

WOMEN AND HEALTH



The *Beijing Platform for Action* (PfA) identifies “inequalities and inadequacies in and unequal access to health care and related services” as a critical area of concern. The PfA contains strategic objectives and actions to: increase access throughout women’s lifecycle to appropriate, affordable and quality health care and related services; strengthen preventative programmes; undertake gender sensitive initiatives that address sexuality transmitted diseases, HIV/Aids and sexual and reproductive health issues; promote research and disseminate information on women’s health; and, increase resources and monitor follow-up for women’s health.

Canada uses a population health framework where health is defined as a positive concept, signifying more than the absence of disease, but a state of complete physical, mental and social well-being. Under Canada’s constitutional structure, the delivery of health services falls under the jurisdiction of provinces and territories.

PATTERNS AND TRENDS*

- The majority of women in Canada considered themselves to be in very good or excellent health in 1997. In contrast, only 8% said they were in fair health and only 2% reported poor health.
- In 2001, the fertility rate for women aged 15 - 49 was 1.5; the rate was 2.6 for Aboriginal women.
- The proportion of live births to women less than 20 years old decreased from 6.7% in 1991 to 6.1% in 2000.
- Caesarian rates in Canada increased from 17.5% in 1995 to 21.2% in 2001.
- The maternal mortality rate decreased from 6.1 maternal deaths per 100,000 live births in 1981 to 2.5 maternal deaths per 100,000 live births in 1999.
- In 1998, 81.9% of children under two years of age were breastfed and 63% of these were breastfed longer than three months.
- In 2002, 5.9% of women reported experiencing a mood disorder compared to 3.4% of men. An anxiety disorder was reported by 5.8% of women compared to 3.6% of men.
- Women in any age group are more likely than men to report the use of psychoactive medications such as sleeping pills,

tranquillizers and antidepressants with the age categories reporting the heaviest use being 45-54 and 65+ years old.

- Slightly more teen girls reported smoking than boys (20% versus 17%); boys reported that they smoked more cigarettes a day (13.0) than girls (11.7).
- In 2004, women made up 14% of the population who were HIV positive. Young women 15-19 years of age represented approximately 40% of those newly diagnosed with HIV.

TOWARDS EQUALITY

Examples of federal measures include:

- The *Canada Health Act*, 1984, ensures all eligible residents of Canada have reasonable access to medically necessary insured services on a prepaid basis, without direct charges at the point of service for such services.
- The Canadian Perinatal Surveillance System was implemented in 1995 to improve the health of pregnant women, mothers and infants in Canada through health surveillance and research.
- In 1999, Health Canada (HC) developed the Women’s Health Strategy, a policy framework aimed at: ensuring that policies and programs are responsive to sex and gender differences and women’s health needs; increasing knowledge and understanding of women’s health and women’s health needs; supporting the provision of effective health services to women and promoting good health through

prevention and the reduction of risk factors that imperil the health of women.

RECENT INITIATIVES

- In 2002, the Centres for Excellence for Women's Health Program and the Canadian Women's Health Network received a commitment of funding until 2008. The central aim of this program is to inform the policy process and narrow the knowledge gap on gender and health determinants.
- In 2003, the government of Canada allocated \$245 million over five years for the renewal of Canada's Drug Strategy to address substance abuse with special emphasis on gender based analysis through research initiatives and publications focused on women.
- In 2004, HC launched the National Collaborating Centre for Aboriginal Health. It will focus on improving the health status of all Aboriginal Canadians and will take a collaborative approach by integrating its activities with the Aboriginal community, researchers, health professionals and government departments at many levels when developing priorities for research, evaluation and knowledge translation.
- In 2002, HC developed a Pan-Canadian Healthy Living Strategy with a focus on health promotion and disease prevention actions.
- In collaboration with HC and other stakeholders, the Public Health Agency of Canada has developed a new Federal Initiative to Address HIV/AIDS in Canada wherein women at risk are identified as one of the target populations. Federal government initiatives include a National Reference Group on HIV/AIDS and Women to guide national planning and policies.
- HC has developed a free smoking cessation advice service that is accessible over the telephone, thereby ensuring all Canadians have reasonable access. Women use 60% of the services. Specific smoking cessation protocols have been developed to meet the needs of pregnant and post partum women and women with low socio-economic status.

* The source for data is Statistics Canada unless otherwise mentioned. Also, please note that *Women in Canada 2005: a gender-based statistical report* is being developed by Statistics Canada for publication in the fall of 2005.