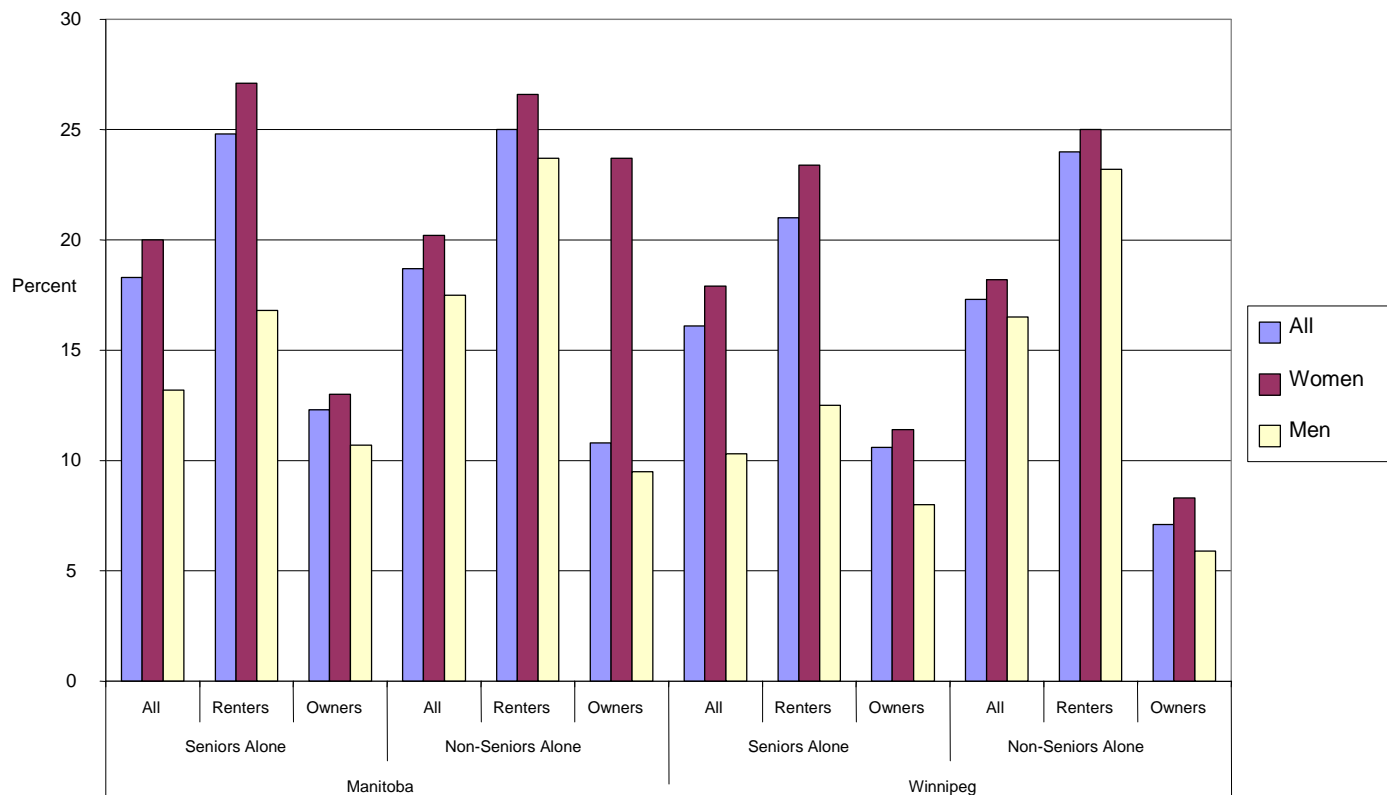
Data Source: CMHC Core Housing Need Custom Tabulation [4].





Not surprisingly, the greatest need is among women who are renters (Figure 2). Rentals include houses and apartments and may also include rooming houses.

**Figure 2. Core Housing Need for Individuals Living Alone in Manitoba and Winnipeg, 2001**



Data Source: CMHC Core Housing Need Custom Tabulation [4].

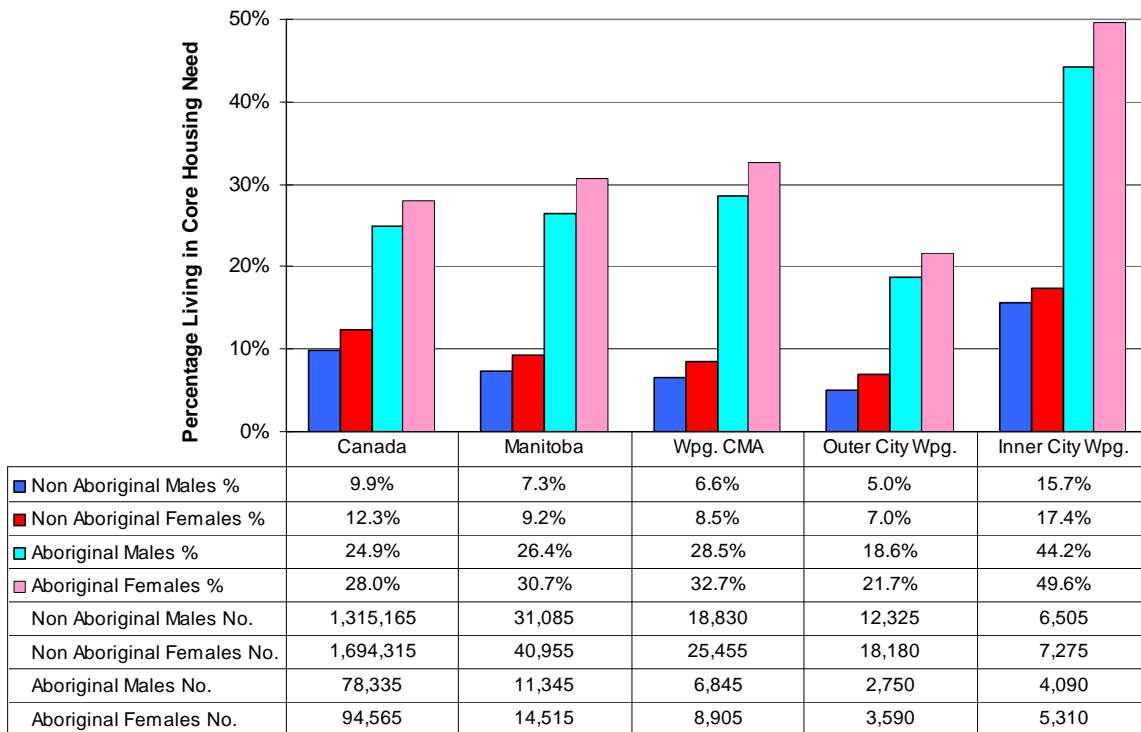
A closer look at who is in core housing need reveals that Aboriginal women (and men) are particularly vulnerable. A shocking 50% of Aboriginal women in inner city Winnipeg lived in core housing need, which is 2.85 times the number for non-Aboriginal women (Figure 3). Aboriginal men are nearly equally affected at 44.2% in core housing need. The overall core housing need for Aboriginal women living off reserve in the province is 30.7%. Measurements of core housing need by Statistics Canada exclude all people living on reserve, however the Census Metropolitan Area of Winnipeg *does* include Brokenhead First Nation.





Martens et al investigated housing conditions on First Nations in Manitoba Tribal Council Areas [25]. Using a Housing Assessment Survey from Indian and Northern Affairs Canada, the authors found that one quarter (25.8%) of housing units on Manitoba reserves were either in need of major renovations or in need of replacement. Houses on reserve were also more likely to have more occupants per dwelling (an average of 4.8 persons per dwelling, compared with 2.6 persons per dwelling in the general Manitoba population).

**Figure 3**  
**Incidence of Core Housing Need**  
**Aboriginal & Non-Aboriginal Manitobans 2001**



Data Source: CMHC Custom Tabulation [8]

However when the authors then considered only the number of dwellings that were habitable (not needing major renovations or replacement) the potential for overcrowding increased sharply, with an average of 7.6 persons per dwelling on reserve [25]. Finally, the authors noted that there was wide variation among Tribal Council areas in how many houses had hot and cold running water and adequate sanitation, with as many as 95% of homes on some reserves without modern plumbing (see Potable Water and Adequate Sanitation) [25].

Nationally, on-reserve crowding was found to be most common in isolated and semi-isolated communities, and among people with the lowest incomes, who were not working for pay, who were under 55 years of age and with lower education levels (had not graduated from high school). Over-

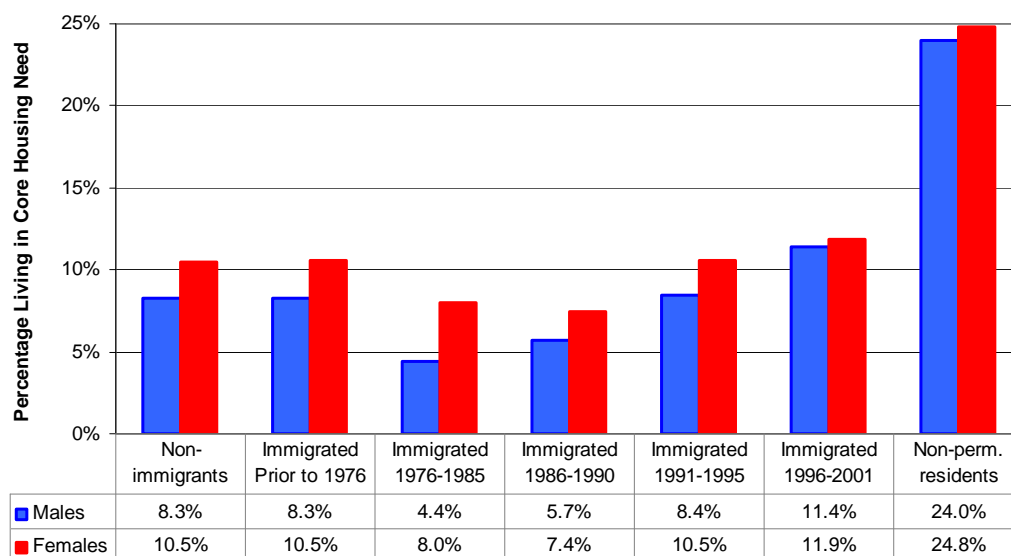




crowding was also found to be more common in homes that also required major repairs [26]. Clearly, as the federal government acknowledges:

*“Although housing conditions have improved, there is still work to be done. The lack of adequate, affordable housing is a great challenge for many First Nations.” [27].*

**Figure 4**  
**Incidence of Core Housing Need**  
**Winnipeg CMA**  
**Males & Females by Immigration Status**



Data Source: CMHC Custom Tabulation from Donner [37]

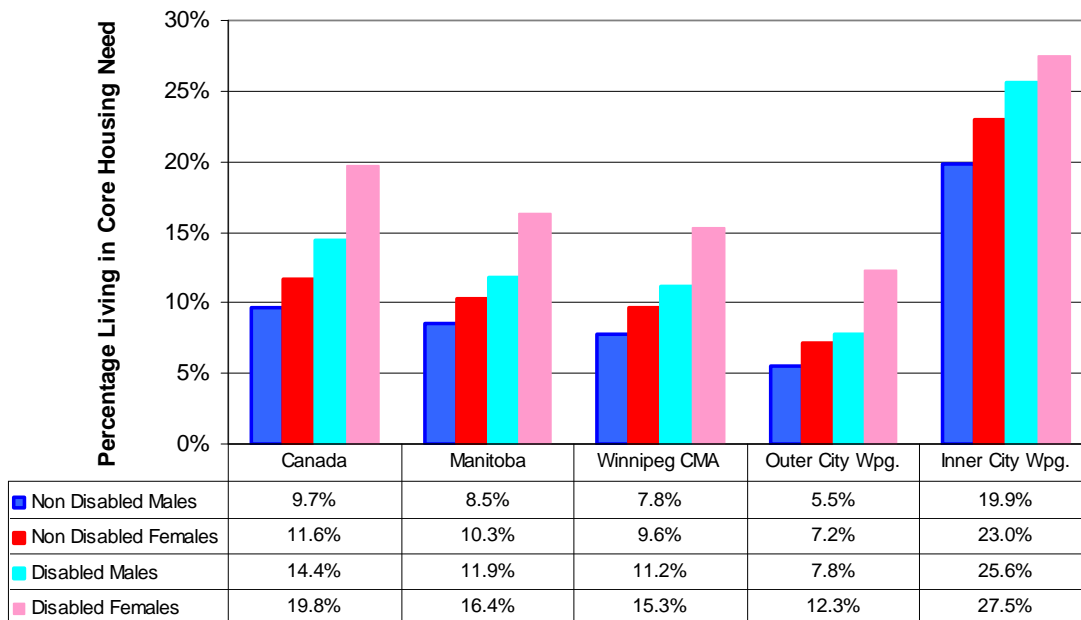
Among immigrants, as among other Manitobans, women are more likely to live in core housing need (Figure 4). Women who are most recently arrived (1996-2001) show an 11.9% core housing need which is not much higher than the 10.5% for non-immigrant women in the City of Winnipeg. Women who have lived in Canada for 20 years or more show the lowest core housing need overall, suggesting that most long-time residents have become financially secure and have a stable, safe and adequate place to live.

Women with disabilities are among the poorest of Manitoba’s poor. Figure 5 illustrates how critical the housing need is for women with disabilities, particularly in inner-city Winnipeg. In Canada, Manitoba and Winnipeg, women with disabilities were more likely to live in core housing need than either their male counterparts or other women.





**Figure 5**  
**Incidence of Core Housing Need**  
**Males & Females by Disability Status 2001**



Data Source: CMHC Custom Tabulation, from Donner [37]

## Discussion

In a 2004 study of Winnipeg women, McCracken and Watson found that safety, affordability and suitability were the most important housing concerns for low-income women [5]. The women who participated in the study sought housing that had smoke alarms, working door and window locks, apartments that were not on the ground or basement levels, and that were free of harassment from landlords and superintendents. Women also noted that the ability to afford a telephone in their home was essential to feeling safe.

Neighbourhoods are also critical to physical and mental well-being. Molougheny [2] and Bryant [3] note that to truly understand housing and health, neighbourhood safety and conditions must also be considered. Beyond the doors and windows, women were also concerned about neighbourhood gangs, the presence of drug dealing and dealers,, women sought familiar and trusted neighbours, and safe and well-lit streets and corridors [5]. Women in Winnipeg reported anxiety about their children’s exposure to neighbourhood violence [6], sexual harassment, and the common occurrence of finding used syringes and condoms on sidewalks, streets and in back lanes and yards. Women also commented on needing fences to prevent strangers from coming right up to their buildings [5].

The threat of violence is not just outside women’s home doors. Many women must flee physical and sexual abuse in their own homes, seeking temporary shelter and then having to find second-stage housing and ultimately somewhere to call home. Brownridge [28] investigated the relationship between housing tenure (owning or renting) and violence against women. Canadian women living in rental housing were







twice as likely as women who owned their own home to experience violence, however the risk of violence for women is intersected by life-course and the controlling behaviours of the men in their lives.

A study of immigrant women’s experience of violence and homelessness examines how gender and culture intersect. Many of the women in the pan-Canadian study (which included Winnipeg) had never lived alone before leaving an abusive situation. They had never before had to search for housing, or had to contend with the many aspects of running the household finances. The study authors found that there were both systemic and individual factors at play in how women came to be homeless (after fleeing violence) and then in how they were able to find new housing. Housing insecurity was in fact more critical for these women than absolute homelessness [18].

As a Toronto study demonstrates, however, “the full extent of women’s homelessness is severely underestimated because of a failure to understand the continuum of women’s homelessness.” The study notes that there is a high incidence of “*Hidden Homelessness which includes women who are temporarily staying with friends or family or are staying with a man only in order to obtain shelter, and those living in households where they are subject to family conflict or violence. Hidden Homelessness also includes situations where women are paying so much of their income that they cannot afford other necessities of life such as food; those who are at risk of eviction; and those living in illegal or physically unsafe buildings or overcrowded households.*” [4]

This definition is supported by the study by Thurston et al [18] in which women found temporary housing with friends or family, in emergency shelters or second stage shelters, with no clear idea about where to go next. Many women continued to have unstable housing for six months or more, until, with the help of advocates and counselling, they could find a place to live. Rising rents and neighbourhood safety were a concern for the women in the study, as for those who participated in other related research [18].

### Women Reclaiming their Neighbourhoods

Manitoba women know how crucial a safe neighbourhood is for them and their families. Women are leading a number of new campaigns to take back their neighbourhoods and communities:

The women of **North Point Douglas** in Winnipeg have come together to create a new Women’s Centre, Sisters Initiating Steps Towards a Renewed Society (SISTARS), the North End Housing Project and the North End Community Renewal Corporation, getting rid of crack houses and walking in the local park every night to keep it safer for residents.

Women in **Lord Selkirk Park** have developed and acted upon a model of Adult Learning Centre Circles of Support, with neighbourhood places to learn and the supports women need for education, starting with child care.

Similarly, women in **Cross Lake** have hosted summer camps for more than five years, bringing women, children and families to the beach to sleep, eat and join together. The benefits are far-reaching and have helped make the Cross Lake neighbourhoods safer places to live.





Recent studies of the particular housing needs in prairie cities confirm that getting and retaining good housing is especially difficult for Aboriginal populations [29, 21]. CMHC noted that Aboriginal people (the information is not disaggregated by sex) in Winnipeg are generally younger than the general population and have lower incomes and less education, and thus experience higher rates of poverty<sup>3</sup> [29]. Survey respondents and key informants pointed to the compounding effects of unstable employment (due to lack of skills) and low wages that made it very difficult to afford decent housing. Their unstable income also contributed to the likelihood that the study participants would not have established histories with banks and with landlords, making them appear to be “unreliable” tenants.

However, it is important to note that the respondents also reported that discrimination was a factor in their lack of bank and renting history: “[they]... felt discriminated against by banks and other financial institutions.”<sup>4</sup> The study authors note “The literature reviewed, key informants and household survey respondents all reported that discrimination affects the housing options available to Aboriginal households.” The authors note that there has been little research investigating the nature of the discrimination [29].

Aboriginal respondents in the CMHC study noted that average rent costs are too high and that besides the lack of available affordable housing, many Aboriginal families’ homes are overcrowded. There are few housing units with 3 or more bedrooms available, which is problematic for large and extended families [30]. In particular, Aboriginal women have described they regularly are asked to accommodate visitors from remote and rural communities (pers comments). These disadvantages leave some Aboriginal households vulnerable to homelessness. CMHC recommends that as the urban Aboriginal population grows, there will be a much greater need for affordable housing [29].

Renters who identified as Aboriginal were most likely to live in older established but unsafe (due to crime) neighbourhoods. Aboriginal homeowners, in contrast, had adequate space, felt safe in their neighbourhood and were generally satisfied with their housing. Rent-subsidized units were, on average, more recently built than either private market rentals or houses owned by Aboriginal respondents [29].

On reserve housing is managed by individual First Nations in agreements with Indian and Northern Affairs and CMHC [27]. The federal government has increased funding and mechanisms to improve housing conditions on reserves in successive years, but housing remains a grave concern and an international embarrassment for Canada.

First Nations women living on reserve have, for years, been demanding changes to rectify jurisdictional disputes that prevent women from their share and entitlement to marital shared property. The federal *Indian Act* governs Status (Registered) people and the Reserve lands, but there is no provision made for equitable and equal distribution of shared property in marital breakdown, as there have been in provincial

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<sup>3</sup> This was also true for the city of Edmonton.

<sup>4</sup> See as an example a compelling story in the [2007 State of the Inner City Report from CCPA-Manitoba \(page 29\)](#).





family law reforms [31]. Thus a woman is denied any right to claim ownership of a house and property, if the home is in her husband's name<sup>5</sup> [32, 33].

*“... To date, the [federal] government has sought to frustrate NWAC's<sup>6</sup> ability to assert Aboriginal rights, by challenging NWAC's standing to bring a case challenging the Constitution, and by arguing that there is no Aboriginal right to remain secure in the community after marriage breakdown.” [34]*

FAFIA, the Feminist Alliance for International Action, goes on to point out that the federal government is failing to uphold its constitutional and international obligations to ensure equality for Aboriginal women [34]. NWAC has published a series of recommendations to move to rectifying this critical inequity, starting with appropriate and adequate community consultation and involvement [32].

## Policy Implications

The housing shortage for low-income women in Manitoba has been “critical” for more than 20 years, and perhaps can be characterized more aptly as *desperate*.

A tri-level agreement between Canada, Manitoba and Winnipeg signed in 2002 has brought some improvement, through new programs to encourage semi-public and private groups to invest in repairing or building new houses for low-income families. FAFIA notes that the federal government's 2001 framework for federal-provincial affordable housing initiatives and agreements contains no preconditions or requirements that some proportion of the funds be used for those with core housing needs, nor any provisions to ensure that women do not face discrimination in applying for housing they need [34].

More recently Manitoba Family Services and Housing has taken steps to address the need for repairs to provincially-owned public housing. In December 2007 the Manitoba government announced planned funding for repairs, bulk purchases for appliances, and a new community-relations office, as well as \$600,000 for new playgrounds. At the same time the government also announced plans to merge Manitoba Housing Renewal Corporation with the Manitoba Housing Authority (see box on page 2-14 above) [35]. The Province announced its plans to improve the conditions of the social housing in Gilbert Park in Winnipeg in February 2008 [36].

The provincial government's intentions to reduce crime in public housing neighbourhoods by evicting anyone convicted of a criminal offence [35], bears further scrutiny and gender-based analysis. Manitoba should consider and examine the likelihood that women will be inequitably affected by this security

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<sup>5</sup> Real property on reserve may be held through a Certificate of Ownership. Even if the Certificate is held jointly, there is no provision for one spouse or the other to necessarily share in the proceeds of “ownership” when the relationship comes to an end. Native Women's Association of Canada and other agencies confirm that women are most likely to lose their home, and indeed have to move off the reserve altogether [29].

<sup>6</sup> NWAC is Native Women's Association of Canada.





initiative as it relates to those women in public housing who turn to survival sex trade work or other illegal acts, or women who live with other adults or minors who are in trouble with the law.

If women are to be able to keep themselves healthy, raise their children in safe and affordable homes, and take advantage of education and employment opportunities then we must ensure that they are adequately housed. As one woman from a remote community remarked: *“How can I move to Thompson to go to school, when there is nowhere for me to live?”* The Manitoba Right to Housing Coalition recommends a minimum 1% investment of the provincial budget annually to develop 300 new rent-geared to income units each year to begin to address Manitoba’s housing shortage [38].

The Manitoba government is making important first steps to improving the scarcity of affordable housing in the province. Further investment in this basic necessity will go a long way to improving women’s lives and their health and to enhancing life in Manitoba for all. In particular these important steps are needed to accommodate Manitoba’s growing population and anticipated immigration to the province (see Chapter One).

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# Potable Water and Adequate Sanitation

## Introduction

The availability of potable water is a critical factor for the health of all people. However for women, the relative ease of retrieving drinking water affects their daily work loads, and for girls in many parts of the world it is an important factor in whether or not they attend school, since getting water is so often women's work.

Manitoba boasts over 100,000 freshwater lakes scattered throughout the province, covering over 16% of the land. Most Manitobans outside the City of Winnipeg receive their domestic water from surface water and groundwater aquifers, and the quality of the water for drinking depends on the cleanliness at the source. Wastewater disposal for a community can affect its water supply, but drinking water quality can be affected by other environmental conditions. (Wastewater disposal can also affect any downstream community.) For most of the Manitoba population, getting clean drinking water is a matter of turning on a tap and most homes have flush toilets hooked to a public disposal system. According to the provincial government, over 99% of Manitoba citizens have potable water available, as well as adequate sanitation [1]. However, given the geography, weather, politics, and status of some communities, not everyone is so fortunate.

## Access to Potable Water

There is no measure of household access to potable water for Manitoba. There are numerous laws that protect the public and are intended to protect groundwater supplies [2, 3], and all public drinking water systems must be licensed by the Province. The Manitoba Departments of Health and Water Stewardship collaborate to test water quality and to advise citizens of public or semi-public water which is not safe for human consumption. Rural households often have private wells. The quality of the drinking water for these homes and farms is the responsibility of the owner. Manitoba Aboriginal and Northern Affairs prepared profiles of First Nations communities in the province in 2003 which included information about water supplies. Most houses in these communities receive treated, chlorinated water that is piped or brought by truck to homes; however

Material in this chapter section was previously produced for the World Health Organization in *Manitoba Field Testing of Gender-Sensitive Core Set of Leading Health Indicators*, by Donner, Haworth-Brockman and Isfeld (2006). The authors are grateful to the World Health Organization for technical assistance.

### What is Potable Water?

Water of sufficient quality to serve as drinking water is called *potable water* whether it is used as such or not.

In Manitoba there are three categories: *Public* – those systems with 15 or more service connections or those that have been designated as such;

*Semi-public* – those systems with fewer than 15 connections, or those that provide drinking water to the public exclusively from a well;

*Private* – those which supply water to only one private residence, or those which have been designated as such. [1]





villages with fewer than 100 residents are likely to have central stand pipes or to use direct collection from local water bodies [4].<sup>1</sup>

On any given day, however, there may be more than 45 boil-water advisories for Manitoba communities [5]. For example, much of southern Manitoba lies in a flood plain, and spring flooding can lead to the contamination of the drinking water supply for those who rely on groundwater. The advisories are typically issued by the province's Medical Officer of Health and then it is the responsibility of the Province to collaborate with the local municipal government to rectify the problem.

Not all problems are dealt with promptly. The arms-length Clean Environment Commission may be instructed by the Minister of Conservation to hear and mediate on unresolved issues, including drinking water disputes and licensing issues.

Inadequate access to potable water has been a concern for Aboriginal and First Nations people for years. It gained recent attention nation-wide when the residents of a northern Reserve in Ontario were evacuated because of their hazardous water supply [6]. In fact, Aboriginal people have been trying to draw public and political attention to the matter for over 20 years.<sup>2</sup> [7]

Finally, fluoride in water is considered important to promoting good dental and oral health, because it stems or prevents tooth decay. The City of Winnipeg and other smaller towns have added fluoride to water supplies to improve oral and dental health. Manitoba provides resources and technologies to assist communities to provide fluoride to residents, including First Nations Reserves [8, 9]. This is an important consideration for women since dental health services are not publicly funded. It is also a prime example of the Manitoba government providing services to *all* residents.

## Adequate Sanitation

Most Manitoba households are part of public wastewater systems, providing high quality sanitation. There are, both in the cities and beyond, homes which use semi-public or private wastewater collection systems (such as septic fields). All of these sewage and sanitation systems are governed by provincial quality standards and guidelines [2, 3]. The First Nations community profiles list wastewater treatment where it exists, and as with drinking water, the smallest villages are least likely to have anything more than septic fields and holding tanks [4]. The national Assembly of First Nations and the National Aboriginal Health Organization continue to put drinking water and wastewater treatment on their agendas for government attention and action [7].

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<sup>1</sup> Note that Martens et al found up to 95% of homes on some reserves without modern plumbing [11].

<sup>2</sup> It is interesting to note that issues of jurisdiction arise in this area as they do for health services: “Depending on the source water used by a community, (some) federal departments ... and a number of other provincial agencies may also be involved, or have ‘responsibility’ for that water at some point before it reaches the individual. Other communities, for which the federal government has not taken responsibility (e.g. Métis settlements in Alberta, the Métis of Labrador, and the Innu, among others) are also penalized by the assumption that all aboriginal peoples are served through the federal government” [6].







## Women and Water

At first glance the availability of potable water is not a clear gender-based issue in Manitoba. Rural, remote and northern living women and communities are most likely to be affected when water supplies are contaminated by flooding or inadequate water treatment. Those who live in the cities are largely oblivious to how adequate water and sanitation are provided to their homes.

For those under boil-water advisories the issues are more obvious. Advisories are usually for drinking water only; the water can still be used for general domestic purposes including bathing, washing dishes and laundry. Water to be consumed must be boiled, including water used for infant formulas, cooking, ice, washing fruits and vegetables and brushing teeth [5]. As women are still responsible for most domestic duties in a household, it is likely that they must oversee these tasks and are responsible for reminding other household members to do the same.

Recent events and media coverage have pointed out, however, that in many First Nations Reserves good quality drinking water is **not** available. Some First Nations and Inuit communities in Canada have been coping with bad housing and poor drinking water supplies for decades. Communicable diseases such as *Giardiasis* and *Shigellosis* can be traced to poor water quality on Reserves [7]. While data are difficult to find, and communities are becoming more vocal about the problems, it is women who must cope with the day-to-day management of a household without adequate water supplies and sanitation.

Potable water and adequate sanitation are of prime importance to women's health as well as to the amount of work women do, but even when water is available and safe the ordinary task of household laundry gets overlooked. Many rented flats, apartments and houses in Manitoba provide semi-public laundry facilities. For other tenants (as well as home owners) however, laundry must be done off-site in a public facility (for a fee). With a climate that includes over six months of deep cold, getting the laundry done is a chore for Manitoba women, but can also be a great expense. Women and their families must first get to a facility, which can entail paying for public transport, seeking child care or taking small children along. Women must also have sufficient spare money to pay for using laundry machines. Often saving some money by hanging clothes to dry is not possible.

### Policy Implications

The availability of good drinking water cannot be taken for granted in Manitoba, even though access to clean drinking water and safe sewage disposal are generally well established. Potable water and adequate sanitation are, and will increasingly be, important indicators of women's health and women's work loads. The water situation is already poor (or worse) on some Reserves and for other Aboriginal and rural communities. Manitoba's abundant freshwater is at risk from toxins and other pollution, overuse and wastage in some regions, and inadequate sewage containment. There are high level debates about selling water to other jurisdictions as well as concerns about water being diverted to Manitoba [10].

Building on the final report from the drinking Water Advisory Committee (2000) [8] Manitoba enacted the Drinking Water Safety Act in 2004. The law provides for greater coordination of testing and





monitoring the quality of drinking water in the province, as well as more careful planning and monitoring of sewage and wastewater disposal. The outcomes of these measures must be assessed to ensure they meet the needs of the population.

Manitoba's water fluoridation programs are invaluable, particularly as fluoride provides immediate dental health preventative care for those most vulnerable, who cannot afford dental care.

While there is no way to measure this indicator in Manitoba yet, it will be important to find some means to set and measure access to potable water in the very near future [9].

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# Domestic and Sexual Violence Against Women

## Introduction

Violence is an important factor in women’s health and well-being, and a critical public health issue. Women and men tend to be exposed to different types of violence and in many respects, men suffer greater victimization. For example, in Manitoba, men generally have two to three times the risk of assault causing hospitalization or death than women [1]. However, over three decades of systematic data collection has shown that women are more likely to experience violence in intimate relationships and sexual violence. Marginalized groups of women are particularly vulnerable to violence.

Violence is repeatedly mentioned by women themselves as one of their most critical health issues. Acts of violence harm women, but the threat of violence and attendant fear affect women daily. This section provides selected prevalence data from victimization surveys and police reports on spousal violence, sexual assault, spousal homicide, and violence against Aboriginal and senior women in Manitoba. As violence against women stems from social, economic and political inequality of women in Canadian society, it is also important to look at the context and nature of violence against women.

## Spousal Violence

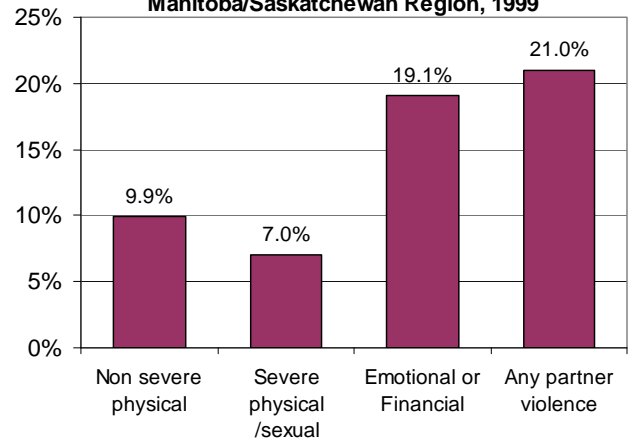
### Prevalence

Spousal violence<sup>1</sup> includes a wide range of behaviour: physical and sexual violence, threats, controlling behaviour, other emotionally abusive acts, and financial abuse, which restricts a partner’s access to income or other household resources. The 2004 General Social Survey (GSS) estimated that approximately 8% of women in Manitoba experienced at least one incident of physical or sexual violence by a current or former partner in the five years preceding the survey [2]. This rate reached 21% when the definition of abuse was broadened to include emotional and financial abuse, as seen in 1999 GSS data for Manitoba/Saskatchewan women [3].

<sup>1</sup> Includes people who are married, in a common-law union, or in a same-sex partnership.

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**Figure 1**  
**Prevalence of Spousal Violence Against Women Within Past Five Years by Type of Violence, Manitoba/Saskatchewan Region, 1999**



Source: Cohen & Maclean, 2003.





## Women at Risk

Among women, rates of spousal violence vary by personal characteristics and life circumstances. Young women, aged 15 through 24, women living in short-term, common-law relationships, Aboriginal<sup>2</sup> women, and women whose partners are frequent, heavy drinkers had the greatest risk of spousal violence. Other factors, like education level, urban/rural residence and household income had little effect on the rates of spousal violence [2], though other analyses have found a relationship between household income and rates of spousal violence against women in Manitoba and other provinces [3].

Aboriginal women in Canada were three times as likely as non-Aboriginal women to report spousal violence (24% versus 7% within the previous five years) The GSS does not distinguish lesbian rates from those of gay men, but homosexual Canadians may have experienced twice the rate of spousal violence as heterosexuals (15% versus 7%) [2].

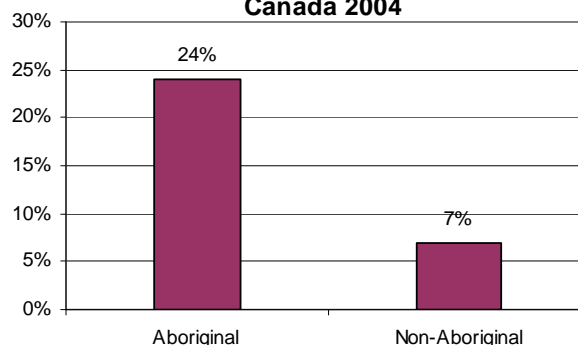
## Severity

Though there is little difference between Manitoba women and men in rates of self-reported spousal violence within the previous five years (8% and 7%<sup>3</sup> respectively), there is evidence that women suffer more severe and repeated violence than men. Canadian women who have been victimized by a partner are more likely to have been beaten, choked, or threatened with a gun or knife (23% versus 15%). Women are also far more likely to have been sexually assaulted than male victims of spousal violence. Repeated victimization is common for both male and female victims, yet women are nearly twice as likely to report being victimized 10 or more times by a partner in the past five years (21% versus 11%) [2].

<sup>2</sup> Based on self-identification as Aboriginal (North American Indian, Métis, or Inuit) by survey respondents.

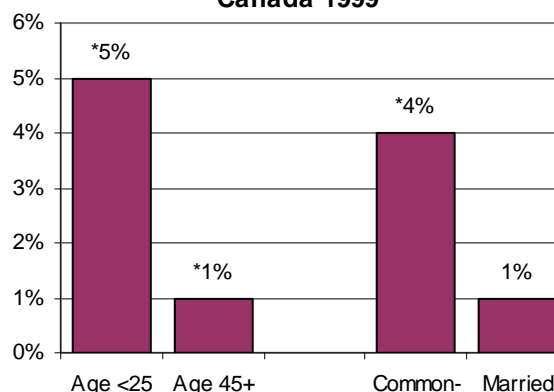
<sup>3</sup> Interpret prevalence for males with caution. Coefficient of variation 16.6% to 33.3%.

**Figure 2**  
Prevalence of Spousal Violence Against Women within Past Five Years, Canada 2004



Source: Statistics Canada, General Social Survey, 2004.  
Note: Does not include residents of NWT, Yukon, Nunavut, Reserves, military bases, long term care Institutions or prisons. Reflects self-reports of physical/sexual violence.

**Figure 3**  
Prevalence of Spousal Violence Against Women within Past 12 Months, Canada 1999



Source: Statistics Canada, GSS, 1999.  
Note: \* Interpret with caution. Coefficient of variation is high (16.6% to 33.3%).





## Spousal Homicide

Spousal homicide is of particular concern in Manitoba. From 1974 to 2000, there were 161 victims of spousal homicide in Manitoba, of which 117 (73%) were women. This is equivalent to an annual rate of 1.61 murders of women per 100,000 couples, the highest rate among the provinces for this period [4]. However, Canadian spousal homicide rates are now half what they were 30 years ago, and the rate for Manitoba women declined significantly over this period. The average rate of spousal homicide against Manitobans (men and women) for 1994 to 2003 was 0.58 per 100,000 couples, which is lower than for other western provinces but exceeds the national rate by about 20%. Despite this improvement, it is important to recognize that Canadian women were still four times more likely to be murdered by their spouse than are men [2].

Rates of spousal homicide are very high among Aboriginal women.<sup>4</sup> Provincial rates are not available, however Canadian data for the 1990s show that Aboriginal women were more than eight times as likely as non-Aboriginal women to be murdered by a spouse (4.72 versus 0.58 per 100,000 couples) [4]. Young women were also at greater risk of spousal homicide. For every 100,000 Canadian wives aged 18 to 24, an average of 2.25 were murdered in the 1994 to 2003 period, which was nearly three times the rate for women overall and 2.6 times the rate for young men [2].

## Sexual Assault

Sexual assault is a crime in Canada and includes conduct ranging from unwanted sexual touching to sexual violence resulting in serious injury to the victim [4]. In 2002, the rate of police-reported sexual assaults in Manitoba was 129 per 100,000 population. This rate ranked second highest among the provinces and was 65% higher than the national average [5]. Unfortunately, provincial rates specific to women were not published. Because only 10% or fewer women report sexual assault to the police [4], this rate offers only a starting point for assessing the burden of sexual assault for women.

A more complete story of women's experiences comes from victimization data. Based on the 1999 survey, an estimated 10.2%, or 1 in 10 women in Manitoba or Saskatchewan have been sexually assaulted in their lifetime, by someone other than a spouse [3]. When sexual assaults by spouses, boyfriends and others are considered—as was done in a comprehensive 1993 survey—as many as 39% of Canadian women report having been victims of at least one sexual assault since the age of 16 [4]. Though rates vary by definition, Canadian women consistently report much higher rates of sexual assault than men. In 1999, 3.3% of Canadian women surveyed by the GSS reported having been sexually assaulted during the previous year compared to 0.8% of men [6].

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<sup>4</sup> Homicide survey relies on police reporting of Aboriginal ancestry on Victim Survey.





## Violence against Senior Women

Seniors' self-reported abuse and police-reported violence give basic estimates of the extent of violence experienced by senior women, though provincial figures and some sex-specific rates are lacking. A small proportion (1%) of Canadian seniors report physical or sexual abuse, though financial and emotional abuse are more common (6% and 9% respectively, 1994-1999). Most often, the abuse is perpetrated by spouses. However, isolation also affects seniors' exposure to abuse. The GSS found that seniors who were divorced, separated or rural residents more often reported abuse than those who lived with a spouse or in an urban community [7].

Police-reported data also show that senior women in Canada have a low risk of violent victimization overall. In 2003, senior women were victimized at a rate of 119 per 100,000, which amounts to a small fraction of the rate for young women and 55% less than the rate for senior men. However, as for all women, senior women are more likely to be victimized by a family member than are men (39% versus 20%). The majority (85%) of their abuse within the family is perpetrated by a male, whether a present or former spouse or a son. Still, over half of all violent incidents reported by senior women involve violent acts committed by non-family members. Most often these are robberies (35%) or common assault (26%) [2].

Theorists generally explain violence against seniors as the consequence of the history of spousal or family violence, psychological problems of an abuser, such as caregiver stress, physical and emotional dependency of many seniors, or the social marginalization of the elderly [3]. Senior women's risk of victimization may be affected by both gender and age-based social biases.

## Aboriginal Women and Violence

The heavy burden of violence for Aboriginal women was confirmed in the 1991 Aboriginal Justice Inquiry, which estimated that 33% of Aboriginal women have been victims of violence. A report by the Ontario Native Women's Association placed this estimate as high as 80% [8]. A study of women attending an inner-city Winnipeg health clinic, 44% of whom were Aboriginal, found that 21% of the clients had been physically assaulted, 19.2% had been sexually abused by the age of 18, and 15.5% had been raped [9]. Local research with Aboriginal women who have survived abuse and who live in high risk circumstances attests to the severity and pervasiveness of violence in their lives. All of these women attributed feelings of isolation and of being unsafe to their experiences of sexual abuse, domestic violence, neglect, and emotional abuse [10]. Aboriginal women have emphasized the widespread and systemic nature of their abuse in Canadian society. They suffer gender-based violence and are victimized as members of a subjugated culture [11].

In October 2004 Amnesty International released a report entitled *Stolen Sisters: A Human Rights Response to Discrimination and Violence Against Indigenous Women in Canada*. The report linked the high levels of violence experienced by Aboriginal women and girls in Canada to deeply rooted patterns of marginalization and discrimination. Aboriginal women and girls experience much higher rates of violence, violent acts of hatred, and are denied adequate protection by the law and "society as a whole" [12]. The report decried the indifference of most Canadians to violence against Aboriginal women, especially the murder and







disappearance of women and girls for over thirty years. A second report, issued one year later, pointed out that there were “still significant, unacceptable gaps in the protections afforded Indigenous women in Canada” [13]. Amnesty International urged all levels of government to:

- gather and keep reliable and comprehensive statistics about the nature and scope of violence against Aboriginal women
- develop effective police protocols to respond to reports of missing women and cases of violence against Aboriginal women
- provide adequate and sustained support to programs that help Aboriginal women escape from harm
- address the extreme social and economic marginalization that put Aboriginal women at risk<sup>5</sup>

The *Stolen Sisters* campaign continues in Canada to draw attention to the seriousness of the situation for Aboriginal women and girls. In 2006 Native Women’s Transition Centre (Winnipeg) hosted a research study that examined the supports available to Aboriginal women who are victims of sexual violence [32]. Their detailed recommendations include the need for action to be swiftly taken to provide holistic, culturally appropriate counselling and other services for Aboriginal women who have been sexually abused<sup>6</sup>. The report recommends a human rights framework for action that recognizes the systemic oppression, racism and discrimination that is at the root of sexual violence against Aboriginal women.

### Other Women at Risk

Three trends regarding young women’s vulnerability to violence may be important in Manitoba, particularly in cities. Firstly, increasing numbers of girls have been observed among homeless youth in Winnipeg. Homeless youth are known to have a high risk of violent victimization, and often have a history of abuse [14]. Secondly, the sexual exploitation of youth, whether on the streets or by way of the Internet, is a growing issue of concern in the province. In a given year, approximately 400 children aged 13 to 17 are exploited in Winnipeg’s visible sex trade. Children’s advocates describe a rapid growth in child prostitution and increasingly younger girls being solicited by men [15]. Finally, anecdotal reports point to an increasing trend of dating violence among girls as young as 12 or 13, which accompanies a trend toward earlier maturation and sexual involvement [11].

Other groups where the risk of violence is high or increasing among Manitoba women include women with disabilities, pregnant women, and immigrant women. The Roeher Institute reports that women with a disability are roughly one-third more likely than non-disabled, female counterparts to be victims of physical or sexual abuse by a partner [16]. National research and reports by Winnipeg police authorities

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<sup>5</sup> Adapted from Amnesty International 2005.

<sup>6</sup> There are 12 priorities for action recommended in the report. There were two consultations with community agencies in January and February 2007 which moved the recommendations to concrete action to be taken.





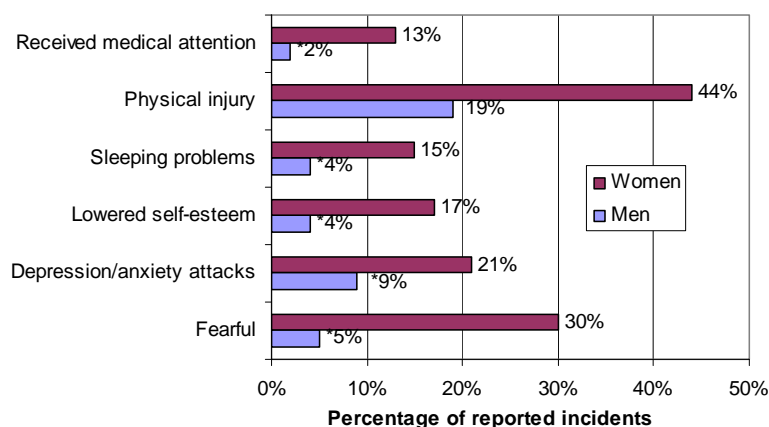


have described pregnant women as having an increased risk of spousal violence [4, 17]. There is also evidence that immigrant women from developing nations have higher risks of spousal violence than Canadian born women or other immigrants [18]. Recent and projected growth in the immigrant and refugee population in Manitoba, together with anecdotal reports from local service providers, supports the need to view these as key risk groups [11].

## Health Effects of Violence Against Women

A consensus statement recently released by the Society of Obstetricians and Gynaecologists of Canada (SOGC) identifies violence as a significant cause of morbidity and mortality for women [19]. The World Bank has estimated that sexual assault and domestic violence take away one in five healthy years of life for women aged 15 through 44 in industrialized nations [20].

**Figure 4**  
**Prevalence of the Consequences of Spousal Violence By Sex**



**Source:** Statistics Canada, General Social Survey, 2004.

**Note:** \* Interpret with caution. Coefficient of variation is high (16.6% to 33.3%).

The SOGC's critical review of recent evidence concerning violence against women concluded that women who experience violence have an increased risk for substance abuse, mental disorders, chronic physical disorders, and sexual health complaints [19]. Considerable research links women's experiences of violence and abuse to poor mental health outcomes, especially depression [21]. According to the World Health Organization, women who suffer intimate partner violence report poorer health overall and are more likely to engage in practices that are harmful to their health and experience difficulties accessing health care [22].

Women and girls who have been sexually assaulted have an increased risk of attempting suicide and engaging in risk-taking behaviours, such as smoking or drug use, which have known health risks [23, 24]. Several physical illnesses have been linked to women's experience of sexual assault or abuse, including pelvic inflammatory disease, sexually transmitted infections, HIV/AIDS, bladder infections, and chronic pelvic pain [25]. Abuse during pregnancy is also a factor in miscarriage, neonatal deaths, and low birth weight outcomes [26]. The nature of injuries presented by women who have been assaulted most often include injuries to the eyes, ears, head, neck, breasts and abdomen, especially during pregnancy, while sexual assaults commonly result in bruising, tears, and lacerations to the vaginal area and anus [27]. These and several other health impacts are known to be closely tied to violence against women, while indirect effects of violence on health are rarely accounted for, including the financial impacts of violence on women's health. For example, women whose victimization results in injury may be unable to work or may avoid the workplace where evident injuries could gain unwanted attention. This could affect their income and job security, with further implications for their social and physical welfare.





Estimates have placed the total measurable costs of violence against women, relating to health and well-being, to more than \$1.5 billion per year. These calculations account for immediate effects (medical, dental, workplace costs), long-term effects (psychiatric, workplace), existing community responses (transition houses, crisis centres), and provincial and territorial prevention and treatment initiatives. As measurable costs only relate to visible physical or sexual violence and do not include other forms of abuse, such as emotional or financial abuse, this estimate is recognized to be only the tip of an iceberg [28].

According to the GSS, women are more likely to suffer injuries and lasting emotional consequences resulting from spousal violence. They are more than twice as likely to be physically injured by a partner and several times more likely to need medical attention than are male victims. Women are also much more likely to report negative emotional and health outcomes of violence than men, including general fearfulness, depression or anxiety attacks, sleeping problems, and lowered self esteem. Compared to their male counterparts, female victims are also more likely to take time off from their daily activities (29% versus 10%) [2]. For women living in Manitoba or Saskatchewan, the 1999 GSS revealed that 17% of those who suffered any partner violence used prescription drugs for anxiety, depression, or sleep [3].

## Summary

The indicators presented in this chapter describe a high rate of violence against women in Manitoba. Violence against women often occurs within the family, among intimate partners, and in private. This debunks the myth of 'stranger violence' commonly feared by women and propagated by media, while emphasizing the need to address the relatively frequent occurrence of violence against women by family members and intimate partners.

Not only are women more likely to be injured in violent confrontations with men [3], but social aspects of gender relations are also important to consider. Typically, women will endure 35 episodes of spousal violence before seeking help from anyone, often as violence and associated harm escalates [11]. Consequently, the police data record only a fraction of violence in households and primarily the advanced stages of violence in a prolonged cycle of abuse. Many factors reduce the likelihood that women will report violence to the police, including fear of reprisal, economic dependence on men, shame and secrecy surrounding the often intimate context of violence, trivialization of violence against women, or fear that reports will not be taken seriously [27].

Women may also internalize abuse, accept it as part of their role as women, and engage in self-destructive behaviors. A tragic example of this circumstance for women was noted in a study of self-harm among Manitoba women involved with the criminal justice system. An estimated 59% of incarcerated women in Canada have harmed themselves. The study noted reports of an increasing incidence of self-harm among inmates in Manitoba (who are disproportionately of Aboriginal descent) and, through qualitative research methods, linked self-harm to women's histories of violent abuse [29].

Women's experience of violence is rooted in women's limited social and economic power relative to men. Cross cultural research shows that gender inequality is the most significant cause of men's violence





against women [30]. Until women attain equal status in society, they are likely to continue to suffer greater and more serious violence, the consequences of which many will endure in silence. The nature and social dynamics of violence against women results in delayed intervention not only by the justice system, but also social and health services. Health care providers must account for women's past experience of abuse, which is known to deter many from seeking routine and preventive health services, with consequences for their health outcomes [31].

## Policy Implications

The women's movement in Manitoba has made violence against women a priority issue for over thirty years. These efforts have led to legal, policy and procedural changes by all levels of government. They have also led to the funding of governmental and community based violence prevention programs. The WHO has identified four "Principles of Good Practice" in developing programs to combat violence by intimate partners, all of which are applicable to the situation in Manitoba. These are:

- Actions to address violence should take place at both national and local level.
- The involvement of women in the development and implementation of projects and the safety of women should guide all decisions relating to interventions.
- Efforts to reform the response of institutions – including the police, health care workers and the judiciary – should extend beyond training to changing institutional cultures.
- Interventions should cover and be coordinated between a range of different sectors [31]

There is currently no database that consistently records Manitoba women's experiences of domestic and sexual violence, nor the resulting injuries and long term trauma. It is not possible to record and retrieve data at the provincial or regional health authority levels. Since violence is such an important factor in the lives of so many women, and since women confirm that violence and threats are a pressing health concern, new provincial health indicators and data sets need to include appropriate measures of assaults, the resulting physical and mental injuries, as well as some method to measure how well social and political programs are succeeding in reducing violence against women.

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# Literacy and Education

## Introduction

Both literacy and education have been consistently linked to health behaviours and health care utilization, demonstrating that individuals with lower education and literacy are more likely to suffer poorer health and well-being and have unhealthy lifestyle habits, such as increased smoking, poorer nutrition and increased inactivity [1, 2]. Low literacy has been negatively associated with many aspects of health, including morbidity and mortality, low birth weights, teen pregnancies, injuries and accidents, and a wide range of diseases such as diabetes, cardiovascular disease and rheumatoid arthritis [2]. People who do not have the minimum literacy skills required for coping with the demands of everyday life circumstances are more likely to have difficulty understanding and interpreting health-related information, thus increasing their likelihood of health risks [1].

Similarly, literacy and education can be predictors of one's ability to secure stable employment that provides a sustaining livelihood and income. Individuals with lower education levels are more likely to have lower paying jobs and be unemployed, thus increasing their likelihood of poverty. For women then, educational attainment, and hence increased access to a sustaining source of income, is of particular importance to their health and well-being.

## What is Literacy?

Aside from oral communication, written text has been the primary source of information sharing. Therefore, literacy has been historically the ability to read and write. However, with the development of new communication means, and particularly the development of information and computer technology, additional types of literacy have evolved, including media literacy, computer literacy, technology literacy and health literacy, to name a few [3].

Given its multiple forms and complexity, literacy has become somewhat difficult to define. Nevertheless, there is a common chord: literacy involves much more than just knowing how to read and write; it involves being able to understand, interpret and apply written and oral information to daily living [2, 4]. Internationally, literacy has been defined as “the ability to understand and employ (use) printed information in daily activities – at home, at work and in the community – to achieve one's goals and develop one's knowledge and potential (to be the best one can be)” [5]. In its broadest sense then, literacy can be defined in relation to one's ability to gain meaning from a wide variety of sources and to understand the messages that are being conveyed by these sources [3].

Just as there are different types of literacy, there are different ways in which literacy can be measured. The International Adult Literacy and Skills Survey (IALSS), the first internationally comparative survey of adult skills, was designed to measure prose literacy, document literacy, numeracy and problem-solving among individuals aged 16 to 65 years. Literacy skills were determined by using examples of real-life situations, ranging from simple to complex. To illustrate, respondents were asked to look at a real medicine label and determine the correct amount of medicine to give a child. Other examples included the







ability to read and understand a bus schedule, various types of instructions, forms, and charts such as a newspaper weather chart [2]. On this basis, respondents were placed into one of five levels of literacy ranging from lowest to highest, with Level 1 representing the lowest literacy skills and Level 5 representing the highest literacy skills. Level 3 was deemed to be the minimum threshold for Canadian adults to adequately cope with society's skills demands.

Literacy has also been measured within the context of education. For instance, a component of the Canada Census was designed to measure the educational characteristics of the Canadian population through a series of survey questions related to their educational achievements, number of years of schooling, school attendance and the like. Census questions pertaining to education have changed substantially over the years, primarily to reflect developments in Canada's education system, making the data more useful to governmental departments, businesses, educational institutions, researchers and academics [6, 7].

Statistical analyses of Census data have suggested that higher levels of education will result in higher literacy levels. This pattern was also evident after findings from the 2003 IALSS which revealed that one-half of the individuals who scored at the lowest proficiency levels on the prose component had not completed high school [8]. Still, while the connection between education and literacy is strong, it is not exclusive. In fact, one-third of the Canadian population does not fit this general pattern [2]. The 2005 International Study of Reading Skills (ISRS), a follow-up survey to the Canadian component of the 2003 IALSS, revealed that most individuals who scored in the lowest levels of the IALSS also scored in the lowest reading classes of the ISRS. However, while a large proportion of these individuals had low education levels, many did manage to complete high school, despite their reading difficulties [8].

## Literacy in Canada and Manitoba

Despite Canada's intent to make 12 years (grades) of education available to all citizens, not all individuals in Canada have achieved the same levels of literacy. The 2003 IALSS revealed that approximately 42% of Canadians between 16 and 65 years do not have the minimum literacy skills required to cope with the complex demands of everyday life and work [9]. Approximately 22% of Canadian adults had a limited ability to deal with much of the written material they encounter in their everyday lives, and thus, fell into the lowest level of literacy (Level 1). A further 26% scored at Level 2. While these individuals could read, they were only able to deal with written material that was simple, clearly laid out, and in a context with which they were familiar. On the basis of these findings, which have remained relatively constant since 1994 when the study was initially conducted, it was concluded that *almost half of the Canadian population has difficulty with reading materials encountered in everyday life*, and consequently many individuals will avoid reading, except for material that is relatively simple and familiar to them [2]. Figure 1 illustrates the proportion of Canadian women who have very limited reading skills.







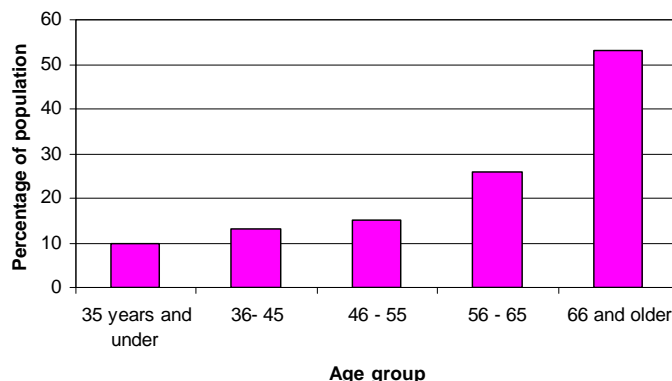
Province to province as many as 38% of young adults between the ages of 16 and 25 years have not achieved the minimum literacy skills required to get by in today's workplace. A significantly higher proportion of working-age (16 to 65 years) immigrants in Canada have lower literacy skills than their Canadian-born counterparts (60% and 37%, respectively)[9].

Among Canadians over the age of 65 years, 53% scored at Level 1 on the IALSS, while another 27% scored at Level 2. Of these senior Canadians, slightly less than 19% demonstrated the minimum literacy skills necessary to function in their daily activities, and consequently, many seniors reported having to depend upon others for assistance in meeting their daily literacy requirements [2]. Senior women are much more likely than younger women to have difficulties with literacy and slightly more likely than their male counterparts to have literacy problems, with 49% of men over 65 years, as compared to 53% of women in this age range, having limited reading skills [10].

Likewise in Manitoba, senior women were most likely to have the lowest levels of literacy, compared with younger women and compared with men of the same age, according to the IALSS (Figures 2 and 3). With regard to the health risks faced by senior women, these statistics are alarming, considering the fact that women generally have a longer life expectancy than men, and thus they are more likely to be living alone, with limited assistance in carrying out daily tasks.

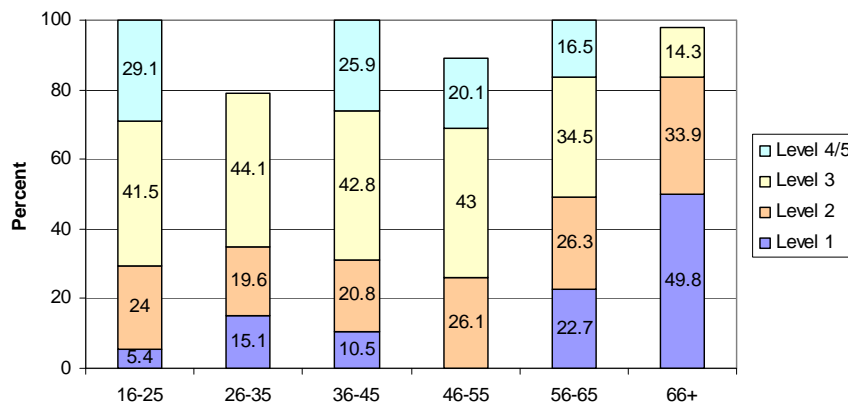
The Canadian component of the Programme for International Student Assessment (PISA), a series of international assessments that focused on the reading, mathematics and science literacy of 15-year-old students, also found sex differences: girls out-performed boys in reading, while boys out-performed girls in mathematics. However, the gap in the scores between girls and boys was much larger in reading than it was in mathematics. While girls demonstrated better performance at identifying scientific questions

**Figure 1. Proportion of females with limited reading skills, by age, Canada, 2005**



Source: International Survey of Reading Skills, 2005

**Figure 2. Literacy Levels by Age, Manitoba Females, 2001**



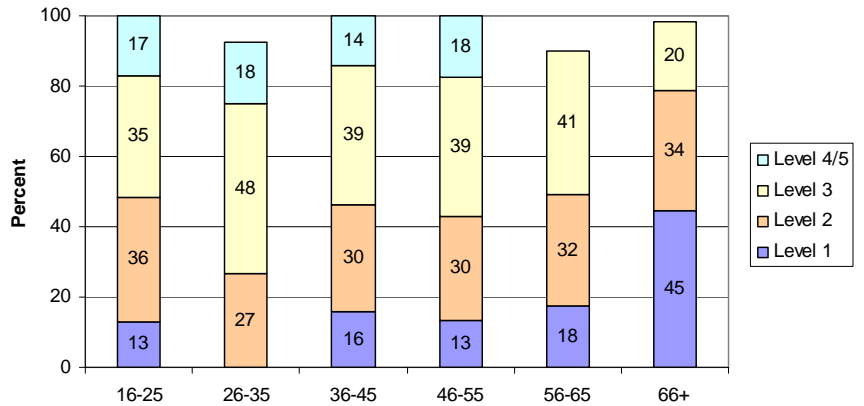
Source: International Adult Literacy and Skills Survey, 2003  
Data are suppressed where numbers are too small to include.





arising from a given situation, boys demonstrated better performance at mastering scientific knowledge [11]. The differences in literacy skills between girls and boys tend to diminish as they become adults [12], and on average, women have higher literacy levels than men. In 2003, 19% of women and 16% of men aged 16 years and over performed at the highest levels of literacy proficiency. Still, about the same proportion of women and men had very limited reading skills, with 20% of both the female and male populations only being able to perform simple reading tasks, such as locating one piece of information in a written text [10].

**Figure 3. Literacy Levels by Age  
Manitoba Males, 2001**



Source: International Adult Literacy and Skills Survey, 2003  
Data are suppressed where numbers are small to include.

There also appear to be disparities between the literacy rates of younger and older age cohorts. A recent Canadian study reported that in 2003, individuals who were 35 years of age had approximately the same literacy scores as 25-year-olds in the same survey, suggesting that the older individuals had lost some of their literacy skills since the time they had left school. While there was a general tendency for literacy skills to decrease with age, this effect differed depending upon level of schooling. That is, age had no effect on individuals with high school education or less, but for people with university education, literacy evidently declined with age, suggesting that there is little loss of very basic literacy skills with age. Consistent with other research, the study concluded that literacy increases strongly with years of schooling, and parental education levels have a strong effect on literacy, with the mother's level of education being of particular significance to the educational attainment of her children (see below)[13].

Not only are literacy and education indicators of one's ability to read and write, but they play a significant factor in determining economic success. A 25-point increase in the average literacy score had an effect on earnings that was equivalent to an extra year of schooling. Further, approximately one-fifth of the effect of schooling on earnings arose because schooling generated higher levels of literacy [13]. Completion of Grade 12 is a requirement for most jobs in Canada, and many positions require post-secondary education or training. The Conference Board of Canada reports that corporations expect 92% of new employees to have high school certification, while another 23% are expected to have community college diplomas and 24% are expected to have university degrees [14].





## Educational Attainment

As noted, literacy is not synonymous with educational attainment, but there is much evidence to suggest that it does increase with education. As such, it has generally been agreed that the completion of Grade 9 is an indicator of basic functional literacy [14], since many people who do not reach this minimal level of education do experience difficulty in meeting the daily demands of our complex society.

Educational attainment among the Canadian population has dramatically improved over the last 50 years. From 1951 to 1991, the proportion of Canadians aged 15 years and over with more than a Grade 9 education increased from 48% to 86%, and the proportion of Canadians with university degrees increased fivefold [15]. In 2001, nearly 77% of Canada’s younger population had obtained a high school diploma and approximately 62% of these individuals had gone on to a post-secondary program [16]. By 2006, slightly less than 24% of adults aged 25 to 64 years had a high school diploma only, while just 15% did not complete high school. These individuals who did not complete high school were concentrated in the older age groups, suggesting that more and more young people are pursuing their education. In this case, 11% of individuals in the 25 to 34-year age range and 23% of individuals in the 55 to 64-year age range did not complete high school by 2006.

The number of adults aged 25-64 who had a university degree in 2006 increased by 24% from 2001, much higher than the 7% population increase. Nevertheless, the number of adults who did not have a university degree increased by only 2%. For young adults aged 25 to 34 years, 29% had a university degree. This was well above the 18% proportion of individuals aged 55 to 64 years with a university degree. The largest increase since 2001 occurred in the number of adults who had a master’s degree, and the smallest increase occurred in the number of adults with medical-related degrees (Table 1) [6].

**Table 1. Total Population aged 25 to 64 years, by Level of University Attainment, Canada, 2001 and 2006**

	2001	2006	% increase
<b>Total</b>	<b>16,288,310</b>	<b>17,382,115</b>	<b>7</b>
No university degree	13,080,875	13,396,370	2
Subtotal – University degree	3,207,440	3,985,745	24
University – Bachelor level	2,079,650	2,538,355	22
University – above Bachelor level	331,285	416,815	26
Degree in medicine, dentistry, veterinary medicine or optometry	102,340	113,740	11
Master’s degree	584,745	774,655	32
Earned doctorate	109,420	142,180	30

Source: Statistics Canada, 2001 and 2006 Census





There has been remarkable progress made over the past few decades in closing the gender gap in formal educational attainment. In fact, Canadian girls are now more likely than their male counterparts to complete high school, and women are more likely than men to have a bachelor's or master's level university degree [6]. The Pan-Canadian Education Indicators Program (PCEIP), a joint venture of Statistics Canada and the Council of Ministers of Education reported that in 2002-03, high school graduation rates were higher for females than for males, with 78% and 70%, respectively. Further, while women were the majority of full-time undergraduate students in recent years, their total enrolment at the graduate level was now equal to men [17].

By 2006, there were approximately 778,305 more university graduates throughout Canada than there were in 2001, and women accounted for nearly three-quarters of the increase: 33% of women aged 25 to 34 years and 24% of women aged 35 to 44 years had a university degree, compared to 25% of their male counterparts, in each of these age groups [6]. These statistics present some cause for celebration as more and more women are welcoming and taking advantage of the numerous government initiatives and opportunities made available to assist them in balancing their complex lives, while acquiring the education and skills they need to succeed in today's labour force.

## Manitoba Women

Census data from Manitoba show that in 2006, one in four adults (25%, women and men) had a high school diploma as their highest level of educational attainment, while 20% of the adult population in Manitoba had not completed high school. Further, approximately 11% of Manitoba adults aged 25 to 64 years had a trades certificate, the lowest proportion of all western provinces, and one in five individuals with a trades certificate studied in the Mechanic and Repair Technologies/ Technicians field. The number of post-secondary graduates in Manitoba increased in recent years, with 19% of the working-age population having a college diploma and slightly less than 20% having a university degree at the Bachelor's level or higher.

In 2006, Manitoba had 31,955 more university graduates between the ages of 25 and 64 years than it did in 2001, and women accounted for approximately two-thirds of this increase; of the 115,750 university graduates in Manitoba, in 2006, approximately 61,495 were women (Table 2) [6]. This increase in the number of female university graduates in Manitoba may be reflective of a number of ACCESS programs implemented to enhance accessibility and the successful completion of post-secondary education for individuals who traditionally had been under-represented in post-secondary education, including Aboriginal people, immigrants and people living in poverty [18].

For example, the Winnipeg Education Centre (WEC) offers degree programs in Social Work through the University of Manitoba and in Education through the University of Winnipeg. In 2003, an estimated 80% to 90% of WEC students were female, all were mature students, the majority were single-parents, and all were living under the poverty line. The retention rate at WEC was approximately 70%, which is high for any university program, and the rate of employment in the field of study after graduation was reported to be excellent, with at least 80% of Social Work students securing employment in social work occupations and another 10% pursuing graduate studies following graduation from their undergraduate program [18].





**Table 2. Highest Level of Educational Attainment, by Sex,  
Population aged 25 to 64 years, Manitoba, 2001 and 2006**

	Females				Males				Both sexes			
	2001 (n, %)		2006 (n, %)		2001 (n, %)		2006 (n, %)		2001 (n, %)		2006 (n, %)	
	Less than high school	77,565	26.9	55,855	18.5	85,035	30.1	65,630	24.4	162,600	28.4	121,485
High school	67,340	23.3	78,575	26.0	61,230	21.6	72,625	24.7	128,575	22.5	151,200	25.4
Trades	28,330	9.8	25,985	8.6	46,530	16.4	41,415	14.1	74,855	13.1	67,405	11.1
College	57,035	19.8	64,250	21.2	36,175	12.8	47,240	16.1	93,215	16.3	111,495	18.7
University – below Bachelor level	58,475	20.3	16,185	5.4	53,920	19.1	12,410	4.2	112,395	19.7	28,600	4.8
University – Bachelor level and above			61,495	20.3			54,255	18.5			115,750	19.4
Total population aged 25 to 64 years	288,745	100	302,360	100	282,895	100	29,3580	100	571,640	100	595,935	100

Note: Recent changes to the 2006 Census included more precise information on the level of education attainment and fields of study. Questions pertaining to university degrees attained in 2006 were similar to those asked in 2001; however, the 2006 Census collected information on non-university certification differently than in 2001.

Source: Statistics Canada, 2001 and 2006 Census, highlight tables

At the other end of the spectrum, a total of 151,200 individuals aged 25 to 64 years in Manitoba had only completed high school by 2006, while another 121,485 individuals had less than high school education. Women comprised 26% of the individuals who had completed high school and slightly more than 18% of the individuals with less than high school. By comparison, men comprised approximately 25% of each of these education levels [6], confirming that women are more likely than men to complete their high school education.

Like the general population, the educational profile of Canada’s Aboriginal people is improving, but it still lags significantly behind that of other Canadians [14]. The PCEIP reported that in 2001, the proportion of Canada’s Aboriginal<sup>1</sup> people with less than high school education decreased substantially from 45% to 39% five years later. Between 1996 and 2001, the proportion of Aboriginal people with a high school diploma increased from 21% to 23%, and the proportion with post-secondary qualifications increased from 33% to 38%, with 8% of Canada’s Aboriginal population aged 25 to 64 years holding a university degree in 2001. Post-secondary credentials were noticeably higher among younger age cohorts, and Aboriginal women were more likely than their male counterparts to have college diplomas (18% and 11%, respectively) or university degrees (9% and 6%, respectively); Aboriginal men were more likely to have trade certificates, with 20% as compared to 12% for women (Table 3) [17].

<sup>1</sup> In this case “Total Aboriginal” identity includes those people who identified themselves as belonging to any one or more of the Aboriginal groups (North American Indian, Métis and Inuit).





**Table 3. Highest Level of Educational Attainment, by Sex, Aboriginal Identity Population aged 25 to 64 years, Canada, 1996 and 2001**

	Females				Males				Both sexes			
	1996		2001		1996		2001		1996		2001	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Less than high school	79,415	43.3	85,255	36.4	77,180	47.3	86,495	41.3	156,605	45.2	171,725	38.7
High school	41,610	22.7	55,575	23.8	32,490	19.9	45,770	21.8	74,105	21.4	101,365	22.9
Trades	19,480	10.6	27,940	11.9	29,360	18.0	41,340	19.7	48,845	14.1	69,265	15.6
College	29,585	16.1	43,225	18.5	16,175	9.9	23,580	11.2	45,755	13.2	66,805	15.1
University	13,135	7.2	22,015	9.4	8,045	4.9	12,440	5.9	21,180	6.1	34,465	7.8
All trades, college and university	62,200	33.9	93,180	39.8	53,580	32.8	77,360	36.9	115,780	33.4	170,535	38.4
Total population aged 25 to 64 years	183,225	100	233,980	100	163,250	100	209,625	100	346,490	100	443,625	100

Source: Statistics Canada, 1996 and 2001 Census

By 2006, one in three (34%) Aboriginal<sup>2</sup> persons had not completed high school, and 21% had a high school diploma as their highest level of education. Approximately 44% of the Aboriginal population in Canada were post-secondary graduates, with a college diploma being the most common post-secondary credential: 14% had trade credentials, 19% had a college diploma and 8% had a university degree. Nevertheless, Aboriginal people were much less likely to complete university than their non-Aboriginal counterparts, with 6% of the Aboriginal population as compared to 20% of the non-Aboriginal population holding university credentials [6].

In 2001 Manitoba ranked lowest among all other provinces for high school completion rates for Canada's Aboriginal peoples. Only 37.1% of Manitoba's Aboriginal population aged 15 to 29 years had completed high school, while another 54.2% had some high school. Among the Aboriginal population aged 50 years and over, only 32% had completed high school [14]. Among Manitobans aged 15 to 29 years, Aboriginal<sup>3</sup> people are six times as likely as non-Aboriginal people to have less than a Grade 9 education, (12.4% and 1.9%, respectively) [19]. What is more, 17% of Manitoba's Aboriginal peoples compared to 6% of the non-Aboriginal population between the ages of 15 and 49 years either had no formal schooling at all or had less than a Grade 9 education [9].

<sup>2</sup> In this cited study two concepts are used: Aboriginal identity and Registered or Treaty Indian. The educational characteristics of the overall Aboriginal population are described using the Aboriginal identity concept. Separate data are presented for each of the three Aboriginal identity groups: Inuit, Métis and First Nations people. Data are also presented for the First Nations identity population living on and off reserve. This report also presents education data for the Registered Indian population living on and off reserve [6].

<sup>3</sup> People who have self-identified as status and non-status Indians, Métis and Inuit.







Winnipeg is home to the highest concentration of Aboriginal people in any Canadian city, with the Aboriginal population in Winnipeg being disproportionately concentrated in the city's north end and inner city areas [19]. Thus the low rates of education attainment are cause for concern [14].

Further, the Aboriginal population in Winnipeg's inner city is considerably younger than the non-Aboriginal population, and the youth are quickly approaching employment age and are expected to join the labour market over the next 20 years (Table 4) [20]. Accordingly, meeting the educational needs of Manitoba's Aboriginal people and investing in appropriate Aboriginal education is an investment in the economic future of the city and the province [19].

**Table 4. Aboriginal Identity Population, by Age Group and Sex, Manitoba, 2006**

Percentage	Females	Males	Both sexes
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
0 to 14 years	31.3	35.2	33.2
15 to 24 years	18.7	18.0	18.3
25 to 34 years	13.9	13.3	13.6
35 to 44 years	14.3	12.7	13.5
45 to 54 years	11.3	10.6	11.0
25 to 64 years	39.5	36.5	38.1
55 to 64 years	6.2	6.3	6.2
65 years and over	4.4	4.0	4.2

Source: Statistics Canada, 2006 Census, highlight tables

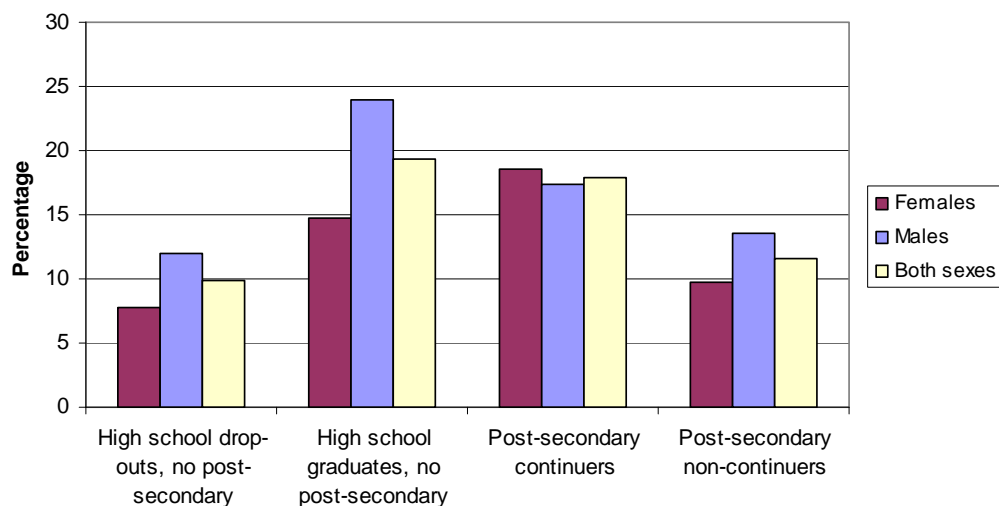
## Educational Pathways after High School

Manitoba's youth take many different educational pathways from high school to the labour market, and it is not uncommon for young people to take time off after high school graduation before continuing in a post-secondary education program. However, in many instances, youth who take time off between high school and post-secondary schooling do not return to their studies. The 2004 Youth in Transition Survey (YITS), a longitudinal survey designed to examine major transitions regarding education, training and work in the lives of Canada's youth between the ages of 15 and 24 years, reported on its findings between gappers (youth who delayed starting their post-secondary studies for more than four months following high school graduation) and non-gappers (youth who continued with their post-secondary studies within four-months of graduating from high school) [21].





**Figure 4. Post-secondary Education Status, by Sex, Population Aged 22 to 24 years, Manitoba 2003**



Source: Statistics Canada, Youth in Transition Survey, Cycle 3

In Manitoba, 17.9% of the population aged 22 to 24 years had continued directly into post-secondary studies following completion of high school in 2003, while 11.6% delayed their studies. Women were 18.5% of the individuals who continued directly into a post-secondary program and 9.7% of the individuals who did not directly continue their post-secondary studies. By comparison, men were 17.4% and 13.6%, respectively. Another 14.7% of women and 23.9% of men did not enter post-secondary studies at all following high school graduation. In addition, 7.8% of women and 12% of men did not complete their high school education nor did they continue with any post-secondary programming (Figure 4) [22].

The 2004 YITS also reported that the presence of a long-term physical or mental condition or health problem that reportedly limited the kind or amount of activity youth could do at school (or at work) hindered their post-secondary education: 25% of youth with long-term limiting conditions were less likely to go directly onto post-secondary education following high school graduation, as compared to 40% of youth without long-term limiting conditions [21].

There appeared to be a strong intergenerational link in the educational pathways young people take: 50% of youth whose parents had less than high school did not pursue an education beyond high school. For the youth whose parents did complete post-secondary education, almost 50% went directly onto a post-secondary program, while 33% pursued their post-secondary education eventually [21]. Literacy Partners of Manitoba reported that youth whose parents are jobless and did not graduate from high school are five times less likely to graduate than youth whose parents are employed and have completed high school [11, 23]. Findings from the 2006 Programme for International Student Assessment (PISA) also found that parents play an important role the life transitions of youth and how they learn. Youth with at least one parent who had post-secondary education out-performed their peers whose parents had only high school education or less [11].





A study on the educational circumstances of Aboriginal students in Winnipeg inner city high schools found similar results, but with negative outcomes. Finding from the study revealed that just over one in four (27%) of the men interviewed and one in three (33%) of the women interviewed had a least one parent who had attended residential school, while more than half (57%) of the students had a least one grandparent who attended residential school. The legacy of residential schooling created devastating and negative perceptions about formal education, along with a high degree of mistrust and dislike for predominantly euro-centric, middle class educational institutions with predominantly non-Aboriginal teachers. Students reported experiencing a cultural/class divide with schools and teachers. Aboriginal parents also experienced this negative divide, along with unbalanced power relations, making it difficult to provide support for their children in the schools, as they did not feel welcome [19].

In addition to an intergenerational education link, the 2004 YITS found that factors such as academic performance, the high school attended and parental expectations during high school had a significant effect on later educational outcomes of youth. For instance, almost 90% of Canadian youth with a grade-point average less than 60% did not continue their education beyond high school, while the same proportion of youth with a grade-point average above 80% went on to post-secondary studies; 59% of these students continued their studies, without delay [21].

The amount of time that youth spent in the labour market during their last year of high school also determined the educational pathways taken by youth. Approximately 46% of youth in Canada who worked less than 10 hours per week during their last year of high school continued their post-secondary studies without delay, while 40% of youth who worked more than 20 hours per week delayed their studies. Not surprisingly, many youth who worked a large number of hours per week avoided post-secondary studies altogether [21].

Other analyses of the YITS support these conclusions. Almost 80% of youth who reported that it was “not at all” important to their parents whether they pursued a post-secondary education had not gone on to post-secondary studies, while only 20% of youth who reported that it was “very important” to their parents for them to continue their schooling had neglected to do so by the time they reached 22 to 24 years of age. In fact, students who believed that it was important to their parents that they continue with post-secondary studies had higher aspirations, and if their parents had higher education, they too desired more education. What is more, the study findings revealed that, in many instances, mothers were seen as educational role models to their daughters, but not to their sons. For girls, educational aspirations were based upon the relevance of education to employment, and consequently, on personal efforts for improved academic performance [24]. Accordingly, youth who did continue their studies after high school were more likely to follow the non-gapper route, if they had parents with high academic expectations [21].

Interestingly there is only weak evidence that financial constraints were a direct barrier to attending university. Rather, the likelihood of young people attending university was almost entirely associated with differences in academic performance and parental influences. Just over half of the young people from families at the top of the income distribution attended university at age 19 years, compared to less than one-third of youth from families in the lowest 25% income distribution; only 12% of this gap in university





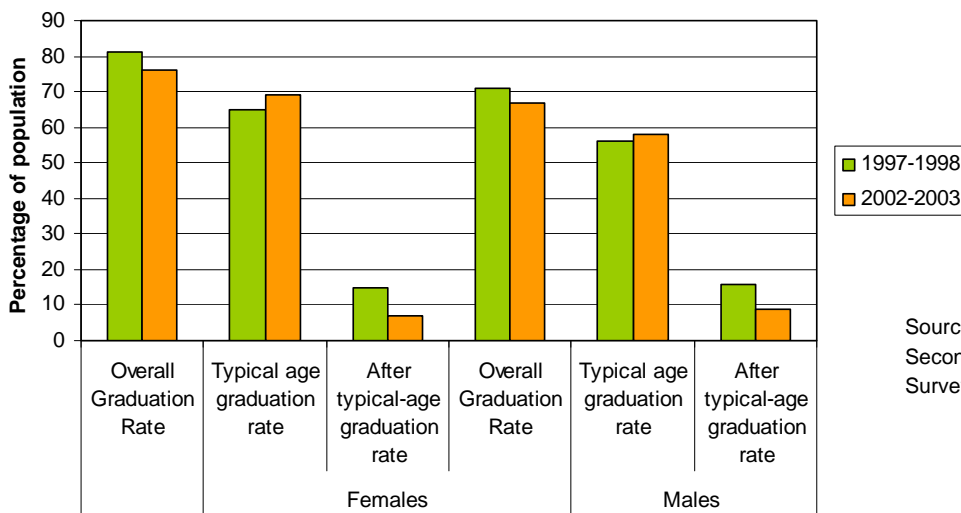
attendance was related to higher incidence of financial constraints among lower-income youth. Weaker academic performance accounted for just over one-third of the gap; 30% was related to lower education levels for the parents of lower income youth; and approximately 12% of the gap was associated with lower educational expectations of parents upon lower-income youth. The study concluded that the divide in university attendance was largely due to factors present in the lives of youth, well in advance of even considering whether to attend a post-secondary program [16].

## Dropping-Out

High school diplomas can open doors to post-secondary education and pave the way to meaningful employment. In 2004, the unemployment rate for individuals between the ages of 25 and 44 years who did not have a high school diploma was 12.2%, while it was only 6.8% for individuals who did have a diploma. Indeed, there is evidence to suggest that more and more of Canada’s young people are deciding to stay in school, as school attendance rates have dramatically improved over the last 25 years and drop-out rates have declined considerably [25]. Nevertheless, while drop-out rates have been on the decline throughout Canada, there are still pockets where dropping out is relatively high, such as in some Manitoba small towns [25].

In 2003, approximately 8% of women in Manitoba aged 22 to 24 years dropped out of high school, compared with 12% of men. Of the individuals aged 18 to 20 years who had dropped out of high school in 1999, 34.9% of women (and 20.2% of men) had completed their high school education and had either graduated from a post-secondary program, or were in the midst of post-secondary studies, by December 2003 [22]. Figure 5 illustrates that a small percentage of the population does return and graduate from high-school in the years following, somewhat later than their peers.

**Figure 5. High school graduation rates relative to typical age of graduation by sex, Manitoba, 1997-98 and 2002-03**



Source: Statistics Canada, Secondary School Graduates Survey





Youth at risk for dropping out of school fit a well-established profile: they are more likely to live in blended families and single-parent households than youth who complete high school; they are less likely to have at least one parent who completed post-secondary education; they are more likely to have worked in the labour market for more than 30 hours per week during their last year of school; and for females, they are more likely to be single-parents [15].

The Manitoba Child Health Atlas reported the education data for Winnipeg students from Kindergarten through Grade 12. The study found that 85% of children attend school close to where they live. Residential areas identified as being lower socio-economic status areas were confirmed to have higher rates of unemployment, more lone-parent families, fewer adults with high school education and fewer women in the work force than higher socio-economic status areas. The study found that in 2001 92% of Grade 12 students who lived in the higher socio-economic status areas passed their Language Arts standards test, as compared to 75% of students from lower socio-economic status areas. Closer examination of who should have been writing the test revealed a very different story [26].

Of the students counted, 84% were born in Manitoba in 1984 and remained in Manitoba until 2001-2002. For those students residing in Winnipeg, researchers estimated where these students should have been in the school system at the time of the testing by calculating what should have been the last year of school for these students. Results from the new calculations revealed that only 27% of youth who lived in lower socio-economic status areas and who should have been writing the standards tests in 2001, actually wrote and passed the standards tests. Further, 36% of students from the lower socio-economic status areas were behind in their academic studies by at least one year, and almost 20% of these young people had withdrawn from school and had not been in school for at least two years, prior to taking their tests. Thus, many of the youth from the lower socio-economic status areas had not yet made it to Grade 12, and almost one in five were not in school at all [26].

Researchers also tracked Grade 9 students for five years, beginning in 1997. Only 37% of the students from the lower socio-economic areas graduated within five years: One in four students had withdrawn before completing high school, and an additional 20% were still in school after five years, but they had not yet made it to Grade 12. In contrast, 81% students from the higher socio-economic areas had completed high school within five years, and less than 5% had withdrawn from school [26]. Differences between girls and boys were not reported.

Indeed, the evidence suggests that youth from less advantaged families are at greater risk of school failure than their more-advantaged counterparts, and this is understandable, given that children growing up in less advantaged neighborhoods are more likely to experience familial difficulties such as poverty, domestic violence, and ill health. They are more likely to miss meals and go hungry than children growing up in more-advantaged neighborhoods, and they are more likely to experience inadequate housing conditions, frequent moves and academic disruption as a result of having to transfer from one school to another with each move. ABC Canada reported that between 22% and 50% of adults with lower literacy levels live in low-income households, compared with only 8% of adults with higher literacy skills [9].





The 2001 Aboriginal Peoples Survey investigated the reasons why Canada's Aboriginal youth between the ages of 15 and 19 years leave school. For Aboriginal females, 25% reported leaving school due to pregnancy or the need to take care of children and 15% reported dropping out because of boredom [9]. These findings are consistent with the Youth in Transition Survey (YITS) in which young men reported wanting to work and earn money as their motive for dropping out of high school; teenage pregnancy played a larger role in young women's decision to drop out of school. In fact, data from the Labour Force Survey revealed that almost four in ten female drop-outs had children and were heading a household [25].

Manitoba has one of the highest teen pregnancy rates in Canada (see Chapter Four). In fact, in 2003, the Manitoba Human Rights Commission reported that every day, six Manitoba teenagers and children become pregnant, and 90% of the teenagers who deliver babies keep them [27]. A recent study based on the parenting support and education needs of 40 young Manitoba women between the ages of 15 to 24 years found that a number of young women will subsequently give birth to a second child within one or two years after their first child is born. Teenage births put stress on young women through the disruption of child care and living arrangements, causing young women further delay in returning to their academic studies until their children reach school age. Understandably, many young women face an uphill struggle in terms of parenting, education and acquiring financial security for themselves and their children. As such, women who become pregnant at an early age have a significant need for support and education [28]. They face many challenges in providing for their children, but balancing an education with parental responsibilities is one of the most difficult aspects of teen motherhood. In fact, the study found that many of the young women who participated in the study were not using the support services from school guidance counsellors fully because of lack of understanding and assistance from teachers they encountered. Accordingly, the study pointed to the need for greater sensitivity to be directed to interactions involving young women [28]. Young mothers are less likely to complete high school, and as a result, they and their children are more likely to experience unemployment, low wages and poverty [18], and the subsequent detrimental effects on their health.

Just as the amount of time that youth spend in the labour market during their last year of high school can affect their likelihood of continuing directly onto post-secondary education, the same holds true for drop-out rates; there is a link between the number of hours worked while in school and drop-out rates. Youth who work a moderate number of hours each week while in school are less likely to withdraw than students who either work many hours each week or none at all, and the lowest proportion of drop-outs, regardless of sex, were individuals who worked fewer than 20 hours per week [29].

In 2004-2005, the unemployment rate for drop-outs was 19.4%, double the rate for all individuals aged 20 to 24 years. Nevertheless, approximately 61.7% of drop-outs were employed in 2004-2005, a considerable increase from the employment rate of 54.4% in 1996-1997. Still, although the employment rate for drop-outs has increased, it remains well below the employment rate of 67.8% for individuals 20 to 24 years, as a whole [29].







## Policy Implications

Women in Manitoba have made remarkable progress over the past few decades toward minimizing the gender gap in literacy and education. They have now surpassed men in terms of higher academic credentials, such as at the master's level which was, not so long ago, dominated by men. Higher earnings by women with university degrees, and increasing educational parity between women and men are signs of progress that may have positive health outcomes for women. Nevertheless, not all degrees are created equal; having a university degree does not necessarily mean that equity and opportunity for employment will follow, or that being employed means making use of the degree earned. In many instances, promising jobs may not be available, even for well-qualified female graduates [1].

Still, educational attainment is an important indicator of women's health. It is a key factor to improved employment and income for women, and it facilitates better access, understanding and use of health-related information by women. As such, attention must be directed toward improving the education system, so that all young women in Manitoba may be provided the opportunity to continue their education. Specifically, policies and practices geared toward increasing high school graduation rates, as well as access to and completion of post-secondary programs must be implemented [15].

In like manner, attention must continue to be directed toward meeting the needs of Aboriginal people, particularly Aboriginal women who are, without doubt, among the poorest of the poor and are struggling to survive. Recent research cites childcare responsibilities as a primary reason for many young Aboriginal women dropping out of high school. The research also points to the lack of support systems and adequate daycare as major challenges facing young women who have had to leave school to tend to their childcare responsibilities.

This calls attention to the need for further community-based studies designed to get up-close and personal with young women in Manitoba, to generate new information about what is really going on in their often-complex lives, and consequently, clearly identify the challenges they face, their need requirements in fulfilling their academic aspirations and how best to address these needs. In like manner, attention must be directed toward gaining a better understanding of the issues affecting the education of individuals from disadvantaged groups, and the Aboriginal population, in particular.

Numerous government initiatives and community programs have been implemented to assist these women in balancing their personal situations and the education, but more needs to be done to meet the needs of Aboriginal women and children. Still, many Aboriginal women have come to the realization that they want to make a better life for themselves and their children, and they are taking advantage of the education sponsorships inherent in their Treaty rights.

Stay-in-school initiatives and school re-entry programs for drop-outs have been implemented in Manitoba; however, these initiatives will require further investigation to evaluate their success. The notion of community involvement and familial relationships could also be explored further to gain an adequate understanding of the variables at hand and how they are linked to the educational attainment, and hence literacy levels, of women. Indeed, literacy and education among women in Manitoba could





stand to improve, if appropriate attention is directed to identifying and understanding the reasons that women leave high school, as well as those hindering their return.

## Conclusion

While data specific to the literacy levels of women in Manitoba are limited, recent education statistics indicate that women's levels of education have dramatically improved over the past few decades, and women have higher levels of educational attainment than ever before. Since the latest findings from the International Adult Literacy and Skills Survey were released, much has been done in Manitoba to create awareness and address the issues around the fact that nearly one-half of the Canadian population do not have the minimum literacy skills to adequately cope with the demands of Canadian society.

There have been many calls for public investment in raising adult reading skill levels. However, as suggested by Statistics Canada, this investment first would require identifying the different types of adult reading challenges. Further, decisions would need to be made to determine the types of programs needed to serve adults with reading challenges, where the programs would be offered and the manner with which to motivate participation in these programs [30].

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# Labour Force Participation, Employment and Unemployment

## Introduction

Labour force participation, employment and unemployment affect women's health, both because of the important connections between income and health and because the terms and conditions of women's work (including occupational hazards, stress, women's greater burden of informal caregiving, workplace harassment and systemic sexism) can make work healthier or less healthy:

*“Higher employment can contribute positively to income equity, financial security, social support and health for women. However, poor work conditions, lack of job security or control at work, sexual harassment, overwork, and other job characteristics may undermine health [1]”*

Whether women are supporting only themselves or a family, whether or not they are the sole wage earners in their family, employment plays a large role in determining women's quality of life and that of those who depend on them.

Women still face discrimination in matters related to employment and labour force participation, despite a long history of advocacy for women's economic equality.<sup>1</sup> As Kathleen Lahey writes:

*“Discriminatory attitudes toward hiring women or doing business with women reduce women's chances of obtaining incomes in the first place... Women's low incomes flow from a variety of interlinked phenomena: gender barriers to paid work, occupational segregation, low wages, work-family conflicts, difficulty in escaping part-time, seasonal or intermittent work, declining access to full-time work, the smaller value of women's employment benefits, the*

**Labour Force Participation** includes only civilians not living in institutions, aged 15 years or older, who were employed, or unemployed during the week prior to the 2001 Census of Canada.

**Employed** - persons 15 years and older, who, during the week prior to the 2001 Census:

1. did any work for pay or in self-employment, or without pay in a family farm, business or professional practice; or
2. were absent from their work with or without pay, due to illness, vacation or labour dispute or any other reason.

**Unemployed** – persons 15 years and older, who were without paid work or without self-employment work and were available for work and either:

1. had actively looked for paid work in the past four weeks; or
2. were on temporary lay-off and expected to return to their job; or
3. had definite arrangements to start a new job in four weeks or less.

**Not in the Labour Force** - persons who were neither employed nor unemployed, using the above definitions.

**Labour Force Participation Rate** - the number of people who participate in the labour force, expressed as a percentage of the population 15 years of age and over. [2]

<sup>1</sup> Such attempts include the 1967 *Report of the Royal Commission on the Status of Women*, the successful campaign to include gender equality in the *Canadian Charter of Rights and Freedoms*, and federal and provincial legislation prohibiting discrimination based on sex. International commitments include the 1979 *United Nations Convention on the Elimination of All Forms of Discrimination Against Women* and the 1995 *United Nations Beijing Platform for Action*.



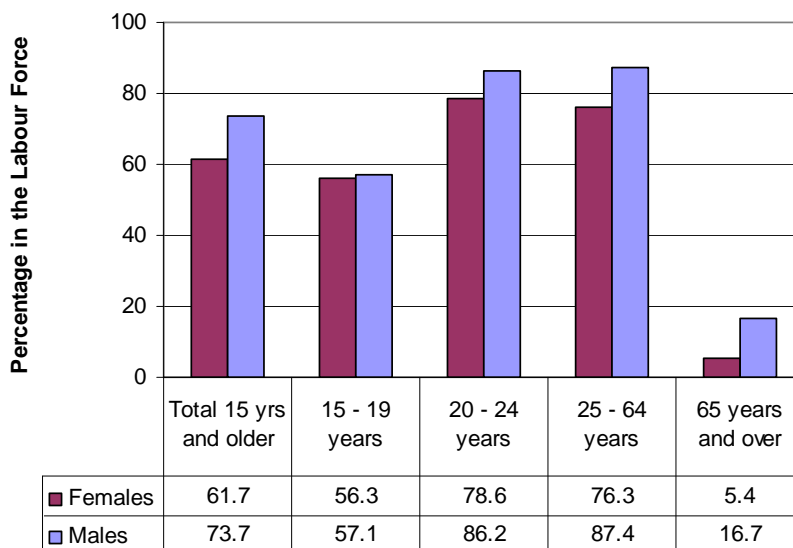


*gendered impact of unemployment... the inadequacies of (un)employment insurance schemes in meeting the needs of women and barriers to obtaining venture capital financing for women-owned businesses.”[3]*

## Labour Force Participation

Participation in the labour force is an important indicator of women’s economic participation. Indeed the massive increase in women’s participation in the labour force is one of the most important economic and social changes of the past 40 years. The proportion of women in the Canadian labour force has more than doubled from 27% in 1961 to 60% in 2001 [1]. In Manitoba 73.7% of males and 61.7% of females aged 15 and older reported being in the labour force during the 2001 Census (Figure 1). Manitobans, both male and female, were more likely to be in the labour force than the Canadian average. Across Canada in 2001, 72.7% of males and 60.5% of females were in the labour force [4].

**Figure 1  
Labour Force Participation  
Manitobans Aged 15 and Older 2001**



Source: Census of Canada 2001, Custom Tabulation [4]

Women’s increased labour force participation is due to a number of reasons including women’s drive for economic independence; increasing numbers of women with post secondary education; and changing economic and family structures, including the economic needs of single mothers, the increasing necessity of two incomes in two-parent households, and a trend to some families relying more on a female partner’s income [5].

Figure 1 shows labour force participation by age and sex in Manitoba in 2001. The male/female difference in labour force participation, 12% or 35,285 potential labour force participants, means women were less likely to be employed or looking for work than their male counterparts. The gap was about the same for those in their prime earning years, ages 25 to 64, when 87.4% of men were in the labour force compared to 76.3% of women. It is noteworthy that the gender gap in labour force participation was greatest among seniors. Among Manitobans aged 65 years and older, 16.7% of men and 5.4% of women were in the labour force [4].



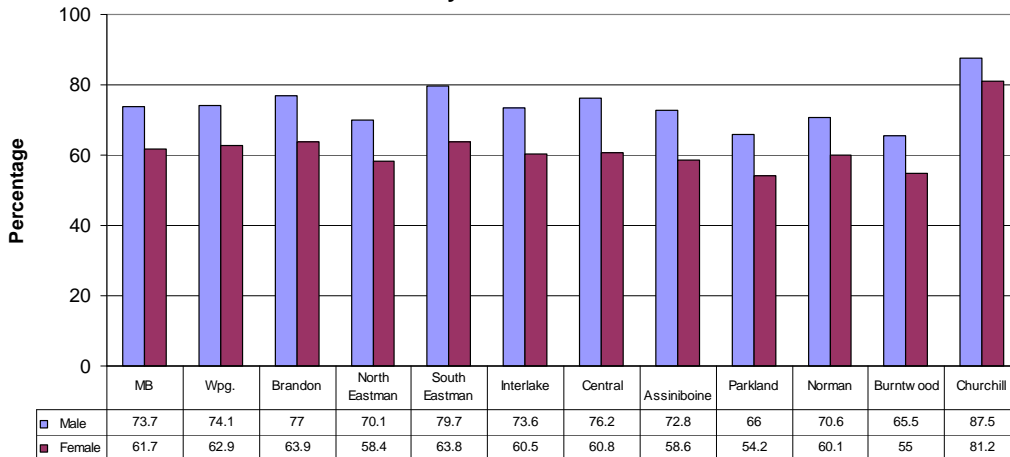




## Regional Differences in Labour Force Participation

In every Regional Health Authority (RHA), women's labour force participation rates were lower than that of the men in their region (Figure 2).

**Figure 2**  
Labour Force Participation  
Manitobans 15 Years and Older  
by RHA - 2001



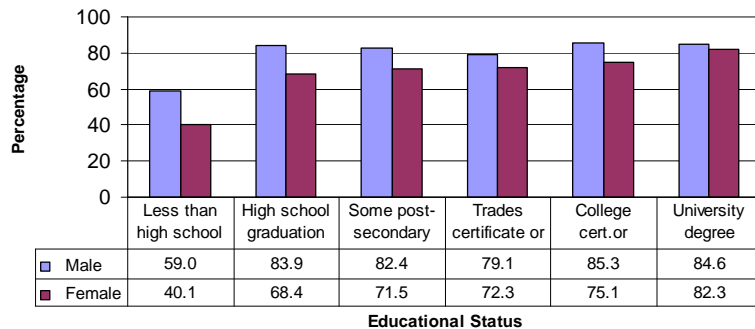
Source: Census of Canada 2001, Custom Tabulation [4]

Among both women and men, participation rates were highest in the Churchill RHA, a small region with a total population of less than 1,000 people, fewer than 600 of whom were in the labour force. For women and men, excluding Churchill, participation rates were highest in the South Eastman and Brandon RHAs and lowest in the Burntwood and Parkland RHAs, perhaps reflecting the more limited opportunities for paid employment in those two regions.

## Education & Labour Force Participation

Labour force participation increases with education. Women and men with higher levels of education are more likely to be in the labour force. The sex difference in labour force participation is highest among those with less than high school education. Among those in this group, only 59% of men and 40.1% of women in Manitoba in 2001 were active in the labour force (Figure 3). Among those with high school only, 83.9%

**Figure 3**  
Labour Force Participation Rate by Sex and  
Education, 2001



Source: Census of Canada 2001, Custom Tabulation [4]







of men and 68.4% of women participated in the labour force. The gap narrows with each increased level of education. Among those with university degrees the gender gap was the smallest, with 82.3% of women and 84.6% of men active in the labour force.

Approximately 20% of Manitobans have a university degree, and among these, the proportion of women continues to increase. In 2001, there were 2,690 more Manitoba women with university degrees than there were men [4]. Based on current rates of university enrolment, this trend is expected to continue to increase. In 2003/04 there were 22,430 women in university (16,050 full time and 6,380 part-time) compared to 15,615 men (11,795 full time and 3,820 part time) [6, 7]. See previous section for more about Manitoba women's education.

## Aboriginal Women & Labour Force Participation

Aboriginal women lived in fully functioning non-market economies prior to the arrival of European settlers. Aboriginal peoples' marginalization from today's economy is tied to the legacy of colonization and persistent racism [8, 9, 10].

One manifestation of this is the low labour force participation rate of Aboriginal women in Manitoba. In 2001, only 53.8% of Aboriginal women aged 15 years and older were in the labour force, compared to 64.8% of Aboriginal men, 62.7% of non-Aboriginal women and 74.8% of non-Aboriginal men (Figure 4).

Educational attainment in the Aboriginal population is low, stemming from years of both neglect and forced assimilation [11]. Until only 20 to 25 years ago many Aboriginal children were forced to attend residential schools “whose primary objective was to erase Aboriginal cultures and languages, and certainly not to set high expectations for academic achievement” [11]. Alternatively, some children may have benefited from a traditional education but did not have experience with classroom education [11]. Either way, formal Canadian school systems have failed Aboriginal people because of inappropriate teaching and intent, as well as inadequate funding [11]. Aboriginal people living off-reserve “are generally better educated than their on-reserve counterparts” [12]. Because access to employment is often based on attainment in the education system, low levels of education have serious implications for earning potential and income as well as for health.

In this section, we use the Census 2001 definition of “Aboriginal Identity”, as follows:

**Aboriginal** – those persons who reported identifying with at least one Aboriginal group, i.e. Inuit, North American Indian, or Métis, and/or those who reported being a Treaty Indian or a Registered Indian as defined by the Indian Act of Canada and/or who were members of an Indian Band or First Nation.

**Registered** - those who reported being a Treaty Indian or a Registered Indian as defined by the *Indian Act* of Canada and/or who were members of an Indian Band or First Nation.

**Not-Registered** - those who identified themselves as having Aboriginal identity and who were not Registered Indians as defined above.

**Non Aboriginal** – Census respondents who did not identify themselves as being of Aboriginal ancestry [2].

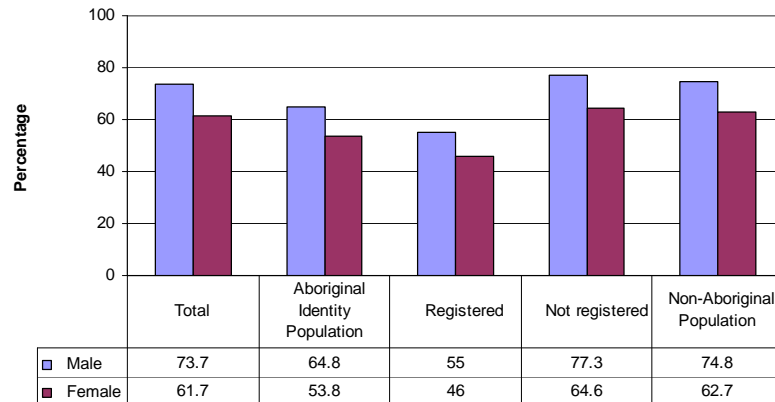




According to Dion Stout et al, “...Aboriginal women, while faring substantially worse than the non-Aboriginal female population, are nonetheless more likely than their male counterparts to possess a university degree, or to have pursued some post-secondary or secondary studies.” These authors found that across Canada Aboriginal women experience lower levels of unemployment than men in all age groups [8] and this is consistent with our findings for Manitoba (Figure 10). Indeed, within the Aboriginal population, Aboriginal women were more likely to have completed university than were Aboriginal men, holding 65% of university degrees among Aboriginal Manitobans in 2001 [12]. However, only 8% of Aboriginal Manitobans held university degrees in 2001, compared to 10.3% of all Manitobans.

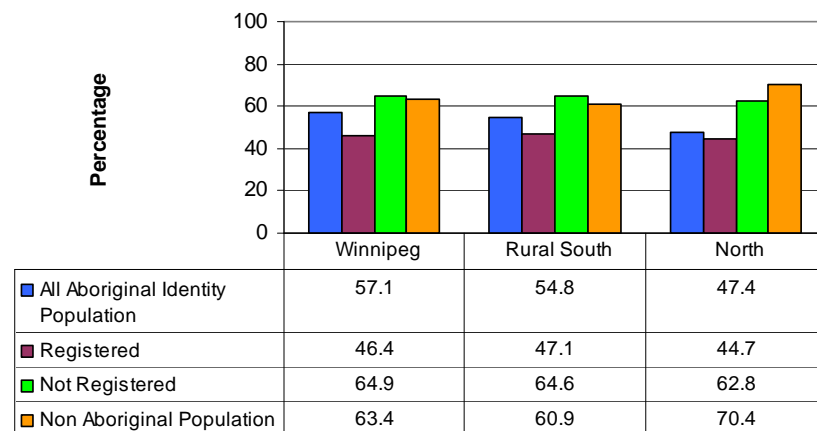
An advantage of using the Census definition of Aboriginal Identity is that it allows us to examine differences among Aboriginal Manitobans. Aboriginal women who identified as Registered Indians had the lowest labour force participation rate (46%), compared with a 64.6% participation rate among those who were not Registered. In fact, women who identified themselves as having Aboriginal identity, but not as Registered Indians, were more likely to be labour force participants than were non-Aboriginal women. Note that these rates are not age-adjusted and that the Aboriginal population in Manitoba includes more young people and fewer seniors than the non-Aboriginal population.

**Figure 4**  
**Labour Force Participation Rate**  
**Aboriginal and Non Aboriginal Manitobans**  
**2001**



Source: Census of Canada 2001, Custom Tabulation [4]

**Figure 5**  
**Labour Force Participation Rate**  
**Aboriginal and Non Aboriginal Manitoba Women 2001**



Source: Census of Canada 2001, Custom Tabulation [4]





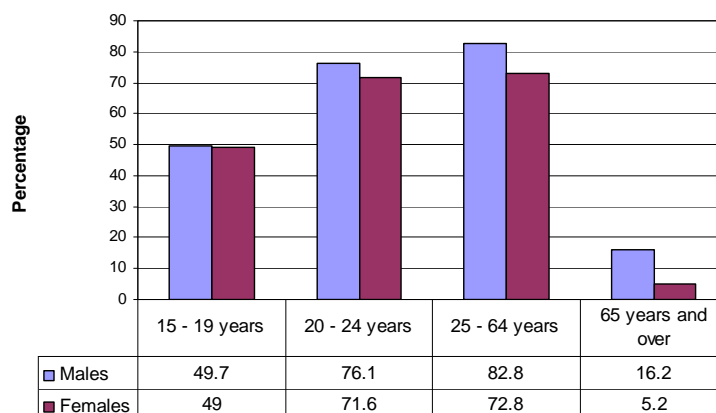
Like other Manitoba women, Aboriginal women’s labour force participation varied by region.<sup>2</sup> In every region of Manitoba Aboriginal women were less likely to be in the labour force than were other Manitoba women (Figure 5). The gap was the greatest in Northern Manitoba, where Aboriginal women were 1.5 times less likely to be in the labour force than were non-Aboriginal women. The labour force participation rate of non-Registered Aboriginal women in northern Manitoba was also much higher than that of women who identified as Registered Indians. Women who identified as Registered Indians in northern Manitoba were more likely to have lived in First Nations communities (“on reserve”), where employment opportunities are likely very limited.

Further exploration [12] finds young Aboriginal women (age 20-24) have a much lower labour force participation rate compared with non-Aboriginal young women, partly because of personal and family reasons. As Chapter Four shows, Manitoba Aboriginal women tend to have children when they are younger than non-Aboriginal women and to have more children, both of which may lower their participation in the labour force.

## Employment & Unemployment

Employed women and men are defined as those people, aged 15 years and older, who were employed during the week prior to the 2001 Census, including those who worked for wages and salaries, those who were self-employed and those working without pay on family farms or businesses. It also includes those who were absent due to illness, vacation, labour dispute or other reasons [2].

**Figure 6**  
**Employment**  
**Manitobans Aged 15 and Older 2001**



Source: Census of Canada 2001, Custom Tabulation [4]

In 2001, there were 288,350 males and 257,010 females employed in Manitoba [4]. In almost every age group, women were less likely to be employed than men (Figure 6). Consistent with labour force participation, the gender gap in employment is smallest among the youngest age group and the greatest among those aged 65 years and older. This is a result of the changing socio-economic trends described above, and indicates that in the future, the gender gap may not be as great among middle-aged and older women and men as it is now.

<sup>2</sup> The Rural South Region includes the RHAs of Assiniboine, Brandon, Central, Interlake, North Eastman, Parkland and South Eastman. The North Region includes the RHAs of Burntwood, Churchill and Nor-Man.





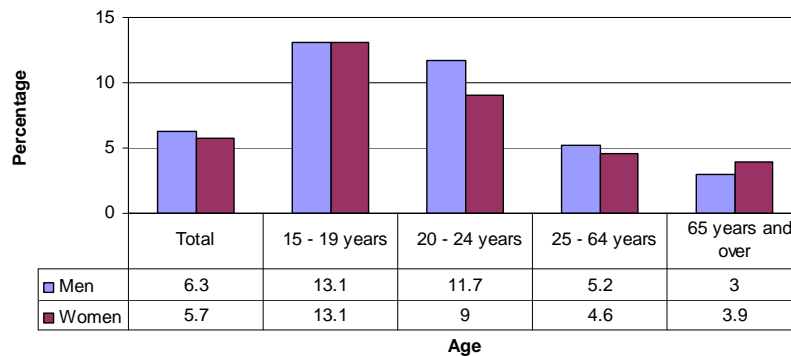
## Official and Comprehensive Measures of Unemployment

Using the **official measure** of unemployment, unemployed women and men were those people, aged 15 years and older, who were without paid work or self-employment and who were available for work and either:

- had actively looked for paid work in the past four weeks; or
- were on temporary lay-off and expected to return to their job; or
- had definite arrangements to start a new job in four weeks or less [1].

Overall, Canadian female labour force participants are less likely to be unemployed than their male counterparts [5]. In Manitoba, unemployment rates were higher among men than women in every age group, with the exception of those aged 65 years or older (Figure 7). While it appears that in 2001 women had lower unemployment rates than men, certain women (e.g. discouraged searchers, involuntary part-timers, and those not seeking employment) were not considered “unemployed” as a result of the definition used in the official measure of unemployment (see box on first page of this section). Because of these limitations, we present below information using a more **comprehensive measure** of unemployment, developed by Statistics Canada.

**Figure 7**  
**Unemployment Rates by Age and Sex**  
**Manitoba 2001**



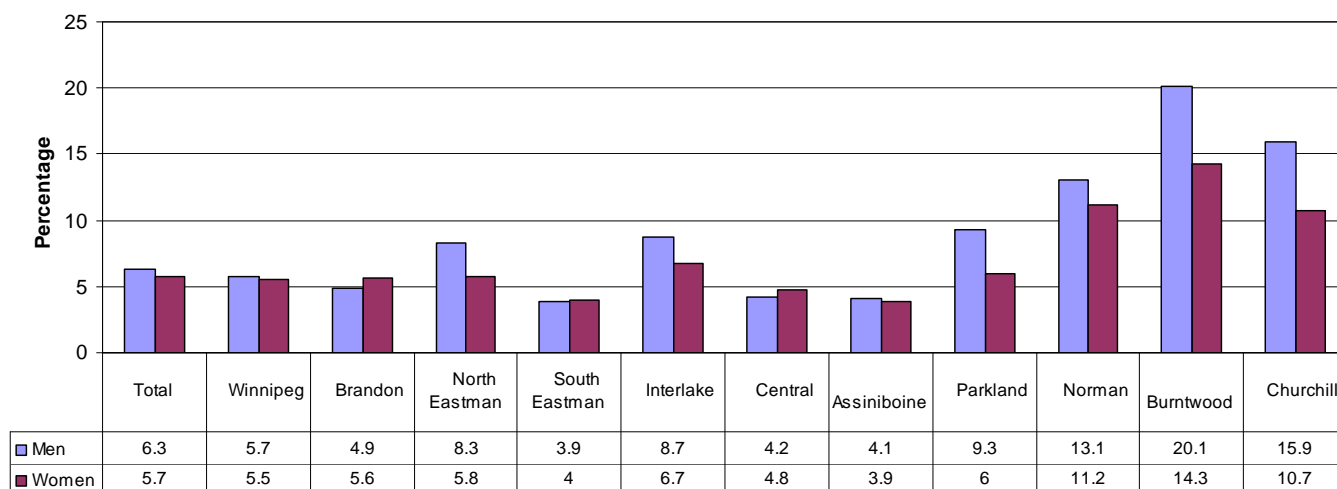
Source: Census of Canada 2001, Custom Tabulation [4]

Statistics Canada’s official rate of unemployment counts only those who are actively looking for work or who are starting a job shortly. In 2001, using this official measure, Manitoba men had an unemployment rate of 6.3% and women 5.7% (Figure 8). Although official unemployment rates varied only slightly by sex in some RHAs, overall, men were more likely to be counted as unemployed. While official unemployment rates for women and men were almost the same in Winnipeg, South Eastman and Assiniboine, women living in northern RHAs were substantially less likely to be unemployed though more likely to be employed than men in that region (Figure 8).





**Figure 8**  
**Official Unemployment Rates in Manitoba, 2001**  
**by RHA and Sex, aged 15 and over**



Regional Health Authority

Source: Census of Canada 2001, Custom Tabulation [4]

This official measure of unemployment does not comprehensively portray unemployment in Manitoba, nor does it accurately portray differences in male and female unemployment for three reasons:

1. Women are more likely than men to have left the labour force because of caregiving responsibilities;
2. It excludes workers who have been discouraged and are not actively searching for work; and
3. It excludes involuntary part-time workers.

Thus, the measure may be an underestimation of employment in women. These gaps can be addressed by using different measurements of unemployment. Statistics Canada states that:

*“...supplementary measures can shed light on the amount of labour market slack and the extent of hardship associated with unemployment. For example, during prolonged downturns in the economy, or in communities where job opportunities are chronically scarce, people who want work may not be looking for a job because they believe there are no suitable opportunities in their labour market...they are not counted among the unemployed.” [13]*

**Comprehensive rate of unemployment (R8)** includes all those normally classified as “unemployed” plus

**1) Discouraged searchers-** people who have stopped looking for work because they believe no work is available;

**2) People who are waiting to start a job-** those who are waiting for a reply, waiting for recall to a former job or people who will begin work in more than 4 weeks; and

**3) Involuntary part-timers/ Underemployed-** people who would be working full time, if full-time work were available [11].

Statistics Canada therefore also calculates a more comprehensive definition of unemployment (see box).





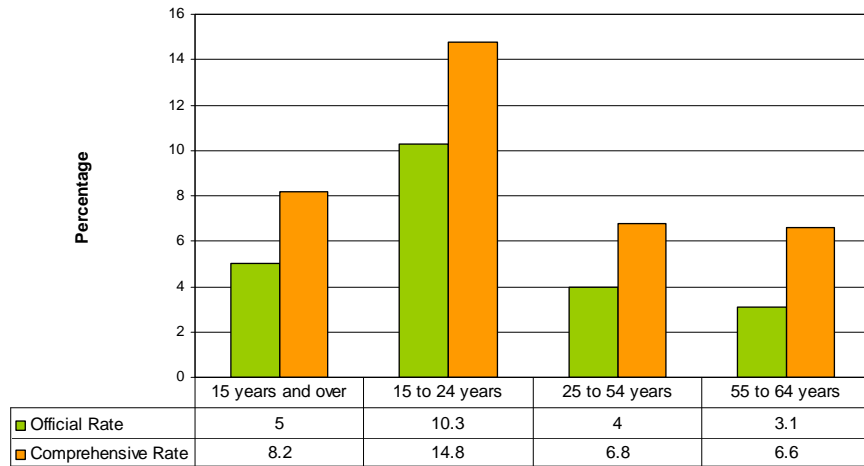
In 2004, 8.2% of Manitoban women were unemployed according to Statistics Canada's comprehensive definition, compared with 5.7% using their official definition (Figure 9). Among younger women aged 15 - 24 the official rate was 10.3% and the comprehensive rate 14.8%. Women aged 25 - 54 have 4% official and 6.8% comprehensive unemployment rates.

Women aged 55 - 64 have the lowest official and comprehensive rates at 3.1% and 6.6% respectively. The comprehensive rate also includes those involuntarily working part-time. Since women constitute 67% of involuntary part-time workers, the comprehensive measure more accurately represents women's underemployment than does the official measure of unemployment.

## Unemployment among Aboriginal Women

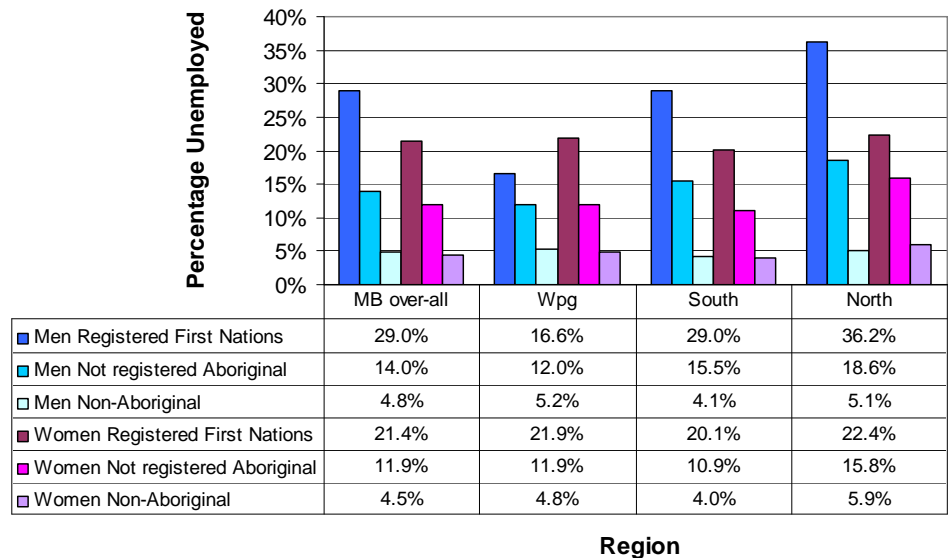
Not only are Aboriginal women less likely to be in the labour force than their non-Aboriginal counterparts, but once in the labour force, they are more likely to be unemployed. Using the official rate of unemployment, Aboriginal people living in Manitoba face substantially higher rates of unemployment than do non-Aboriginal populations. Figure 10 compares unemployment among Aboriginal men (Registered and not Registered), non-

**Figure 9**  
Unemployment among Manitoba Women by Age  
Official and Comprehensive Rates, 2004



Source: Labour Force Survey 2004, Custom Tabulation [14]

**Figure 10**  
Official Unemployment Rate by Sex and Status  
Manitoba, 2001



Source: Statistics Canada 2001 Census Custom Tabulation [4]







Aboriginal men, Aboriginal women (Registered and not Registered), and non-Aboriginal women. The unemployment rates for Registered and non-Registered women were two to three times higher than the average for their non-Aboriginal counterparts, but lower than those of Aboriginal men (Figure 10). Approximately 29% of Registered men and 21% of Registered women were unemployed, as were 14% of non-Registered Aboriginal men and 11.9% of non-Registered Aboriginal women. The unemployment rates among non-Aboriginal men and women were 4.8% and 4.5% respectively.

Unemployment rates for Aboriginal women in Winnipeg were typically lower than in the southern and northern regions; however, 21.9% of Registered Aboriginal women living in Winnipeg were unemployed. Among women, Registered women living in the north had the highest rates of unemployment with 22.4% of women considered unemployed. Registered men had the highest unemployment rate of all at 36.2%.

Since these rates have been calculated using the official measure of unemployment, they understate the true extent of unemployment among Aboriginal women. The extent to which the use of the official measure masks differences in true unemployment between Aboriginal and non-Aboriginal women is not included here.

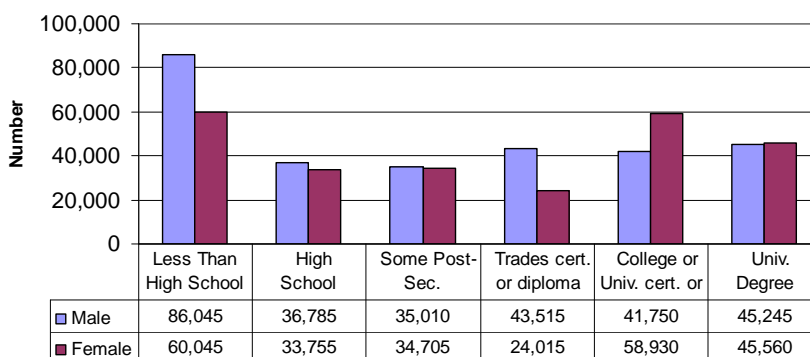
In the following pages, we discuss key issues in women’s employment, the ways in which women’s and men’s patterns of employment differ, and some of the factors influencing women’s employment, including education and caring for young children. Male/female differences in part-time work are also discussed.

## Education as a Factor in Employment & Unemployment

Education and employment are intrinsically connected. The type and level of education held by a woman determines in large part the type of employment she will have. Higher levels of education lead to both increased opportunities for finding work and higher incomes [5]. As described above (Education and Labour Force Participation), women and men with higher levels of education were more likely to be in the labour force and therefore more likely to be employed [15].

Figure 11 illustrates the number of Manitoba men and women employed by their highest level of educational attainment in 2001. Among employed Manitobans, there were more women than men with university degrees or certificates, or college certificates or diplomas. Fewer women than men, however, had trade certificates or diplomas. Women are more likely to complete high

**Figure 11**  
Number of Manitobans Employed by Sex & Educational Attainment 2001



Source: Census of Canada 2001, Custom Tabulation [4]





school than men, but for those who do not complete, men are more likely to be employed.

Figure 12 reveals the differences in unemployment among women and men with differing levels of educational attainment. Among those with lower levels of education (less than high school, completed high school and incomplete post-secondary education) men were more likely to be unemployed, while among those with higher levels of education (college or university certificates or diplomas and university degrees) women were more likely to be unemployed.

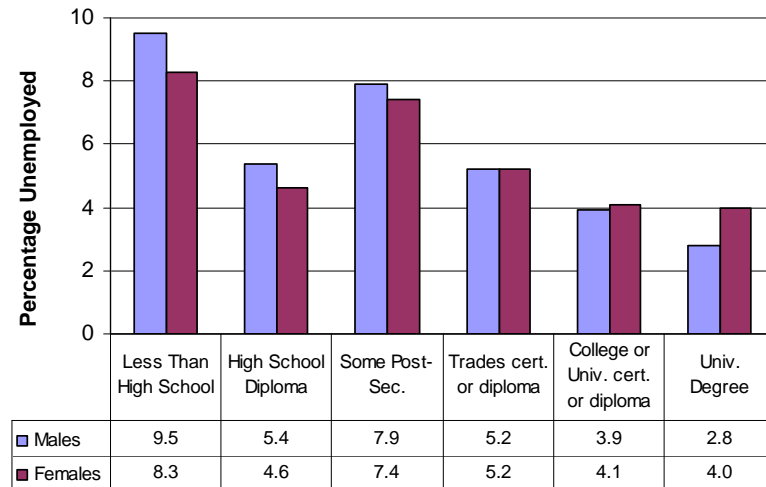
Among those with lower levels of education, women's lower risk of unemployment is connected to their lower labour force participation rates (that is, they are not looking for work and therefore are not counted as unemployed). While education is an important factor in increasing women's labour force participation and income, women who have completed college and university still face systemic discrimination in the labour market, making them more likely to be unemployed than their male counterparts [3]

Manitoba data are not available on the occupations of women with different levels of education, however we know that Canadian women enrolled in post-secondary institutions during the 2001 Census continue to be concentrated in traditionally female fields of study: education, health and related studies; fine and applied arts; social sciences, humanities and agriculture, with less than 30% representation in mathematics, physical sciences and engineering [15]. Thus women are disproportionately represented in public and service-sectors, and under-represented in private and goods-producing sectors, factors that can influence the wages women receive.

## The Gender Influences of Mothering & Unpaid Work on Labour Force Participation and Employment

While labour force participation among women has increased dramatically in recent decades, women are still less likely than men to be active in the labour force [15]. One significant reason for this lower labour force participation is family caregiving. Women may leave the labour force, delay labour force entry, or not enter the labour force at all, in order to have and to raise children, or in later life to care for aging or disabled family members in need of care.

**Figure 12**  
**Unemployment by Educational Attainment**  
**Manitobans Aged 15 and Older 2001**



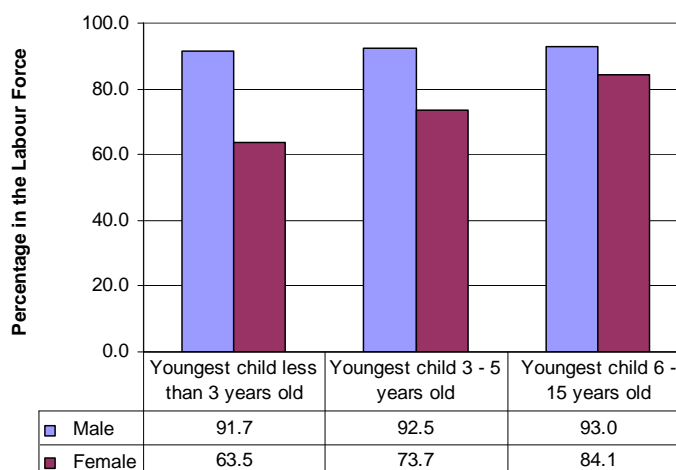
Source: Census of Canada 2001, Custom Tabulation [4]





Among Manitoba women, in 2001, the age of their youngest child was a major factor in their labour force participation. As shown in Figure 13, among those with a youngest child under the age of 3 years, 63.5% were in the labour force, compared to 73.7% of women with children aged 3 to 5 years and 84.1% of women with children aged 6 to 15 years.<sup>3</sup> Labour force participation rates for fathers, on the other hand, did not vary with the age of their youngest child, demonstrating that women are more likely to leave the labour force to care for their children [4]. The importance of women’s caregiving responsibilities, and their consequences for health, are discussed in more detail in the section on *Unpaid Work*.

**Figure 13**  
**Labour Force Participation by Age of Youngest Child**  
**Manitoba 2001**



Source: Census of Canada 2001, Custom Tabulation [4]

These data do not allow us to understand to what extent mothers have exited the labour market because they chose to do so, are discouraged from finding work, or are unable to find suitable childcare in order to work for pay. Women who exit the labour market forego earnings, employability and pension contributions and are more likely to be dependant on a partner’s earnings both immediately and in the future.

Access to child care is essential to enable mothers to enter or return to the labour force. The demand for childcare is high, far outstripping the supply of licensed, affordable childcare spaces. One recent study found that there were 14,758 children on waiting lists for childcare centres in Winnipeg alone; the number of children on waiting lists exceeded the total number of licensed childcare spaces available [16]. Since childcare programs are not centrally planned and organized, access in rural and remote areas of the province can be an even bigger challenge for parents [17].

Despite the numerous studies that find high quality childcare is important for early childhood learning [18], contributes substantially to the local economy and job creation [17], and enables parents’

<sup>3</sup> Children includes children by birth, adoption and step children, regardless of their age or marital status, who, at the time of the 2001 Census, lived in the same dwelling as their parent(s). It also includes grandchildren in households where there are no parents present. Sons and daughters who are living with their spouse or common-law partner, or with one or more of their own children, are not considered to be members of the census family of their parent(s), even if they are living in the same dwelling [2].





employment [19], the establishment of a Canadian child care system has been elusive. In 2006 the federal government changed childcare funding policy, withdrawing \$26 million dollars in funding for childcare in Manitoba. The new policy created an allowance, the Universal Child Care Benefit (UCCB), of \$100 per month per child under six years of age. This benefit is taxed as income received by the lower-income parent (if a two-parent family), diminishing its value to lower-income households [20]. The older, income-related Child Tax Benefit included a Young Child Supplement valued at \$249/year in 2006, which was abolished with the establishment of the UCCB [20]. The new allowance does not cover the full cost of childcare – for example, parents of toddlers in Manitoba spend as much as \$500 per month for licensed childcare – unless they are eligible for income-related provincial fee subsidies. Furthermore, the UCCB is payable only for children under the age of 6, ignoring the very real need for before- and after-school care for children aged 6 to 12 years.

### Reasons for Part-Time Work by Sex & Age

In Canada, women are substantially more likely to work part-time than men [14]. Since the 1970's, women have accounted for approximately 70% of all part-time employees, and in 2004, 27% of the total female workforce were part-time employees, compared to only 11% of men [5].

Women and men tend to have different reasons for working part-time (fewer than 30 hours per week). In 2001, 18% of employed women in Canada said they worked part-time because of child, personal, and family responsibilities compared to only 2% of men. These women and men were considered to be **voluntary** part-time workers by Statistics Canada. While women were more likely than men to cite “personal preference” as their reason for working part-time (27% vs. 23%), men were more likely to cite “going to school” (42% vs. 25%) [5].

#### Reasons for part-time work

Statistics Canada asked Census respondents who were employed and working less than 30 hours per week at their main job, if they would like to work more or fewer hours per week and their reasons why.

Responses were categorized as own illness, personal or family responsibilities, and going to school. If they responded “business conditions” or “could not find work for 30 or more hours per week”, they were then asked if they looked for work with more than 30 hours per week. If they had, only then they were considered to be involuntary part-time workers [1].

The reasons for working part-time also varied among Manitoban women, most notably by age (Figure 14). In 2006, the majority (74%) of young women aged 15 to 24 cited “going to school” as their reason for working part-time. Approximately 38% of women aged 25-54 reported working part-time because of child and family responsibilities, and 27% of this age group cited “personal preference” as their reason for working part-time. For older women (55-64 years), the most commonly cited reason for working part-time was “personal preference” (70%) but 11.3% reported “lack of opportunity”. The differences between age groups reflect typical life course events that affect women’s ability to work full-time. The many younger women (15-24) working part-time while attending high-school or university is likely not a concern, since their education will probably contribute to better employment opportunities and higher life time earnings and opportunities.



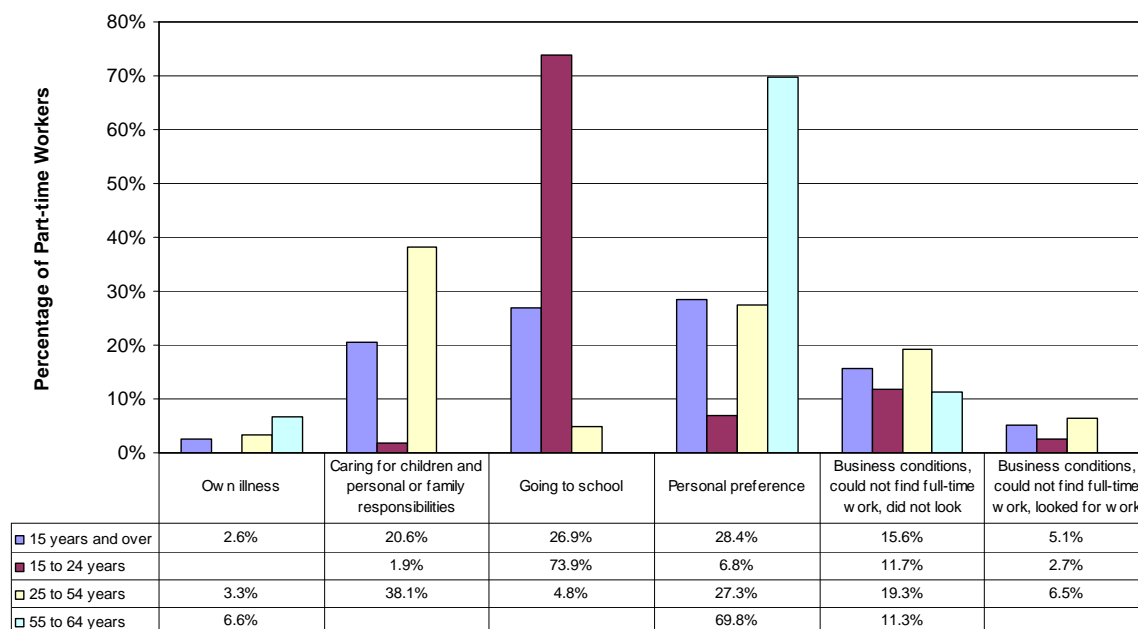


Almost half of part-time women workers aged 25 to 44 and about 40% of those aged 25 to 54, reported working part-time in order to care for their children and other family members. Although rapid social change over the last 30 years has dramatically increased the number of women with young children who are in the paid labour force (see Figure 13), many women do not choose to be employed full-time at this stage in their children’s lives, but many also cannot find the childcare and other supports they need if they wish to have or seek full-time employment [17].

Approximately 20% of Manitoban women aged 15 or older reported working part-time because of business conditions or the inability to find full-time work. Of those, 15.6% had not looked for work in the past month, while 5.1% reported looking for full-time work to no avail. Women aged 25 to 54 were the most likely to have reported looking for full-time work (6.5% vs. 2.7%), and therefore represented the majority of involuntary part-time workers in Manitoba. According to Statistics Canada:

*Involuntary part-time work is defined as a job involving less than 30 hours a week which is held by a worker who has been unable to find full-time employment. These workers are dealing with an under-employment problem in that they cannot perform to their full capacity even though they are available on a full-time basis. In addition, the loss of potential additional income resulting from the shortage of hours of work leads them to find additional part-time jobs which, in certain instances, result in significant overload in their work week. These “moonlighters” remain involuntary part-time workers who are holding down two jobs. [22]*

**Figure 14**  
**Part-Time Work by Reason and Age**  
**Manitoba Women, 2006**



**Source:** Labour Force Survey 2006, Custom Tabulation [21]

Note: Percentages in blank cells have been suppressed to meet the confidentiality requirements of the Statistics Act.





Provincial and federal employment standards legislation and regulations set minimum standards in employment including minimum wages, hours of work and compensation for overtime, and vacation pay [23]. Part-time employees are entitled to these on a pro-rated basis. However, there are no statutory requirements to provide other benefits such as extended health or dental benefits to part-time workers. In many work places, part-time workers (mostly women) do not get these additional benefits. Moreover, women in part-time work often lack job security, may be paid lower hourly wages than full-time employees, and are therefore at greater risk feeling dissatisfied with their jobs [1]. Finally, there are also long-term financial consequences for women who work part-time, including reduced retirement savings and pension income.

## The Gender Wage Gap & Women's Occupations

The wage gap measures the difference in wages between women and men. While the wage gap has slowly narrowed over time, women still earn lower wages than men, however this is measured.

In 2004, Manitoba women's average hourly earnings were 87.1% of men's. Manitoba has a smaller wage gap than the Canadian average hourly earnings gap, which was 83.3% in 2004. Full-time, employed women fared the best when considering their average hourly wage rate; they earned 89% of men's wages. The average weekly wage gap for women working full time is 83.2%. Men's average longer working hours per week likely explain the larger gap for this indicator.

**Wage gap:** ratio between women and men's wages. The indicator of the wage gap considered to be most conservative and accurate is the average hourly wage since women average fewer paid weekly hours than men. Men often work longer hours than women, and more women work part time, therefore the hourly wage rate avoids the amount of time worked and looks only at the hourly rate of pay [1].

Notably, between 2003 and 2004 the wage gap was reduced by 3.5% for average hourly wages for all employees. The wage gap was reduced in every other category listed above from 2003 to 2004, a promising trend.







Table 1: Manitoba Gender Wage Gap 1997 – 2004: average hourly wage rate, all employees; median hourly wage rate, all employees; average hourly wage rate, full time employees; and average weekly wage rate, full time employees.

	Year	1997	1998	1999	2000	2001	2002	2003	2004
<b>Wage rates</b>									
<b>Average hourly wage rate All employees</b>	Men	15.12	15.5	16.12	16.55	16.78	17.17	17.47	17.91
	Women	12.23	12.36	12.69	13.29	13.84	14.27	14.61	15.6
	<b>F:M ratio</b>	<b>80.9%</b>	<b>79.7%</b>	<b>78.7%</b>	<b>80.3%</b>	<b>82.5%</b>	<b>83.1%</b>	<b>83.6%</b>	<b>87.1%</b>
<b>Median hourly wage rate All employees</b>									
<b>Median hourly wage rate All employees</b>	Men	14	14.21	14.8	15	15	15.5	16	16
	Women	10.96	11	11.03	11.66	12	12.4	12.54	13.25
	<b>F:M ratio</b>	<b>78.3%</b>	<b>77.4%</b>	<b>74.5%</b>	<b>77.7%</b>	<b>80.0%</b>	<b>80.0%</b>	<b>78.4%</b>	<b>82.8%</b>
<b>Average hourly wage rate Full time employees</b>									
<b>Average hourly wage rate Full time employees</b>	Men	15.84	16.2	16.84	17.3	17.55	18.01	18.29	18.69
	Women	12.98	13.12	13.4	14.1	14.68	15.3	15.53	16.63
	<b>F:M ratio</b>	<b>81.9%</b>	<b>81.0%</b>	<b>79.6%</b>	<b>81.5%</b>	<b>83.6%</b>	<b>85.0%</b>	<b>84.9%</b>	<b>89.0%</b>
<b>Average weekly wage rate Full time employees</b>									
<b>Average weekly wage rate Full time employees</b>	Men	653.61	664.58	687.81	705.59	714.43	732.79	744.26	760.11
	Women	495.23	500.04	512.28	536.48	559.06	582.78	592.07	632.04
	<b>F:M ratio</b>	<b>75.8%</b>	<b>75.2%</b>	<b>74.5%</b>	<b>76.0%</b>	<b>78.3%</b>	<b>79.5%</b>	<b>79.6%</b>	<b>83.2%</b>

Source: Statistics Canada Labour Force Historical Review 2004 [24, based on Colman [1]

Note: The median wage is an estimate of the mid-point of the wage range - 50% above, and 50% below.

A Statistics Canada study found that where employees work, their industry and occupation, accounted for more of the wage gap than the combined pay differential for worker characteristics, tasks, and contact between the worker and the workplace [25, 26]. Disaggregating the wage gap by industry type for full and part-time workers tells a more detailed story of the gender wage gap, as can be seen in the Table 2.





**Table 2: Manitoba Gender Wage Gap 1997 – 2004: Goods-producing and Services-producing industries average hourly wage rates, full-time and part time.**

			1997	1998	1999	2000	2001	2002	2003	2004
Goods: average hourly wage rate	Men	Full-time	15.14	15.58	15.98	16.35	16.88	17.31	17.59	17.76
	Women	Full-time	10.69	10.87	10.97	11.87	12.46	13.03	13.21	13.73
		<b>F:M ratio</b>	<b>71%</b>	<b>70%</b>	<b>69%</b>	<b>73%</b>	<b>74%</b>	<b>75%</b>	<b>75%</b>	<b>77%</b>
	Men	Part-time	9.05	9.53	9.82	9.95	10.03	10.03	11.64	12.81
	Women	Part-time	9.58	10.28	9.21	11.20	10.93	10.41	11.51	12.37
		<b>F:M ratio</b>	<b>105.9%</b>	<b>107.9%</b>	<b>93.8%</b>	<b>112.5%</b>	<b>109.0%</b>	<b>103.8%</b>	<b>98.9%</b>	<b>96.6%</b>
Services: average hourly wage rate	Men	Full-time	16.25	16.57	17.35	17.91	17.96	18.40	18.68	19.21
	Women	Full-time	13.34	13.49	13.78	14.45	15.02	15.63	15.87	17.08
		<b>F:M ratio</b>	<b>82.1%</b>	<b>81.5%</b>	<b>79.4%</b>	<b>80.7%</b>	<b>83.7%</b>	<b>85.0%</b>	<b>85.0%</b>	<b>88.9%</b>
	Men	Part-time	8.30	8.58	9.76	9.79	10.44	10.42	10.79	11.20
	Women	Part-time	10.53	10.56	11.00	11.11	11.68	11.76	12.18	12.80
		<b>F:M ratio</b>	<b>78.8%</b>	<b>81.3%</b>	<b>88.7%</b>	<b>88.1%</b>	<b>89.4%</b>	<b>88.6%</b>	<b>88.5%</b>	<b>87.5%</b>

**Source:** Statistics Canada Labour Force Historical Review 2004 [24].

Notes: Goods-producing sector includes: agriculture, forestry, fishing, mining, utilities, construction and manufacturing. Services sector includes: trade, transportation, finance, business, education, health, culture, recreation, accommodations, food and public administration.

Women are highly concentrated in the services sector, and less likely to be working in the goods-producing sector [25]. Table 2 points to a distinct wage disadvantage for women working full-time in the goods-producing sector; in 2004, women earned 77% of men’s wages. This higher wage gap in the goods-producing sector is a reflection of the sector having more male-dominated professions, and private industry, with lower rates of unionization, especially for positions traditionally occupied by women such as those providing administrative support.

The wage gap for part-time workers in the goods sector is small, oscillating between men and women’s advantage between 1997 and 2004.

In the services sector, the wage gap for full-time workers follows the trend seen in with the overall wage gap presented in Table 1. Interestingly, the wage gap shows a disadvantage for men for part time workers in services – they earned 114% of women’s earnings in 2004. One possible explanation for men’s lower earnings is men’s concentration in low-wage consumer services (24%), and other service occupations (24%) [26]. While women working part time are also concentrated in consumer services (33%) and low wage clerical work (27%), a high proportion of women work part-time in natural science occupations (29%) brings the average hourly wage up for women [26].

In recent years women have increased their representation in several occupational fields. There has also been a long-term increase in women employed in managerial positions. In 2001, 37% of all those employed in managerial positions were women, up from 30% in 1987 [5]. Women currently make up over half those employed in both diagnostic and treatment positions in medicine, in related health professions and in business and financial professional positions [5]. One of the major changes in the health services over the





last 30 years has been the increasing number of women physicians in Canada, now numbering about 30% of physicians in practice [27]. Women have increased their presence in all specialty groups. However, higher proportions of women were found in general and family practice (GP/FPs) compared to medical specialties. Surgical specialties had the lowest proportion of women in practice [28, 29].

However, the majority of employed women continue to work in occupations in which women have traditionally been concentrated. Two-thirds of all employed women worked in a small number of occupations: teaching, in nursing and related health occupations, clerical or other administrative positions, and sales and service occupations [5]. In fact, there has been no change in the proportion of women employed in these traditionally female-dominated occupations over the past decade [1]. As well, among managers, more women are in lower-level positions [1]. Women also remain very much a minority among professionals employed in the natural sciences, engineering and mathematics [1].

The traditional explanation of the gender wage gap is women's different participation in the labour force from men's. Women exit and enter the labour force more often over their lives because of childbirth, childrearing, and unpaid care-giving responsibilities. Less time spent in the labour force means that women are less likely to be promoted, which leads to fewer pay increases and depreciation in skills when out of the labour force. Women may postpone training, or take jobs with no penalties for withdrawing from the labour force because they anticipate exiting for a period of time [12]. Additionally as noted, women may be exiting the labour force to have and raise children, when their male counterparts are establishing their careers. Other reasons for the wage gap include men's concentration in managerial and supervisory roles, men's likelihood to be involved in self-directed work groups, larger firms and foreign-owned firms which pay more [23].

However Colman writes:

*“After taking into account a wide range of employment characteristics and socio-demographic factors, including education, field of study, hours worked, full-time or part-time status, work experience, job tenure, industry, occupation, job duties and supervisory role, firm size, union membership and age of children, Statistics Canada analysts have concluded that ‘roughly one-half to three-quarters of the gender wage gap cannot be explained’ [1, citing 25 & 26].*

That is, it could not be explained without considering systemic discrimination against women, as described by Lahey on page 1 of this section. Women still face persistent discrimination in the paid work force, such as unequal pay for work of equal value, glass ceilings that prevent women from higher paid positions, and other forms of gender discrimination [1, also 26].

## Pay Equity

One strategy to combat systemic differences in wage for work of equal value is through pay equity legislation and policies, based on the premise that pay should be equal based on level of skill, effort,





responsibility and working conditions.<sup>4</sup> Women’s work has been undervalued because of discrimination and a lack of recognition of the importance of work women have traditionally done such as care giving, clerical work, teaching, and cleaning.

For workers under federal jurisdiction<sup>5</sup> (about 10% of the total Canadian workforce ), pay equity is governed by the *Canadian Human Rights Act* and the Equal Wages Guidelines [30]. This is a complaint-based process, and it is not proactive. Neither does it address the systemic nature of the barriers to fair compensation faced by women, such as occupational segregation. In the most well-known case under the federal legislation, 4,776 Bell Telephone operators and the Communications Energy and Paperworkers Union of Canada reached a settlement with Bell Canada in 2006, some 14 years after the first complaint was laid. During this time, the company argued that the Human Rights Commission should not have jurisdiction in this matter, taking their case all the way to the Supreme Court of Canada, which upheld the legislation. The settlement was valued at over 104 million dollars [31].

The federal government’s Pay Equity Task Force released its recommendations in 2004. The report concluded that pay equity is a fundamental human right, and recommended a proactive pay equity law be applied to women, Aboriginal and visible minority workers, and workers with disabilities [32]. The federal government has not adopted the Task Force’s recommendations [33].

Manitoba’s Pay Equity Act applies only to workers employed in the provincial public sector, and does not require other employers to examine their pay structures for systemic gender discrimination in wages.

The International Labour Organization reviewed different schemes to eliminate gender-based wage discrimination and concluded that proactive legislation such as that in Québec and Sweden, which require employers to carry out a pay equity exercises, to be the most effective [31].

## Unionization

Union membership and coverage by collective agreement have many benefits for workers. They enjoy higher wages: the average wage of a union member is \$21.00 per hour compared to \$16.65 per hour for non-unionized workers. They also tend to have better benefit packages such as pensions, extended health care benefits and paid leave. Unionization can elevate the wages of workers in traditionally low-paying female sectors, for example unionized childcare workers earn \$5.31 per hour more than non-unionized childcare providers [34]. Research has shown that membership in a union has an estimated 7.7% higher wage after adjusting for worker and job characteristics [35]. Unionized women workers earn 92% of the wages of their male counterparts [36].

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<sup>4</sup> Note: The federal pay equity legislation includes “skill, effort, responsibility and working conditions”. The Manitoba Pay Equity Act includes “skill, effort and responsibility”, *not* working conditions.

<sup>5</sup> These include employees of the federal government, federal crown corporations, those involved in banking, communications, inter-provincial and international transportation and the nuclear industry





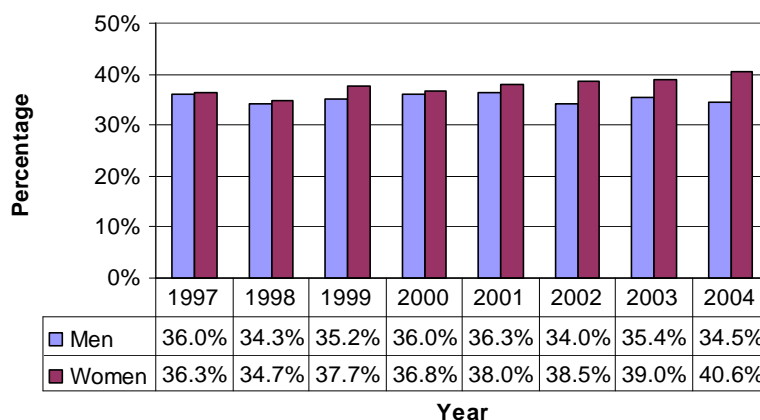
**Unionization rates:** the proportion of employees that are members of a union, or covered by a collective bargaining agreement, as a proportion of the total number of employees [2].

Other studies by Statistics Canada (e.g. Survey of Work History) have defined those covered by a collective agreement, but not union members, as non-unionized. This difference accounts for a 2.1% higher unionization rate if the people covered under collective bargaining agreement are counted. The data for Manitoba from Statistics Canada’s Labour Force Survey used here include both union members and non-members whose wages and conditions of work are determined by a collective agreement.

While rates of unionization among Canadian women have increased, unionization among men in Canada has declined since the 1980s, from 38% of male workers in 1981 to 31% in 2004 [37]. Declines in unionization affect low-wage workers the most – for both women and men, declines were greatest among workers earning \$15.00 to \$19.99 dollars per hour [37]. It is this decline in the number of jobs occupied by unionized men that has contributed the most to closing the gap in the rate of unionization between women and men. As seen in Figure 15, working women in Manitoba are now more likely to be unionized than their male counterparts. This could be one of the reasons for the observed decrease in the gender wage gap described above.

The decline in unionized women and men can be attributed to economic trends in the past twenty years. Protracted depressions in the 1980s and 1990s, economic changes brought about by trade agreements such as NAFTA<sup>6</sup>, and changes in industrial and occupational composition of employment have reduced the proportion of unionized workers [38]. Notably Manitoba still has a unionization rate above the national average [37].

**Figure 15**  
**Union and Collective Agreement Coverage in Manitoba by Sex 1997 - 2004**



Source: Statistics Canada Labour Force Historical Review 2004.

The increase in women’s unionization rates can be traced to women’s increased employment in the public sector from 45% in 1976 to 61% in 2003 [36]. Statistics Canada reports an increase in unionization of women in the public sector in Canada and a small increase in the private sector. Manitoba is consistent with these trends. The unionization rate of women in the public sector (78.9%) exceeded that of men

<sup>6</sup> North American Free Trade Agreement





(74.8%), reflecting the gendered dimensions of public administration, teaching and health professions [39]. However in the private sector, only 18.2% of women were unionized, compared to 22.5% of men, attributable to women's lack of representation in unionized private industries [39].

In the goods-producing sector, 34.8% of men and 28.4% of women were unionized in 2004. Most women were located and also unionized in the manufacturing sector; women are heavily under-represented in forestry, mining, fishing, utilities and construction. In the services-producing sector, women have higher unionization rates than men, due to the feminization of this area, and their under-representation in male dominated, non-unionized, senior management positions: 42% of women in the public sector are unionized compared to 34.3% of men.

## Summary

Labour force participation, employment and unemployment, and the pay women receive all affect women's health because of the important connections between income and health, and the conditions under which women may seek and participate in paid work. The dramatic increase in the number of women engaged in paid work, in addition to the wide range of occupations they hold, reflect substantial changes in the nature of the Manitoba workforce.

The experiences of Manitoba women in work, both paid and un-paid, are also important indicators of women's position in society. While women have certainly come a long way in terms of educational attainment, securing jobs traditionally held by men, and overall participation in the workforce, gender inequalities still pervade the realm of paid work. As this section has shown, women still fare worse than their male counterparts, and Aboriginal women shoulder the greater burden of inequity.

Women in Manitoba have higher labour force participation rates than ever, however the rates are still substantially lower than for men, due to factors such as unpaid care giving responsibilities. In every RHA, women's labour force participation rate was lower than that of the men of the same age. Fewer Aboriginal women are part of the labour force, compared to the rest of the population, with Registered Aboriginal<sup>7</sup> women being the least likely to be in the labour force. Women with higher levels of education are more likely to be in the labour force

The current measure of unemployment does not capture the full picture of women's unemployment. When considering the official unemployment rate, women and men's unemployment are fairly even, however women's unemployment rate is higher than men's when discouraged women workers and lack of job opportunities are taken into consideration.

Aboriginal people have higher unemployment rates than the rest of Manitobans. For Registered First Nations women there is a larger discrepancy based on region. In Winnipeg, Aboriginal women have higher rates of unemployment than Aboriginal men (21.9% vs. 16.6%). However Registered First Nations

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<sup>7</sup> See definitions used by Statistics Canada in box on page 5.







men in the south (29%) and the north (36.2%) have higher rates of unemployment than Registered First Nations women (20.1% and 22.4% respectively).

Women who are employed are more likely to work part-time than men. Involuntary part-time workers are more likely to be women, because they cannot find full-time work or have inadequate care available for their children.

Despite progress, a gender gap in wages earned persists. In 2004 the average hourly wage earned by women was 87% of that earned by men.

Unionization can improve wages for women in particular sectors. Over time, the number of women in unions has increased, while the number of unionized men has decreased, bringing the numbers of women and men closer together. Women's higher representation in the public sector and its unions, with pay equity benefits for women and better wages, may be part of the reason for the observed decrease in the gender wage gap.

## Policy Implications

Women's participation rate in the labour force is reduced during the childbearing and child rearing years. Although this may be by choice, women and their families require readily available and affordable childcare for each child for the first 12 years, if they wish to (re)enter the labour force. Women who have children at a younger age may have lower education attainments and are more likely to persistently have lower wages and earnings throughout their working lives. That is, women are effectively penalized for joining the labour force when they are older, because they have been raising their children first.

Manitoba and Canada have not wholly instituted policies that recognize the value of parenting and the inherent value of children to our society as a whole. This lack of supportive policies and programs (including universal, high quality child care) create penalties for women who take time out of the labour market to care for their children. Recent changes in federal Employment Insurance, including the extension of parental leave within EI to one year, although inadequate, have been an important illustration that Canadian society is more willing to value the role of child-rearing as a contribution to the economy (and society as a whole). Similarly, job protection rights under provincial employment standards legislation also demonstrate greater recognition of the value of raising children.

Women who are employed part-time may be taking reduced hours involuntarily, and are interested in economic opportunities for full-time work, with corresponding needs for child care.

Aboriginal women, especially Registered women (i.e. First Nations with Status), have lower labour force participation rates and higher rates of unemployment. This suggests that Aboriginal women need culturally appropriate supports such as education and training available to them in their home communities.





Improving women's educational attainment past the high school level is essential to supporting women's labour force participation. Employment supports for young people, as well supports to go to school are important to address the lower levels of employment among young women.

The institution of proactive pay equity legislation would improve women's incomes in all sectors.

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# Occupational Health

## Introduction

Women's occupational health is an integral and often over-looked element of women's health. The ways in which work and working conditions influence women's health are complex. Women's work includes formal and informal types of work, both paid and unpaid. This discussion is limited to women's formal, paid employment. It does not discuss the hazards of unpaid work and caregiving (see Unpaid work in this chapter), nor the highly dangerous, informal work of women in the sex trades and other unregulated work.

In 2001, about 62% of Manitoba women aged 15 and older were in the labour force (see Labour Force Participation in this chapter). Paid work is an important determinant of women's and men's relative wealth, power and prestige. It therefore has the potential both to contribute to, and to ameliorate, gender inequalities. Work can contribute to women's health, through increased income, self-esteem and social support. However, workplace hazards both physical (such as repetitive motions, night and shift work, on-the-job exposure to violence, noise, heat, cold and toxic chemicals) and psychosocial (such as work stress, lack of control over one's work, discrimination and harassment) can impair women's health [1].

Although labour market discrimination against women has decreased, women still tend to occupy certain sectoral and occupational "niches". In 2006, Canadian women held 75% of clerical and administrative jobs, 71% of professional jobs in the social sciences and religion and 64% of teaching jobs, but only 6% of jobs in the trades, transportation and construction, 20% in primary industries and 26% in senior management[2].

These employment conditions influence *gender* differences in exposures to occupational hazards in several ways. Firstly, gender segregation in the labour market leads to differences in workplace exposures between women and men. Secondly, differences in social perceptions of men and women can affect the extent to which these hazards are recognized as occupational in origin, and therefore the appropriate steps to take for injury prevention [3]. When female-dominated occupations and industries are excluded from research in occupational health, the risks of their work are overlooked. This contributes to a vicious circle – there is little evidence of harm, therefore potentially false assumptions about the safety of women's work are made. Work that is presumed "safe" is not given priority for research [3, 5]. Biological sex differences in women's and men's responses to workplace exposures have also been overlooked [1, 5]. In some circumstances biological differences have been used to justify job segregation of women, erroneously defined as "prevention"[3].

Increasing numbers of women work in non-standard, casual or precarious work. These forms of work have increased, along with global competitive pressures, and result in increased symptoms related to stress, such as disrupted sleep, fatigue, tension and irritability [1, 4]. Women have borne the greater brunt of these changes, with negative consequences for their health [1, 5].





## Research About Women’s Occupational Health

The study of occupational health began in 1700, when the Italian physician Bernardino Ramazzini published *De Morbis Artificum* (“Diseases of Workers”). Ramazzini called on physicians to add to their standard history-taking a question about the occupation of their patients [1]. Studies of the hazards of women’s working conditions dating back to the early 20<sup>th</sup> century. In the mid-1920s Dr. Alice Hamilton, and others, raised the case of the “radium girls”. These young women were doing the “women’s work” of hand painting watch dials with luminescent radioactive paint. Many became ill and died as the result of these exposures [7].

Despite this history, women’s occupational health remains an under-studied field of research [1,3,8,9]. Studies of women’s occupational health have focused on the health of health care workers, where women predominate. The other occupations most common

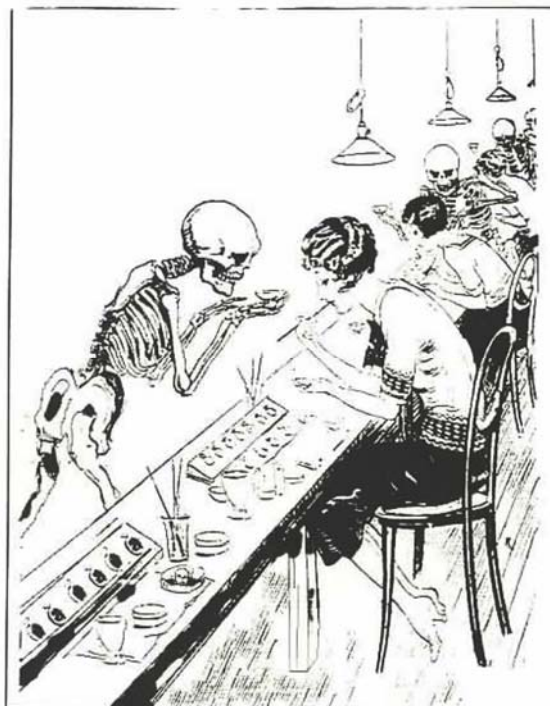
among women, such as retail sales clerks, secretaries, cashiers, teachers, office clerks and receptionists, are not the subject of occupational health research in Canada [8].

*What* has been studied in the area of women’s occupational health is as problematic as *who* has been studied. Psychological exposures, such as stress, have been much more frequently studied than ergonomics and toxic exposures [1,8].

There is one area where the occupational health of women has received more attention than that of men – reproduction. Women’s occupational reproductive health is often conceived of only as the health of pregnant women, and more particularly, of fetal health. Pregnant and breastfeeding workers in Québec, and those whose work is federally regulated and governed by the Canada Labour Code have the right to “protective reassignment” to protect the health of their fetuses and nursing infants [10]. This legislation was, and remains, a step forward. However, when occupational reproductive health is treated as a “pregnant women’s issue”, important issues such as reduced fertility and genetic damage as the result of workplace exposures, in women and men are ignored [1].

## Legislation Governing Women’s Occupational Health in Manitoba

The occupational health of approximately 90% of Manitoba workers is governed by the provisions of the *Workplace Safety and Health Act*. The Act was first passed in 1976, following extensive lobbying and political action by Manitoba unions and the Manitoba Federation of Labour. The objects and purposes of the *Act* are to protect workers and others from risks to their safety, health and welfare arising out of, or in connection with, workplaces. Specifically, the *Act* has among its purposes:



Cartoon from the *American Weekly*, February, 1926, highlighting the plight of New Jersey’s “Radium Girls” <http://www.gvsu.edu/english/cummings/radium.jpg>







- promoting maintaining the highest degree of physical, mental and social well-being of workers;
- preventing ill health caused by working conditions;
- protecting workers factors promoting ill health; and
- placing and maintaining workers in an occupational environment adapted to their physiological and psychological condition [11].

The remaining 10% of Manitoba workers work in industries under federal jurisdiction. These include employees of the federal government, federal crown corporations, those involved in banking, communications, inter-provincial and international transportation, and the nuclear industry. The legislation governing their occupational health and safety at work is Part IV of the Canada Labour Code.

In 2006, there were 571,150 people employed in Manitoba, including 271,380 women [12]. Of the total employed, about 393,000 (or 69%) were covered by the *Workers Compensation Act* [13].

The workers compensation system has existed in its current form in Manitoba since 1920. The basic elements of this system are:

1. It is governed by the *Manitoba Workers Compensation Act*, which specifies which industries are covered by the Act, as well as the terms and conditions under which benefits are payable to injured workers, and, in the case of death, to their surviving spouses and children. Workers in industries not specifically included in the Act are not entitled to the benefits of the Act, unless their employer voluntary opts for coverage.
2. It is administered by a provincial government body, with representatives of labour, management, and the public, on its governing board.
3. It is fully funded by employers.
4. Workers covered by the Act are prohibited from suing employers for working conditions leading to occupational illnesses and injuries [14].

These elements constitute what is known as “the historic compromise” of Workers Compensation. Employers are protected from lawsuits through the collective liability; workers are entitled to no-fault benefits for occupational injuries and illnesses “arising out of and in the course of employment” [15].

## Measuring the Extent of Workplace Injuries and Illnesses in Manitoba

Workers compensation data are not a comprehensive accounting of all occupational illnesses and injuries in Manitoba. As noted above, approximately 30% of Manitoba workers were not covered by the Act. Secondly, it is acknowledged that workers compensation systems in Canada, as elsewhere, under-recognize the extent of occupational injuries and especially of illnesses. Research in other countries has shown that women’s occupational injuries and illnesses are more seriously underestimated than those of men [4]. “Women’s work” has fewer obvious visible physical hazards than traditional “men’s work”. The heavy physical demands of mining and forestry, for example, are well-understood, whereas the physical demands of lifting patients in health care settings, for instance, are less often seen as an occupational







hazard [1]. Working women in Manitoba are also more likely than men to work in industries without mandatory workers compensation coverage [16].

While not a complete inventory of occupational illnesses and injuries, workers compensation data do allow us to illuminate the hazards of work in Manitoba. In this section, we discuss women's Workers Compensation claims in Manitoba, and how these differ from those of men. Note that while the Manitoba WCB administers claims made in Manitoba for federally regulated workers, these claims are not included in the data in this chapter [17].

There are three main types of claims in the WCB system: time-loss claims, no-time loss claims and fatality claims, where a worker dies as the result of an occupational injury or illness. From 2000 to 2007, there were 94,137 claims for Workers Compensation made by women workers to the Manitoba WCB. Of these, 78,172 (or 83%) were accepted by the Board. Women were more likely than men to have their claims for WC benefits rejected. The rejection rate for claims from women was 17% over this seven year period, compared to 14.9% of the 227,450 claims made by men [18]. A higher rejection rate for women's claims has also been found in claims for occupational injuries and diseases in Sweden and Québec [1, 19, 20].

Tragically, from 1995 to 2005, there was an average of 34 work-related fatalities each year. About 60% of fatality claims for both men and women were due to acute hazards, resulting in death, and about 40% were due to occupational diseases [1]. Women accounted for just 2% of those with fatality claims [21].

"Time loss" claims involve situations where workers are absent from work due to the effects of the injury or disease for which they are claiming compensation. "No time loss" claims are for situations where, despite the injury or illness, the worker has not missed time from work. Generally, these are filed so that the costs of health care (including physiotherapy, chiropractic care and prescription drugs) will be paid by the WCB, rather than by the worker.

While women represent about 47% of employed workers in Manitoba, claims from women accounted for just 30.3% of time loss injuries and 26.6% of no time loss injuries between 2000 and 2006 [13,22].

Figure 1 shows the total number of claims filed, and claims accepted, for women and men from 2000 to 2006. As Figure 1 shows there was a gradual decrease in the numbers of claims from men, both claims filed and those accepted by the WCB, and an approximately constant number of female claims both filed and accepted [18]. The WCB attributes the drop in claims from men largely to improvements in working conditions in the manufacturing sector. Such changes in the conditions of female-dominated occupations were not observed during this time [16].

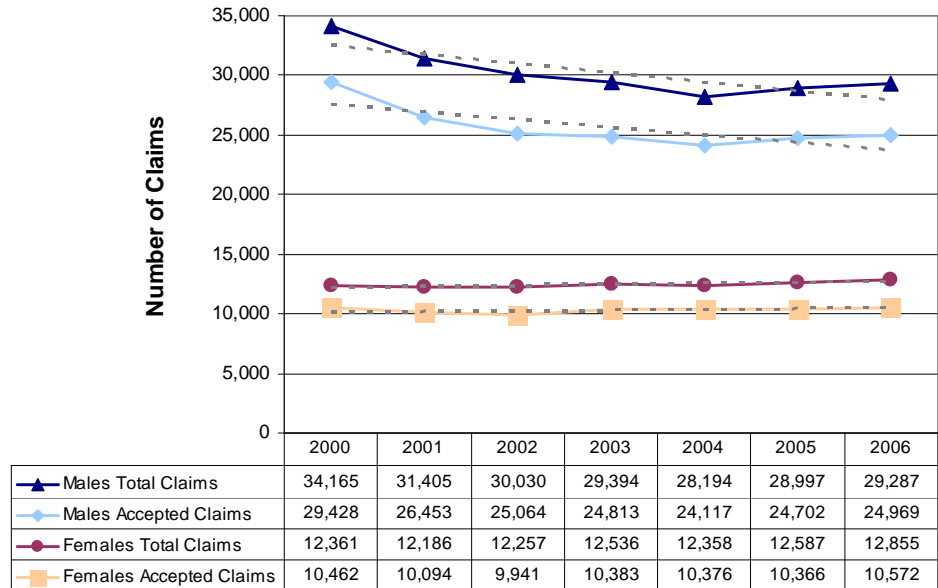




Figure 2 shows the number of accepted “time loss” claims from men and women from 2000 to 2006. The number of these decreased for men, but did not decrease for women, during these years [18].

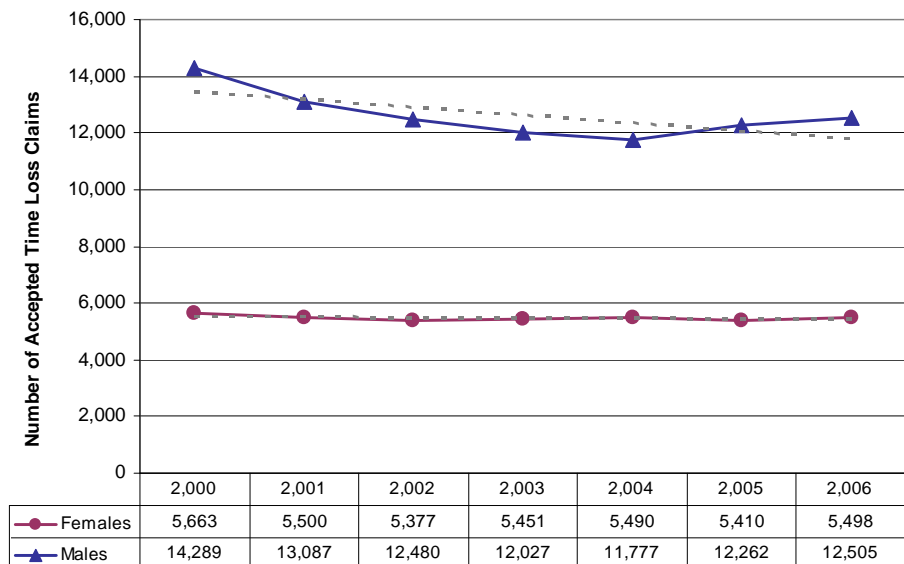
As noted, despite gains made towards women’s economic and social equality with men, labour market discrimination and segregation still exist. These affect both the occupations and the industries in which women and men work. Structural differences also influence the differences observed between women and men who were injured on the job. Almost half of all men with accepted time loss claims from 2000 to 2006 worked in the trades, in transport, or as equipment operators, compared with just 7% of women. About 33% of injured women worked in sales and service, and a further 27% worked in health occupations [17].

**Figure 1**  
**Manitoba WCB Accepted Claims & Total Claims**  
**2000 to 2006**



Source: Workers Compensation Board of Manitoba [18]  
Trend lines are indicated by-----.

**Figure 2**  
**Manitoba WCB Accepted Time Loss Claims**  
**2000 to 2006**



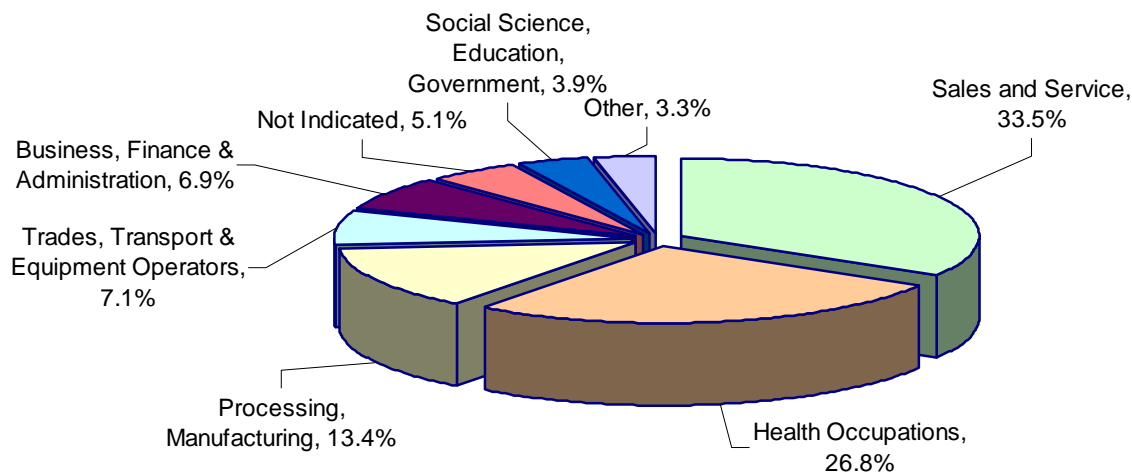
Source: Workers Compensation Board of Manitoba [18]  
Trend lines are indicated by-----.





Figure 3 shows the distribution of time loss claims by occupational group among women injured from 2000 to 2006. From 2000 to 2005, accepted time loss injuries among sales and service workers, the largest group of women claimants, decreased by 8.5%. However, during this time, accepted time loss claims among health care workers increased by 11%, while employment in these occupations increased by 23% [17].

**Figure 3**  
**Time Loss Claims by Occupational Group**  
**Manitoba Women 2000 to 2006**



Source: Workers Compensation Board of Manitoba [18]

For both women and men, “sprains, strains and tears” were the most common type of injuries sustained (57.7% of accepted time loss injuries to women and 48.2% to men) [18]. However, as shown in Table 1 below, there are some interesting differences between women and men in the distribution of claims. Women are less likely than men to have had injury claims accepted, other than for sprains, strains and tears.

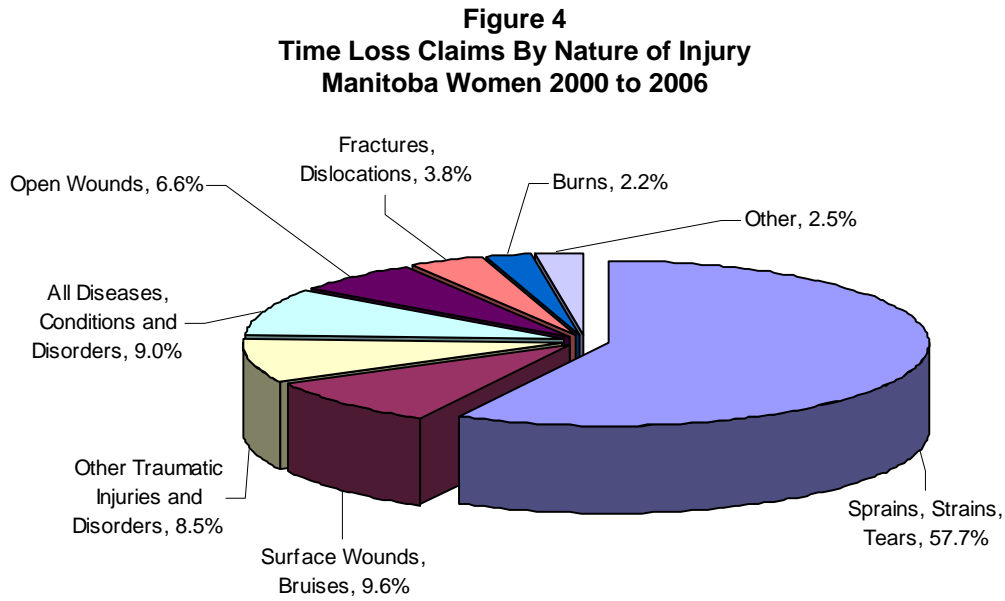
Table 1		
Nature of Injury - Accepted Time Loss Claims		
Manitoba Males & Females 2000 to 2006		
	Females	Males
Sprains, Strains, Tears	57.7%	48.2%
Surface Wounds, Bruises	9.6%	13.4%
Other Traumatic Injuries and Disorders	8.5%	12.2%
All Diseases, Conditions and Disorders	9.0%	8.9%
Open Wounds	6.6%	7.7%
Fractures, Dislocations	3.8%	5.8%
Burns	2.2%	1.9%
Other	2.5%	1.9%

Source: Workers Compensation Board of Manitoba [18]





Figure 4 shows the nature of injuries suffered by working women on the job, with compensable time loss injuries, from 2000 to 2006.



Source: Workers Compensation Board of Manitoba [18]

## Workplace Stress

Workplace stress is understood to occur when the demands of the work environment are greater than an employee's ability to cope with (or control) them. This definition focuses on the work-related causes of stress and the steps needed to control them, rather than on perceived individual weaknesses [3].

Workplace stress can cause emotional, cognitive, behavioural and physiological reactions, with detrimental consequences for health.

Both women and men report experiencing work-related stress [2, 3]. The concentration of women in certain occupations means that they are more likely to be exposed to certain stressors. These include emotionally demanding work, and work in low-status jobs with little or no control over how work is done. Discrimination and sexual harassment are also sources of stress that women face more than men [3].

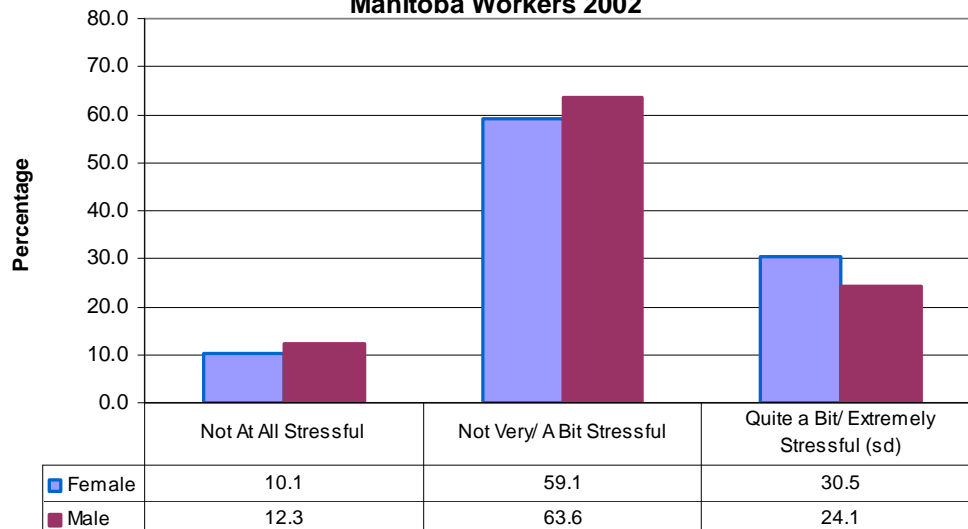
The double burden of paid work and unpaid work in the home also creates stress for women and means that they are less likely to recover quickly at the end of the work day from the effects of occupational stress [1].

Manitoba women were significantly more likely than their male counterparts to report that their work was "quite a bit" or "extremely" stressful [23].





**Figure 5**  
**Self-Perceived Work Stress**  
**Manitoba Workers 2002**



Source: Canadian Community Health Survey 1.2. sd indicates differences in rates between males and females were statistically significant.

## Discussion

What do we know about women’s workplace health? Surprisingly little. In a 2006 review of current Canadian literature on women and occupational health, Messing and Stellman found few projects that were specific to women, articulated, pursued and reported on male-female comparisons, or considered gender dimensions and pathways. Most research they found was from psycho-social disciplines, with relatively few from the natural and biomedical sciences [8].

According to Messing and Östlin [1], the lack of information about women’s health risks in the work place internationally is due to a number of factors. Historically research has been gender blind, results were reported as sex-adjusted and the research was written up in gender-neutral terms. And this, of course, pertains to research that involved women at all. The authors point out that illuminating sex differences in work place safety and health have been further hampered by considering the working conditions of males as the norm. Occupational health standards have often used males as the model for measurements. Toxicological data, for instance, were frequently gathered on men only, and sex differences in toxin metabolism were not considered [1].

Where sex has been considered in research, it may be too narrow – accounting only for women’s reproductive health in pregnancy and sidestepping important debates about the primary source of workplace hazards – or not specific enough -- with no real articulation about the biochemical or mechanical pathways that put women’s health at risk [24].





## Policy Implications

*The sexual division of labour is sometimes thought to obey “natural” laws, so that women do jobs that are more appropriate for their bodies and social roles. If so, the division of labour would be good for women’s health. But, if that were true, women would not be found in health care jobs that require them to lift heavy weights (patients) and to work at night. They would not be found in microelectronics plants that expose them to known reproductive hazards (Huel et al., 1990), and they would not be forced to work irregular, unpredictable schedules that seriously interfere with their family lives (Prévost and Messing, 2001). Their gender does not keep women from being exposed to hazards, but it does condition the types of exposures they experience (Messing et al., 1994a; Kennedy and Koehoorn, 2003). [1, page 4]*

The conditions of women’s work are a major determinant of women’s health, but are under-represented in both the literature about women’s health and the literature about occupational health.

For women, perhaps more than for men, the relationship between paid and unpaid work, and their interactions, are important influences on women’s health (refer to section on unpaid work and caregiving). Messing and Östlin note that:

*The focus in occupational health research on paid employment fails to detect interactions between health hazards within the workplace and outside of it. For example, there is evidence that women with small children experience more stress at work compared to women with no such responsibilities (Coser, 1974). The research effort to include women in occupational health studies and trying to understand women’s work-related health using solely a structural framework for paid employment, has proved not to be adequate. Women’s work related health cannot be understood without adding other frameworks related to gender roles and women’s work in the domestic sphere (Doyal, 1995, Orth-Gomér et al., 2000, Wamala et al., 2000) [quoted from 1, page 25].*

It is important to consider sex and gender differences within the complexities of the determinants of occupational health (such as work organization, socioeconomic status, age, and women’s greater burden of unpaid work).

Workplace health and safety regulators must consider that women’s occupational health, like that of men, will require safe and healthy workplaces for all, not simply the occupational segregation of women, where certain women (usually those who are pregnant or breastfeeding) are removed from certain exposures under the guise of “prevention”[5].

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# Unpaid Work and Consequences for Women's Health

## Introduction

Unpaid work, including housework and the care of children and the elderly, represents both a considerable portion of women's daily labour and an essential contribution to our communities and society. Women's traditional work in domestic and community spheres has largely been excluded from measurements of work and economic productivity in post-industrial cash-based societies. As a result, this work long remained invisible in studies of the health consequences of work.

While women's participation in the paid labour force has increased dramatically over the past quarter century, the slowly decreasing share of unpaid work has not kept pace [1]. At the same time, health care services systems have shifted care from hospitals to communities, where women assume greater responsibilities for the welfare of family members [2]. Thus, the health impacts of work must account for women's total workload, reflecting their participation in both paid and unpaid work [1]. Often referred to as women's 'double shift', these demands on women's time particularly affect working mothers, though must be balanced against social and economic benefits of additional roles.

The relationships between unpaid work and women's financial status, perceived stress, and available time for leisure and self-care emerge as critical areas of concern with regard to women's health. As well, the gendered nature of unpaid work and role complexity warrant our increased attention.

## Data Sources and Limitations

Beginning in the 1990s, measurement of unpaid work by Statistics Canada provided information on unpaid work for the first time. A prime source of data on unpaid work is the 2001 Census of Canada. The Census collected data on two of the most common domestic responsibilities, housework and the care of children. The General Social Survey (GSS) also provided data that measured different aspects of unpaid work. The 1996 GSS measured the prevalence of caregiving to chronically ill or disabled individuals. As part of a survey on aging and social support, the 2002 GSS provided information specific to the prevalence

### What is Unpaid Work?

The 2001 Census included unpaid housework or child care in its definition of unpaid work.

The 2005 General Social Survey included household work and related activities and civic or volunteer activities as unpaid work. Household work included cooking/washing up, housekeeping, maintenance and repair, other household work, shopping for goods and services, and child care.

The 1996 GSS measured the prevalence of help given or received during temporary difficult times or due to long-term health problems or physical limitations.

The 2002 GSS measured the prevalence of informal, unpaid caregiving to seniors provided by individuals aged 45 and over. This included assistance with every day activities provided to spouses, partners, household or family members, individuals outside of the household, close friends, neighbours and co-workers.





of unpaid and informal care given to seniors. The GSS also provided time use data for household tasks and volunteer activities, which were distinguished from time spent on paid work, education, self care and leisure activities. These data allow for comparisons between the time use of parents and non-parents, and individuals with and without paid work. The 2005 GSS provides the most recent time use data for which provincial and national time use data are available.

Methods of data collection and data quality issues differ for the Census and GSS. As the GSS was based on telephone interviews of household residents, it excluded a small percentage (estimated to be 5%) of the population who had no phones or who exclusively used cellular phones. The use of telephone interviews may bias these survey results, as individuals engaged in paid and unpaid work may differ in their access to a phone. GSS data collection on time use relied upon a respondent's diary information for the previous day. Thus, the quality of time use data is likely affected by the accuracy of recall and a respondent's ability to answer questions completely. Census data were collected using self-enumeration, where a household member reported on the time spent on unpaid activities by all household members aged 15 years and older. Consequently, census data may also be affected by the accuracy of recall. The GSS sample was evenly distributed over a 12 month period and the days of the week to offset the effect of seasonal and daily variations. However, seasonal aspects may affect Census results as the reference period of the questions on unpaid work was limited to the week preceding the census in May 2001 [22].

## An Overview of Time Use

How women spend their time carries implications for their quality of life and well-being. The balance between time spent on work—paid and/or unpaid—and time spent on leisure and personal care both affects and is affected by income, time and resources available for healthy activity, and opportunities for social support, to name only a few recognized social determinants of health. Consequently, surveys of time use have become important sources of public health information.

### **Biases in the Measurement of Time Use**

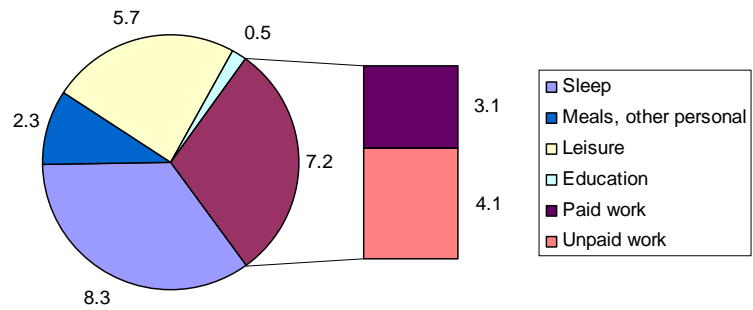
Experts in the field of time-use research caution that paid and unpaid categories of work cannot be fairly compared or summed to create a measure of 'total work'. The problem stems from differences in how data are collected for the two types of work. Many unpaid tasks tend to go unacknowledged and unmeasured. For example, part of household management, emotional work and secondary child care are missing from accounts of unpaid work. Further, breaks and down time are generally not included in time estimates for this work. In contrast, all time spent at paid work is counted as work, including coffee breaks and socializing. Thus measures of time use tend to over-estimate the burden of time for individuals who have paid work [3]. As women tend to perform more unpaid work, this bias would result in a larger underestimate of their total working hours.



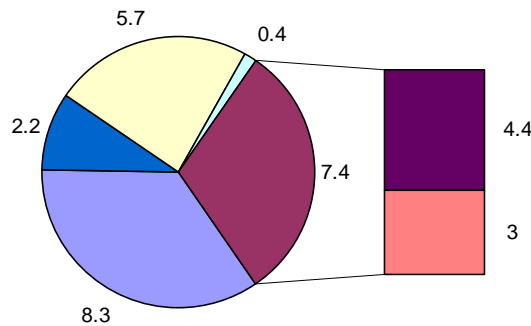


In 2005, the GSS found that 91% of Manitoba women aged 15 and older participated in unpaid work on the day they were surveyed (versus 83% of men), while 41% participated in paid work (versus 50% of men). Though all women (and men) devoted some time to basic personal care activities, not all enjoyed any free time (only 96%). Women and men reported similar patterns of time use, with the exception of the working portion of their days (See Figure 1.). While women spent nearly as much time as men on all work<sup>1,2</sup> (7.2 versus 7.4 hours), a greater proportion of women’s time was spent on unpaid work. Women spent 4.1 hours per day on unpaid work, or an equivalent of 28.7 hours in a 50.4 hour work week. Compared to men, women devoted nearly 8 hours more per week—another full work day—on a variety of unpaid tasks. Their greater contributions were primarily reported for such tasks as housekeeping, cooking and childcare. Unpaid work consumed more than one quarter of women’s waking hours [3]. The data indicate that unpaid work represents an important area of activity for women and raise concerns for the potential consequences for women’s economic and social well-being, and for their health.

**Figure 1: Time Spent on Various Activities**  
**a) Manitoba Women Age 15+, 2005**



**b) Manitoba Men Age 15+, 2005**



**Source:** General Social Survey, 2005. [3]

**Notes:** Time spent on activities represents the time spent per day (averaged for a 7 day week) for the total population of women and men aged 15 and over, including those who did not participate in the activity (e.g. performed no paid work because they were not employed during the time of the survey), both of which affect the overall average time spent on any activity.

**Paid work** includes related activities, primarily commuting.

<sup>E</sup> Figures to be used with caution. The coefficient of variation of the estimate is between 16.6% and 33.3%.

<sup>1</sup> All work is defined here as paid work and unpaid work.

<sup>2</sup> Paid work includes all functions directed toward market activity including commuting to and from work, and other related activities including looking for employment, as per the 2005 GSS definition.

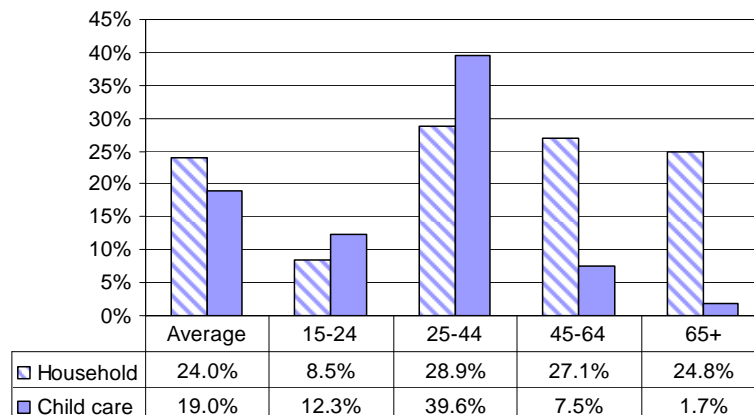




## Women’s Unpaid Work by Age & Role

Many women contribute a large proportion of their work week to unpaid work. According to the 2001 Census, 24% of Manitoba women performed 30 or more hours of unpaid housework in a week and 19% spent these many hours caring for children (Figure 2). Women aged 25 to 44 were most likely to devote long hours to household work and especially to child care. Thus, during some of the most economically productive years of life, many women also invest a great deal of time in unpaid work. With advancing age, women are much less likely to care for children, though women continue to devote many hours to unpaid household work in their older age [4, 5].

**Figure 2: Prevalence of 30+ Hours/Week Unpaid Household Work & Child Care by Age, Manitoba Women, 2001**

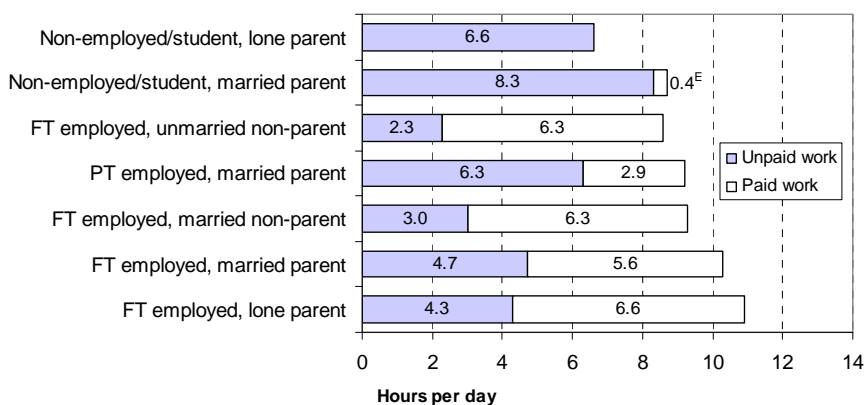


Source: Statistics Canada. 2001 Census of Canada. [4, 5].

Unpaid work, in itself, is not detrimental to women’s well-being. While role strain theory has done much to raise awareness that women’s multiple and competing roles may result in role conflict and harmful effects on mental and physical health, other theories have broadened understanding of the potential benefits of added roles for women.

Working outside the home has proven beneficial to women’s mental health, which may result from increased social contact and self esteem. There is now recognition that women’s involvement in each role brings both harmful and beneficial consequences, their balance depending on role characteristics, combinations and socioeconomic contexts. Other than circumstances of paid employment, key factors in determining this balance are the number of children women have and whether they have a spouse or partner to contribute social and financial resources [6].

**Figure 3: Time Spent on Unpaid and Paid Work\* by Role, Canadian Women Aged 25-44, 2005**



Source: General Social Survey, 2005 [3]. Note: Unpaid work includes household work and related activities, and civic and voluntary activities. Hours are averaged over a seven day week.

Notes: \*Paid work includes related activities, which primarily include commuting.

<sup>E</sup> Figures to be used with caution. The coefficient of variation of the estimate is between 16.6% and 33.3%.







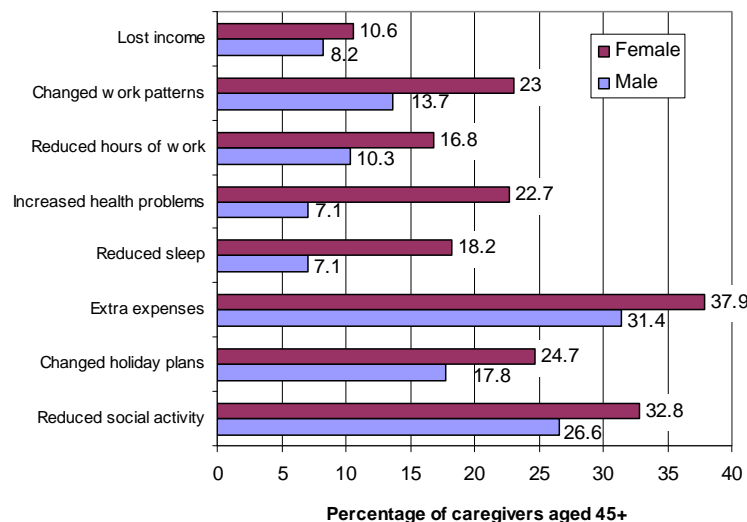
Canadian survey data show that the time women devote to unpaid activities and a total work load varies considerably by additional roles. In 2005, among women aged 25 to 44, the average time spent in a day on unpaid work ranged from under 2.3 hours a day for unmarried non-parents with full-time employment, to 8.3 hours for married parents without paid work. Women who were both mothers and participated full-time in the market economy still devoted a considerable amount of time to unpaid activities, and more so than fathers with full-time paid work (4.7 versus 3.1 hours per day for women and men aged 25-44). When time spent on unpaid and paid activities were both accounted for, it became apparent that workloads were especially heavy for mothers with full-time employment, especially single mothers (Figure 3). Working single mothers in this age range also reported the least amount of time spent on leisure activities (3.4 hours per day) and on personal care (9.7 hours) compared to women with other role characteristics [3].

### Caregiving and its Consequences

Women carry a disproportionate share of informal, unpaid care provided to family or friends. According to the 1996 GSS, the first national survey on caregiving, approximately 16% of Manitoba women over the age of 15 cared for people with long-term health problems or physical limitations. This compares with 9% of Manitoba men who provided care. Women who carried added responsibility for paid employment were no less likely to provide care, as 18% of these women also served as caregivers. Older women are often the greatest contributors to caregiving. Among women aged 45 to 64, 27% were caregivers [7]. Similarly, the 2002 GSS found that, in the Prairie provinces, women aged 45 to 54 were more likely to devote time to the care of seniors than men and women of other ages. The survey also found that Prairie women are more likely than other Canadian women to act as caregivers for older family members or friends [8].

Caregiving often provides personally meaningful and rewarding work, which enriches human relationships, builds a sense of connectedness in families and communities, and is essential to the development of emotionally and physically healthy children. The majority of Canadians who reported having provided informal care in 2002 agreed that there were positive consequences to their caregiving duties, such as strengthened relationships and an opportunity to give back relative to the social support they themselves have

**Figure 4: Percentage of Caregivers Reporting Consequences of Informal Caregiving; Prairie Provinces, 2002**



Source: Statistics Canada. 2002 General Social Survey, Cycle 16. [8]







received [9]. However, research has revealed significant negative effects of caregiving on the physical, emotional, financial and social well-being of caregivers, many of which have the greatest impact on women. A national survey found that among caregivers in the Prairie provinces, women were at higher risk than men for all consequences of caregiving (Figure 4). Added expenses and reduced social activity were most commonly reported by caregivers.

The greatest disparities for women relative to men were the health consequences to the caregiver and reduced sleep, which were 3 and 2.6 times more prevalent for women [8]. The seriousness of these consequences raises particular concern for the wellbeing of women aged 45 to 64, who represent a large proportion of caregivers.

Increased social isolation and stress are two commonly reported consequences of caregiving. National survey results have shown stress to be a frequent consequence for 39% of caregivers and a constant factor for 15%. Over twice the proportion of women as men (27% vs. 12%) reported worsened health, and women were somewhat more likely to report repercussions at work (55% vs. 45%) [10]. A Manitoba study of 322 informal caregivers found higher levels of caregiver burden among women than men, an association between providing care to elders with cognitive impairment and depression, and greater health impacts where caregiving was added to other major responsibilities [11]. The effects of caregiving often vary according to an individual caregiver's situation, particularly with employment status, marital status, having children, and socioeconomic status [1]. Older care givers are also generally more vulnerable, and have reported increased stress, high blood pressure, fatigue, exhaustion and susceptibility to illness [2]. As the number of seniors increases, the effects of informal caregiving on the health of the population will also grow in importance [12].

## **The Impact of Health Care Reforms on Caregiving**

Health care reforms in the 1990s resulted in a shift of caregiving responsibilities from formal systems to family caregivers, the majority of whom are women. Paid and unpaid caregivers have reported physical, emotional and financial distress consequent to these reforms. Unpaid caregivers have attributed increased stress to having a caregiving role imposed upon them, having to perform medical tasks for which they had not been trained, and carrying responsibility for potentially serious health outcomes for their relatives [13]. The increasing need for complex treatment skills in home caring environments, a trend identified by The Charlottetown Declaration on the Right to Care, raises added concerns [14]. For example, certain procedures that until recently could only be done in hospital, such as peritoneal dialysis, can now be done at home, to the benefit of those who require these treatments. Women's health researchers and advocates contend that health care policy reforms have expected women to shoulder the burden of supplementing health services in the home with no additional support or protection to do so. Their caution to policy makers is that this is likely to have detrimental impacts on the health of caregivers and the quality of care [2].





## Time Stress

Time stress is a serious concern for women, with consequences for mental and physical health. Though provincial data on time stress are lacking, the 2005 GSS found that 18.3% of women living in the Prairie provinces were severely time stressed (Figure 5). Women more often reported severe time stress than men, which held true in all but the 25 to 34 age category. The greatest difference between women and men was found among young adults (15-24) and middle aged women (45-54). However, women aged 35 to 44 were the most severely time stressed (27.4%) [15]. Stress among young women in Manitoba appears to have lessened since 1998, when 23% of women age 15 to 24 reported experiencing severe stress [16]. High stress levels among young women may be particularly concerning, as harmful behavioural strategies for coping with stress that are adopted in youth may introduce long-term exposure to additional risk factors. For example, smoking is a key stress relief strategy among young women, with serious implications for health [1, 17].

When Prairie women’s roles as parents, partners and employed persons were considered, it became clear that women with children<sup>3</sup> and working full time, whether single or partnered, were most severely time stressed (Figure 6)[15], which has also been found in national survey data [6]. Half of the time stress results for Prairie men by role produced rates that were too small and statistically unreliable to report, specifically for unemployed or single fathers. Otherwise, men were less likely to report severe time stress than women of the same role [15].

<sup>3</sup> Defined as women with children under 19 years of age who lived in the same household.

### What is Time Stress?

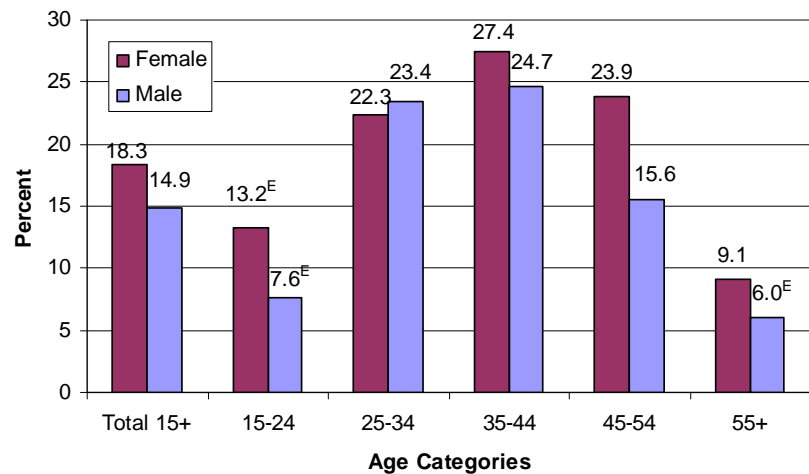
The General Social Survey measures time stress based upon ten questions on the perception of time. Those who agreed with 7 or more questions were considered to have high levels of time stress. Examples of questions include:

Do you consider yourself a workaholic?

Do you worry that you don’t spend enough time with your family and friends?

Do you feel that you’re constantly under stress trying to accomplish more than you can handle?

**Figure 5: Prevalence of Severe Time Stress by Age & Sex Prairie Provinces, 2005**



**Source:** Statistics Canada, Custom Tabulation, General Social Survey, 2005 [15].

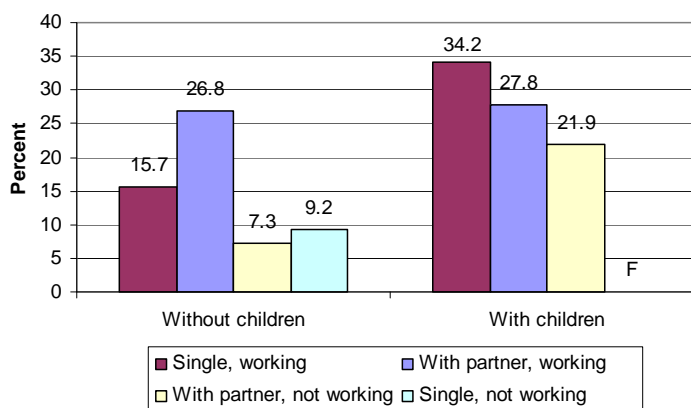
**Notes:** <sup>E</sup> Estimate to be used with caution. The coefficient of variation of the estimate is between 16.6% and 33.3%.





An association has been drawn between time stress and the erosion of free time and time for personal care (e.g. sleeping and eating). Sufficient sleep is known to be necessary for good health and adequate free time and personal care buffer stress. The long term trend toward the erosion of free time particularly affects working mothers [1]. Compared to women with no children, women with children and full time work are known to spend more time on childcare, curtail leisure far more, and be more severely time stressed [12]. In 2005, among Canadian women aged 25 to 44, full time working mothers, both single and partnered, reported an average of only 3.4 hours of free time per day. This was balanced against a work day which averaged 10 to 11 hours long [3].

**Figure 6: Prevalence of Severe Time Stress by Role, Prairie Women Aged 15+, 2005**



**Source:** Statistics Canada, Custom Tabulation, General Social Survey, 2005 [15].

**Notes:** With children is defined as parents having children under the age of 19 years living in the same household.

<sup>F</sup> The figure is too small to publish. The coefficient of variation is over 33.3%.

Higher rates of time stress for women have been attributed to an unequal division of labour in the household [1]. As well, the inequity in unpaid work is a better predictor of depression for women than is the absolute time women spend on unpaid work [6]. Although the gender division of labour is gradually narrowing, as men continue to spend more time on unpaid work, women still perform more unpaid household work than men and women's paid work day lengthens [18]. Another noteworthy trend has been the increase in the number of single mothers working for pay, which raises concern despite the benefit of reduced rates of low-income, as this also results in reduced parenting time and added time stress [1].

The distinct nature and intensity of women's and men's unpaid work may also account for greater time stress for women than men. One study found that wives and daughters carried out the more demanding, daily and weekly caregiving duties, while husbands and sons were more likely to help with sporadic tasks [10]. A study which explored new parents' time scarcity found that women who had become parents within the past five years were more time stressed than before they had children, whereas men's time stress was high before parenthood and appeared not significantly altered by the transition. Mothers with children under age five who worked full-time were much more likely to be time stressed than their male counterparts. The differences between men and women were attributed to such factors as women performing more intensive, primary-activity<sup>4</sup> child care and physical child care<sup>5</sup> than men and other factors indicative of greater role complexity among mothers than fathers [19].

<sup>4</sup> Primary-activity child care includes such activities as teaching, playing, reading, and talking with children.





## Gender, Economics & Unpaid Work

The health consequences of women's unpaid and total work burdens must be understood in relation to closely tied economic factors. Women's greater role in unpaid caring and household work is related to gender discrimination, as are the low wages paid to those who do the work of caring and household chores in the paid labour force. Unpaid work perpetuates women's economic dependency, as the performance of these activities interferes with the ability to work in the paid labour force [1]. Women's socialization encourages their fulfillment of family caregiving roles at the expense of economic gains. The literature demonstrates, as one example, that elder care is significantly related to family responsibilities interfering with work for women but not for men. Financial loss and poverty are recurrent themes in the literature concerning the effects of caregiving. As described earlier, the direct financial consequences of providing care have been demonstrated by survey results that found that the most common negative consequence to Prairie women caregivers aged 45 and older was the added financial expense incurred in carrying out their duties, which was reported by 37.9% of respondents [8]. The economic costs of women's unpaid work may have lasting effects on women when missed opportunities for training, promotions and pension plan credits are considered [10]. Persistent wage discrimination against women in the labour market also limits women's ability to afford added expenses often associated with providing care, or the ability to pay others (usually low paid women) to do this work. As low income and poverty contribute to poor health outcomes for women [20], the health consequences of unpaid work can partly be understood as the result of the economic deprivation associated with these activities.

## Women's Diversity & Impacts of Unpaid Work

Women are known to have varying risk of experiencing the health consequences of unpaid work, so that it is important to consider diversity among women. Immigrant women, rural women, and women living in poverty are particularly vulnerable to time stress and health consequences of unpaid work. Many immigrant women try to balance traditional role expectations for heavy domestic workloads and a Canadian lifestyle that includes paid work, while the stress of conflicting values compound risks for depression [6]. In some ethnic, racial and linguistic minority groups, women are relied upon more heavily for unpaid home care where culturally sensitive services are lacking or language barriers may affect the quality of institutional care for family members [10]. In rural contexts, social services cut backs and depopulation in farm communities has increased demands for caregiving and community volunteerism. This has placed greater responsibility on farm women, many of whom carry triple work loads with responsibility for farm labour and paid work off the farm, as well as unpaid work in the home and community. Canadian farm women work an average of 2.5 hours more and have 2.2 hours less leisure time than the average Canadian woman age 35 to 44, resulting in a decreased quality of life for farm women.[21]. As well, women living in poverty and older women on fixed incomes lack financial resources to support caregiving activities or to gain respite when necessary [2]. A lack of time saving devices and easy access to food and transportation, among other factors, increase the demands placed on women caring for children in poverty, with detriments for both women and their young children.

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<sup>5</sup> Physical child care includes looking after infants, bathing and putting children to bed.





## Summary and Conclusions

Many women devote a significant amount of time to unpaid work. Despite the narrowing gender gap in the domestic sphere, women in Manitoba, as in Canada, are still more likely than men to do unpaid work and to devote more time to the care of children and the elderly, and routine household chores. At the same time, women's participation and time spent in the paid workforce also grows. The nature and conditions of unpaid work, like paid work, may have direct health consequences which deserve further attention. The consequences of women's total workload must also be accounted for, particularly where women carry roles as mothers and full-time work force participants, which create role conflict and stress with known, serious impacts on mental and physical health. The evidence for this strain is seen in women's reported time stress which is high among women as young as 25 to 34, and high relative to men in all age groups, but particularly among young women. Even women who carry the same work and parental roles as men report greater stress. Time spent on paid and unpaid work also leaves less time for leisure and personal care, which removes a buffer against stress and protection against harmful mental and physical health consequences. Women's unpaid work also limits or erodes women's earnings and long-term financial security, which creates barriers to participation in leisure activities, reduces access to nutritious food, and increases stress while limiting buffers to stress.

Women's contributions to family and community life carry significant social and personal rewards and are of benefit to many others. Caregiving can bring personal satisfaction to both caregivers and to those being cared for. Mothering, and fathering, that is raising children to be healthy, happy and productive adults, is much more than just unpaid work. While women have been socialized to value these over monetary gain, their own well-being may suffer as a result, because of the lack of societal recognition and valuation of this work.

Single, working mothers, other working mothers with dependent children, and middle-aged to older women who provide caregiving may be at the greatest risks for adverse consequences of unpaid work. Single mothers increasingly work for pay but lack support to carry out unpaid work or for respite. In Manitoba, the average work day for single mothers approaches 11 hours on a given day of the week, which leaves little for self-care and leisure. In the area of caregiving, several social, financial and self-care costs and consequences have been demonstrated to have greater impacts for women than men. Though flex-time jobs, affordable and quality child-care, and work site child-care may offset some of these stressors for women, more progress is needed, particularly for the most vulnerable socio-economic and social groups among women. The gendered experience of roles and complexity of women's roles are increasingly understood to account for some of the persistent differences in unpaid work consequences between women and men. Time devoted to unpaid caregiving may only be the most easily measured indicator, while the nature, degree or complexity of women's unpaid work and roles are more difficult to quantify and discern.







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