Chapter One:

The Challenge

Introduction

Sex- and gender-based analysis (SGBA) rests on the understanding that both biology (sex) and the social experience of being a man or a woman (gender) affect people's lives and their health. Research shows that the female human body is different from the male in more ways than one. We know that male and female bodies have different functions in reproduction, but sex differences in the size of the coronary arteries, for instance, may also explain women's and men's different experiences of heart diseases while differences in hormonal make-up may contribute to differences in how women and men experience and respond to stress. At the same time, the roles and expectations attached to being male or female also affect one's chances of completing school, providing care for others, having an adequate income, experiencing violence and living a long, healthy life. Hence, being a man or a woman affects how we use our bodies in the work we do or the ways we play as well as how our bodies respond to life's experiences and the environments we live in. Taking into consideration these biological and social differences between women and men, and analyzing how they relate to a particular health problem, is the crux of sex- and gender-based analysis.

Rather than assuming that "one size fits all," SGBA reminds us to ask questions about similarities and differences between and among women and men, such as: Do women and men have the same susceptibility to lung disease from smoking? Are women at the same risk as men of contracting HIV/AIDS through heterosexual intercourse? Are the symptoms of heart disease the same in women and men? Are x-rays equally useful for reflecting the level of disability and pain experienced by women and men living with osteoarthritis? Do boys and girls have similar experiences of being overweight or obese? Do international tobacco control policies work the same way for men and women? By introducing such questions, sex- and gender-based analysis can help lead to positive changes in how programs are offered or how resources are allocated. SGBA can help reduce the likelihood of assuming that women's and men's health situations and risks are the same when they are not or, conversely, of presuming differences between women and men where there are similarities.[2] Actions that follow from either assumption may be detrimental to men's health, women's health, or both.

SGBA also recognizes that there is a great deal of variation among women and among men – as well as between them – and analysts must therefore be careful to avoid making generalizations about *all* women or *all* men. Individual women and men as well as groups of women and men may be at greater risk of illness, have better access to health care, or respond differently to medication because of differences in income, class, race, language, sexual orientation, gender identity, education, geographic setting, age and/or life stage. First Nations women, for example, may share experiences of colonization and life on reserves with First Nations men that are distinct from the experiences of women of European descent living in Canada's major cities. In such cases, common culture and history may be more important than shared gender identity for understanding specific health conditions or access or health services. Emerging theory and practice in SGBA emphasize this intersection of multiple aspects of individual identity and experience when it comes to explaining their health, illness and opportunities for change.

> "In the course of their everyday lives, women and men often face similar challenges to their health. However, there are also significant differences between the two groups. The most important starting point for explaining these differences is to be found in the realm of biology. A women's capacity for reproduction makes her vulnerable to a wide range of health problems if she is not able to control her own fertility and to go through pregnancy and child-birth safely. This gives women "special needs" which must be met if they are to realise their potential for health.
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> However, social differences are also important in shaping male and female patterns of health and illness. All cultures assign specific characteristics to women and to men. These include a range of responsibilities and duties as well as varying entitlements to social and economic resources. As a result, men and women in the same communities or households often lead quite different lives, exposing them to different risks and offering them differential access to health and health care…"[1,p238]

The SGBA process is critical in planning health programs, developing health policies and conducting research; by requiring us to think broadly as well as specifically about who we are trying to serve and whose needs we are trying to meet, it promotes inclusive policies, appropriate and cost-effective services and good science. SGBA supports the analyses of health inequities arising from gender relations and the interaction of gender with other social factors such as income, race and ethnicity and can contribute to designing health system responses.

This book introduces the basic concepts behind sex- and gender-based analysis and illustrates SGBA with numerous case studies from the health field. Based on more than a decade of work in Canada, this book demonstrates that SGBA is both necessary and possible in all areas of health research, planning and policy making. Whether studying a disease, developing a health promotion program or evaluating policy options, sex- and gender-based analysis is an essential process for improving the health of Canadians.

Organization of the Book

The book is divided into a series of chapters. The following chapter, Chapter Two, provides background on the origins of sex- and gender-based analysis and the major concepts of sex, gender, diversity and equity as well as how they relate to health. Chapter Three provides guidance on how to conduct sex- and gender- based analysis. This section focuses on SGBA as a process that involves asking new questions about existing evidence and identifying gaps in evidence. Thus, while we acknowledge that SGBA requires adequate sex-disaggregated data (breaking data down into "male" and "female"), we also stress the importance of assessing the impact of other variables, such as age, ethnicity, race and socio-economic status on health. Introducing more complex analyses is key to moving beyond simple assessments of differences between women and men toward an understanding of why these differences exist and how best to respond to them.

The following chapters, Four through Seven, are comprised of over one dozen case studies that illustrate the power of SGBA for understanding different types of health, health care and health policy issues. The case studies were developed by a group of gender experts in Canada who have worked together for many years through a women's health research and knowledge exchange program funded by the Bureau of Women's Health and Gender Analysis in Health Canada. The cases reflect our expertise in women's health research across a wide range of topics and with policy making and programming in health care and social services. Although SGBA can and should be applied to situations to better understand men's and boys' health, our mandate is women's health and our work reflects the traditions and insights of applying SGBA primarily to better understand women's health.

We have organized these chapters to unpack the process of SGBA in relation to different challenges and issues. Chapter Four introduces readers to the importance of gathering and using data that has sex as a variable. Rather than reporting on how many people have diabetes, we need to know how many women and men, girls and boys are living with diabetes. Chapter Five introduces gender considerations to the analysis. In other words, once we know how many women and men may be affected by a particular health

condition or life circumstance, we can then begin to ask questions about how gender roles and expectations may affect their health and care. The case studies in Chapter Six illustrate the scope and value of SGBA that goes beyond the traditional health sector by introducing discussions of the determinants of health. How does access to housing, for instance, or Indian status affect the health of women and men, girls and boys? In some of these case studies, SGBA also serves as a bridge to new ways of thinking about issues and identities. For example, by looking at overweight and obesity through the lens of gender, we begin to see that this new health "epidemic" is also a matter of personal and social safety. Chapter Seven demonstrates the application of SGBA to policy through case studies of important national and international health issues.

Together, the case studies illustrate that sex- and gender-based analysis is not a single technique, but a process of engagement with theory, data and people's complex identities and experiences. It is a way of thinking about health and care that acknowledges that sex and gender operate across lives, communities and systems.

We have collected our reflections on sex- and gender-based analysis in a Conclusion, paying particular attention to new directions such as men's health, determinants of health, Aboriginal-specific sex- and gender-based analysis and intersectionality. A list of additional resources and contributors can be found at the end of the book.

Conclusion

While there are many resources available on SGBA, we believe that this volume is an important contribution to the field for a number of reasons. First, this book represents a timely response to a growing demand and appetite for sex- and gender-based analysis in government, civil society and among researchers.[3] Second, it complements introductory guides and checklists – which comprise the majority of SGBA materials – by inviting readers to engage in a deeper, extended discussion about the changing meanings of "sex" and "gender" and their current and potential roles in health and society. Third, it treats SGBA as a process, rather than a tool or template, thereby emphasizing its flexibility and transferability across sectors, disciplines and regions. Finally, the case studies offer concrete examples of SGBA and are based, in large measure, on Canadian data that will be familiar to and relevant for decision makers, program managers, practitioners, researchers and others.

We chose the title of the volume, "Rising to the Challenge: Sex- and Gender-based Analysis for Health Planning, Policy and Research in Canada," first, because it acknowledges that we face many difficulties when trying to promote understanding and implementing SGBA across sectors and disciplines and, second, because it equally emphasizes the real possibility of overcoming such obstacles and deterrents. The title also refers to the Auditor General of Canada's observations that the federal government has a responsibility to champion SGBA by expecting – or challenging – every department to take gender considerations into account when developing policies and programs or offering advice.[3,p24-28] We hope, then, that this book will both challenge you to think more deeply about sex and gender and that it will help you rise to the challenge of understanding sex- and gender-based analysis and integrating it into your work.

References

1. Doyal L. Putting gender into health and the globalization debates: new perspectives and old challenges. Third World Q. 2002;23(2):233-50.

2. see Ruiz MT, Verbrugge LM. A two way view of gender bias in medicine. J Epidemiol Community Health. 1997;51:106-9.

3. Auditor General of Canada. The spring 2009 Report of the Auditor General of Canada. [Internet]. c2009 [cited 2009 Aug 31]. Gatineau: Minister of Public Works and Government Services of Canada. Catalogue number: FA1-2009/2-1E. Available from www.oag-bvg.gc.ca/internet/English/parl_oag_200905_e_32545.html