

Rethinking Healthy Living for Women in Canada: Reflections on the Discourse, Evidence and Practice

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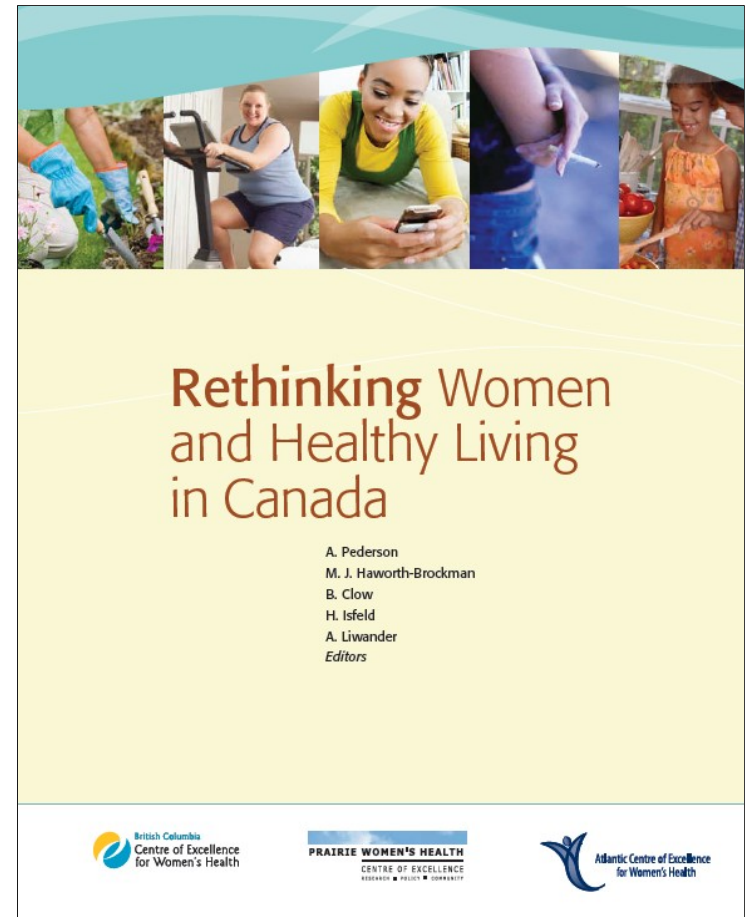
Outline of this Presentation

- ❖ Brief background to the project
- ❖ Healthy living discourse
- ❖ Issues of evidence
- ❖ Reflections on policy and practice
- ❖ Some potential implications



Collaboration between three Centres of Excellence for Women's Health

- ❖ Troubling individualistic discourse
- ❖ Limited evidence about women
- ❖ Gender-blind programs and policies
- ❖ Propose gender-responsive approaches



Employed Sex- and Gender-based Analysis

“A sex- and gender-based approach is part of systematically planned interventions ... and consistent with population health approaches.”

2012 Chief Public Health Officers’ report

Sex: biological and physiological attributes

Gender: social norms and roles, structures, relationships, power over resources and opportunities

Diversity: recognizing that women are not all the same

Equity: fostering fairness, ensuring that we understand where we can remediate



"Are you the opposite sex, or am I?"

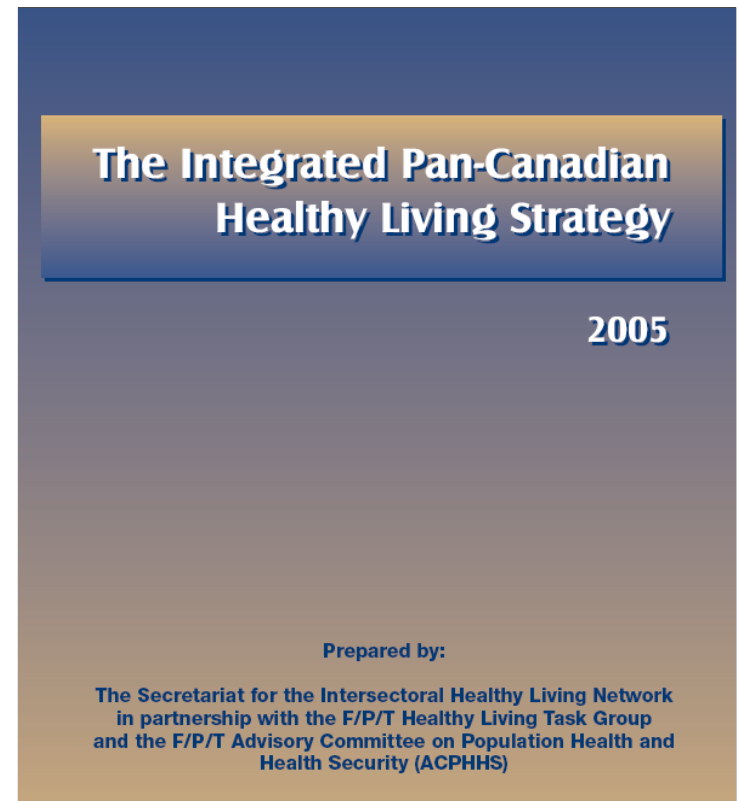
Who is missing from the analysis/policy/evaluation/discussion?



Encourages us to think beyond the mainstream and consider what makes women and men, girls and boys, vulnerable.

Policy Starting Point: Integrated Pan-Canadian Healthy Living Strategy

- ❖ Goals are to improve overall health outcomes and reduce health disparities.
- ❖ In light of the 2009 Health Portfolio *Policy on SGBA*, how are sex and gender considered?
- ❖ What are the implications for action?



Key Features of HL Discourse



- ✓ Individual vs. social responsibility for health
- ✓ Individual vs. collective and systemic solutions for illness, especially chronic diseases
- ✓ Transformation of risk and probability for populations of ill health into “certain danger” for individuals
- ✓ Blame for certain types of illnesses – so-called “lifestyle” conditions
- ✓ Limited attention to context of healthy living and sex, gender, diversity as well as the determinants of health
- ✓ Focus on physical health rather than mental health or social well-being


Statistical Profile of Women and Healthy Living in Canada: 11 Healthy Living Topics



National-Level Data Sources

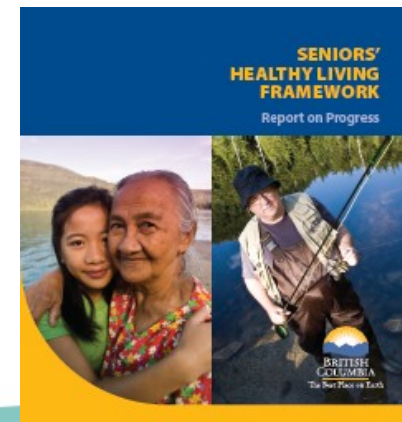
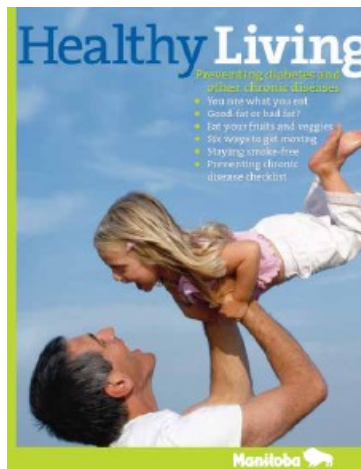
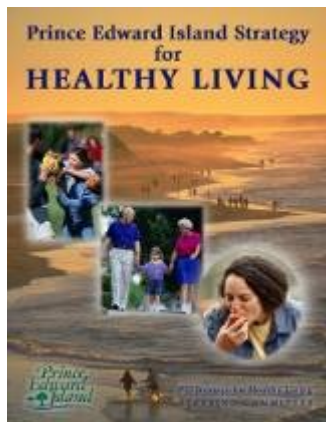
- ✓ Canadian Community Health Survey, including: CCHS-Nutrition Module, Cycle 2.2, 2004; CCHS, Cycle 3.1, 2005; and annuals 2007-2008 and 2009-2010.
- ✓ Canadian Health Measures Survey, Cycle 1, 2007- 2009
- ✓ Canadian Tobacco Use Monitoring Survey, Annual 2010
- ✓ Canadian Alcohol and Drug Use Monitoring Survey, 2010
- ✓ National Trauma Registry, Comprehensive Dataset (NTR-CDS)
- ✓ General Social Survey-Victimization Cycle 2009
- ✓ Association of Workers Compensation Boards of Canada, National Work Injury Statistics Program (AWCBC - NWISP)
- ✓ Census of Agriculture, 2001 and 2006
- ✓ Public Health Agency of Canada, Sexually Transmitted Infections Surveillance Data

A Snapshot of Women and Healthy Living in Canada

- ❖ Women with higher incomes are more likely to take part in physical activity, but are also more likely to drink heavily.
 - ❖ We know very little about sexual behaviour for women over the age of 49 or those not considered “high risk”.
 - ❖ All women show excessive sedentary behaviour.
 - ❖ Tobacco smoking rates are largely declining, except among young women and women who use smoking as a coping behaviour.
 - ❖ Older women find food labels complicated, and they don’t necessarily prefer cooking programs.
 - ❖ Occupational injury data may under-represent women’s injuries in certain sectors.
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SGBA of Healthy Living Strategies

- ❖ Review of strategy documents plus telephone consultations with policy makers about how sex and gender was been considered in various healthy living strategies across the country.
- ❖ Detailed examination of strategies in four provinces (Prince Edward Island, Ontario, Manitoba and British Columbia)



Promising Gender-Sensitive Healthy Living Interventions for Women

- ❖ Emerging discourse on gender-sensitive practice
- ❖ Selected examples of promising practices, policies and programs related to healthy living topics.
- ❖ Recommendations for future directions to advance healthy living in Canada for women.



Defining Gender-Sensitive Interventions

- ❖ Take sex and gender considerations into account and consider, for example, the different social roles of men and women that lead to women and men having different needs, health behaviours and outcomes.
- ❖ Criteria:
 - Target girls and/or women explicitly;
 - Incorporate an understanding of sex and/or gender (including gender norms, gender relations and gendered social institutions);
 - Engage with the determinants of girls and women's health not just individual-level health behaviours; and/or
 - Seek to reduce gender-related social and health inequities.
- ❖ Scoping review results in summer 2013 (poster here at AWHN conference)

Trauma-informed Physical Activity

Yoga Outreach

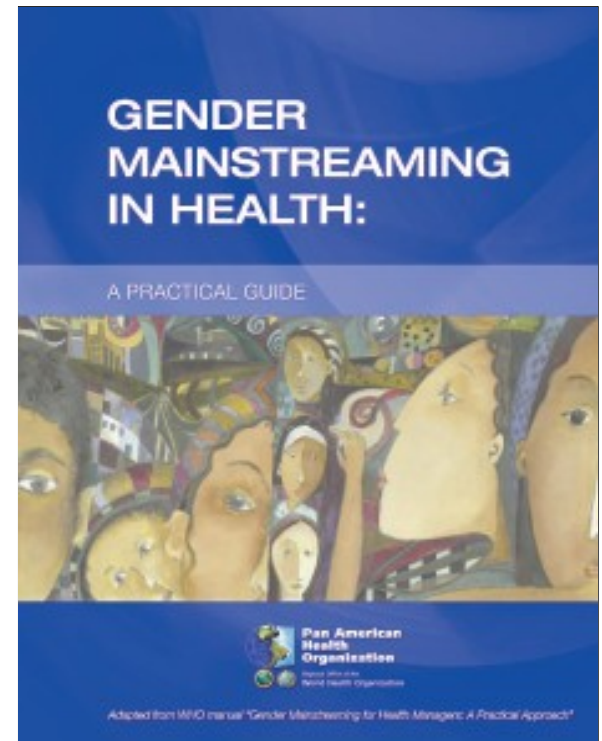
- ❖ Yoga can help mitigate trauma by increasing experience of control of the body, sensation and emotion but can also trigger
- ❖ Yoga Outreach adapted yoga instruction to enhance safety, choice and 'action' for participants
 - Minimize touch; invitation to participate; limited focus on breath work
- ❖ TI physical activity programs may reduce barriers to participation by reducing anxiety and helping manage physicality

www.yogaoutreach.com



Conclusions

- ❖ A gender lens on healthy living can shift our understanding of, and responses to, the needs of women in Canada.
- ❖ Responses to healthy living for women in Canada might look different if they incorporate sex, gender, diversity and equity.
- ❖ A sex and gender lens can allow the Pan-Canadian Healthy Living Strategy and provincial strategies to address the inequities that constrain women from healthy living.



Draw Inspiration from HIV/AIDS Prevention



“To effectively address the intersection between HIV/AIDS and gender and sexuality requires that interactions should, at the very least, not reinforce damaging gender and sexual

Geeta Rao Gupta