

WOMEN AND HEALTH

The Big Picture

In Canada

- Good health — physical, emotional, social and spiritual well-being at all stages of life — is key to women's equality. Conversely, gender equality is a necessary condition to achieving good health.
- Women are the most frequent users of health care for many reasons, including: reproductive issues; role as primary steward of family health; longer lifespan; and higher incidence of chronic and degenerative disease, such as osteoporosis, in the later years.
- Women also represent the majority of health care providers at home, in the community and on the job. They are under-represented in decision-making and in higher-paid health care occupations while being overly represented in unpaid caregiving.
- In research, males continue to be used most often as the norm however, progress is being made in recognizing the need for both women-centred and gender-sensitive research and the need to also take into account how social, economic and cultural circumstances determine women's health.
- The health care sector must be encouraged to respond more effectively to woman abuse as a serious health issue.

Around The World

- The Beijing Platform for Action stresses that women have the right to the enjoyment of the highest attainable standard of physical and mental health. Women's enjoyment of this right is vital to women's lives and well being and their ability to participate in all areas of public and private life.

- Women's health is seriously affected by the quality of, and control over, their reproductive health, including family planning, prenatal and maternal care, unsafe abortions, sexually transmitted diseases, including HIV and AIDS.
- Women's health is adversely affected by inequality, including such factors as "son preference", a situation where girls are not as well fed, cared for or educated as their brothers.

Facts and Figures

In Canada

Facts and figures are from Statistics Canada, unless otherwise noted

- In 1996, the average life expectancy was 81.4 years for women in Canada and 75.7 years for men. While women live longer than men do, they also suffer more from chronic diseases and disabilities.
- Life expectancy is significantly lower among Aboriginal women than among the overall Canadian female population. For instance, by 2005, life expectancy for Registered Indian females is only expected to increase to 77.5 years. Aboriginal women also have higher rates of disease such as diabetes, reproductive tract and breast cancers and HIV/AIDS than the general Canadian female population.
- In 1997-98, only 12% of health research funding (Medical Research Council) in Canada was spent specifically on women's health issues. (*CIHR 2000: Sex, Gender and Women's Health*, BC Centre of Excellence for Women's Health, 1999)
- Between 1985 and 1996-97, the proportion of Canadian women who had a Pap smear test within the



previous three years increased; in 1996-97, 87% of women age 18 and older reported having had a Pap smear test at some point in their lives.

- Fewer females (26%) than males (31%) were daily smokers, although the rate of smoking among young women aged 12-14 (10%) and 15-17 (29%) is substantially higher than young men of the same age (6% and 22%) respectively. (1996-1997)
- Cardiovascular disease is the leading killer of women in Canada — 38.2 % of female deaths is attributable to cardiovascular disease, a total of 39,614 women in 1997.
- Cancers of all kinds are the second leading killer — 27,148 deaths in 1997 (*Canadian Cancer Statistics 2000*, National Cancer Institute of Canada), with lung cancer overtaking breast cancer as the leading cancer killer among women. While the incidence of breast cancer continues to increase steadily, the mortality rate has decreased since 1980 and is now constant.
- Prior to 1995, adult women comprised only 6% of all adult cases of diagnosed AIDS; in 1997 this percentage had risen to 13%.

Around the World

- Maternal mortality represents the single greatest disparity in health between women in industrialized and developing countries. Nearly 600,000 women die each year of causes related to pregnancy and childbirth — the equivalent of three 747 plane crashes a day.
- Every year, about 100,000 women die as a result of unsafe illegal abortions.
- Worldwide, the population is aging, and women 80 years of age and older outnumber men by a factor of 2.5 to 1 in Eastern Europe, Eastern Asia and Southern Africa (*Review and Appraisal of the Implementation of the Beijing Platform for Action, 2000*, UN). In some population groups and in some countries however, it is the youth population that remains high or is growing.
- The proportion of women who are HIV positive is increasing. In Sub-Saharan Africa, 12-13 women are HIV positive for every 10 infected men; girls 15-19 are

at least 5 times more likely to be HIV positive than boys of the same age. (*Global Summary of the HIV/AIDS Epidemic*, UNAIDS, Dec. 99)

- Among adults aged 15-44, one third of worldwide disease is illness exclusive to women, such as cervical cancer, or illness predominant among women such as breast cancer, osteoarthritis or anemia.
- By 2025, lung cancer caused by smoking is expected to become the leading cause of death among women. (*World Health Report 1999*, WHO)

Towards Equality

In Canada

- Increased attention (funding, research, treatment and public discussion) is being paid to women's health issues in areas such as cancer, tobacco use, cardiovascular disease, HIV/AIDS, mental health and wellness, chronic diseases, prescription drug use, disease prevention and health promotion.
- The Government of Canada is currently working with gender equality experts to develop specialized gender-based analysis tools and training materials for the health sector. As Chair of a Commonwealth Working Group on Gender Equality and Health Indicators, Canada has begun developing a conceptual framework for a system of gender equality and health indicators.
- In 1996, the Government of Canada established five regional research Centres of Excellence for Women's Health to inform the policy process and narrow the knowledge gap on the impact of health determinants on women's health; they operate as partnerships among academics, community-based organizations and policy makers. As part of the Program, the Canadian Women's Health Network is funded to disseminate information on women's health, including new knowledge generated by the Centres, and to foster critical debate.
- In 1996, Canada adopted a new policy stipulating that manufacturers applying for market approval of pharmaceuticals had to include women in their clinical trials in the same proportion as they are likely to use the drug.

- In June 1998, the Government of Canada announced the renewal of the Canadian Breast Cancer Initiative with stable ongoing funding of \$7 million per year.
- In response to the commitments made in the *Federal Plan for Gender Equality*, in 1999 the Government of Canada released *Health Canada's Women's Health Strategy* — a framework to address biases and inequities within its health department.
- The Government of Canada is addressing health inequalities in Aboriginal communities through programs and initiatives such as, the Aboriginal Head Start Program, the Canada Prenatal Nutrition Program, the Aboriginal Round Table on Sexual and Reproductive Health, and the First Nations and Inuit Home and Community Care Program.
- In 1997, the federal government reinforced its commitment to reduce family violence in Canada through the Family Violence Initiative that coordinates the work of several government departments. The National Clearinghouse on Family Violence maintains an inventory of resources to address violence as a health issue.
- As part of Canadian preparations for the UN General Assembly Special Session in June 1999 to review the International Conference on Population and Development/Program of Action (ICPD+5), the Government of Canada provided financial and policy support for a separate consultative seminar on indigenous women's reproductive health. The seminar was a collaboration of a Canadian NGO, and other front-line providers of health services on- and off-reserve as well as several Canadian government departments.
- Through the Canadian International Development Agency (CIDA), Canada supports a number of projects around the world such as:
 - the Pan-American Health Organization's Perinatal Health Care Project, which is strengthening local capacity to deliver health care to mothers and their children in several countries in South and Central America;
 - micronutrient programming in Vitamin A, providing capsules and food fortification that prevents infections and contributes to maternal health, and in iodization of salt which prevents birth defects and mental deficiency;
 - a community health project in Brazil that addresses women as providers and as consumers of health care, through training in preventive child health, reproductive health, family planning, breastfeeding, sanitation and hygiene, traditional medicine and nutrition;
 - public information campaigns on the hazards of female genital mutilation (FGM) conducted by the InterAfrican Committee on Traditional Practices Affecting the Health of Women and Children in Africa;
 - education and training for southern African organizations fighting AIDS, by using peer education, where women's and youth groups play a major role, theatre, song, slogans and humour to raise awareness.

Around the World

- The First International Conference on Women, Heart Disease and Stroke was held in Victoria, British Columbia in May 2000 to increase awareness of the problem of heart disease and stroke in women. The Conference also highlighted current scientific advances, gaps in knowledge and research opportunities for cardiovascular disease in women. A Declaration on Women's Heart Health was released at the Conference.
- At the UN Working Group on Indigenous Populations (WGIP) in Geneva in July 1997, Canadian indigenous health experts hosted a joint Canada/World Health Organization workshop on substance abuse and healing, at which indigenous women played a major role in focusing on their special health concerns. This workshop was organized with financial and policy support from Canada and supported the designated theme of Health for the 1997 WGIP, as one of the principal themes of the International Decade of the World's Indigenous People.