





## Understanding Healthy Living for Women in Canada



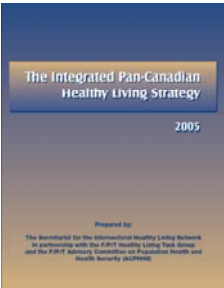
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Prairie Women's Health Centre of Excellence

- Health *disparities* are understood to be health *inequities* when differences are avoidable and unjust
- They often arise from unequal access to resources and opportunities such as for adequate housing, education, income and health care
- Addressing health disparities among women requires that we understand the kinds and depths of inequities they experience
- Sex- and gender-based analysis is the mechanism to understand these inequities and the subsequent disparities

## Background

- *Integrated Pan-Canadian Healthy Living Strategy* released in 2005 with the aim of reducing health disparities and improving overall health outcomes.
- Pan-Canadian strategy does not include sex-specific goals, offer gendered considerations, nor make provisions to address the determinants of health—which include sex and gender—in measurement, reporting or formulation of policies and programs.



## Generating a Profile of Healthy Living Among Women in Canada



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## Healthy Living Discourse

Some contradictions:

- Individual vs. social responsibility for health
- Individual vs. collective and systemic solutions for chronic diseases

Leading to:

- Transformation of risk and probability for populations into “certain danger” for individuals
- Focus on physical health rather than mental health
- Blame for certain types of illnesses
- Limited attention to context of healthy living and sex, gender, diversity, equity and determinants of health

## Ten Healthy Living Topics

- ❖ “Stop smoking, eat better, get more exercise and lose weight”... but there is more to healthy living
- ❖ Snapshots of 10 healthy living topics for women: tobacco, alcohol, physical activity, sedentary behaviour, body weight, healthy eating, sodium reduction, food security, injuries and sexual behaviour.
- ❖ Each snapshot includes current rates, sex- specific details, gendered influences, risk factors, critique of measures, and policy implications for one topic area.






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### Sources of Data

- ✓ Canadian Community Health Survey,
- ✓ Canadian Health Measures Survey
- ✓ Canadian Tobacco Use Monitoring Survey
- ✓ Canadian Alcohol and Drug Use Monitoring Survey
- ✓ National Trauma Registry, Comprehensive Dataset
- ✓ General Social Survey-Victimization Cycle
- ✓ Association of Workers Compensation Boards of Canada, National Work Injury Statistics Program (AWCBC - NWISP)
- ✓ Census of Agriculture,
- ✓ Public Health Agency of Canada


### Sex- and Gender-based Analysis of Healthy Living Strategies

- ❖ Sex- and gender-informed discussion on healthy living strategies in Canada at various levels of government.
- ❖ Review of strategy documents plus consultations with policy makers about how gender has been considered in their healthy living strategies.
- ❖ Detailed examination of strategies in some provinces

### Gender-Sensitive Practices, Policies and Programs in Healthy Living

- ❖ Scoping review of research on gender-sensitive promising practices in healthy living.
- ❖ Selected examples of promising practices, policies and programs related to our ten healthy living topics.
- ❖ Recommendations for future directions to advance healthy living in Canada for women.



### What We Have Found:


- A gender lens on healthy living might shift our understanding of, and responses to, the needs of women in Canada.
- Research suggests that women have sex- and gender-specific relationships to healthy living and chronic disease prevention.
- Responses to the issue of healthy living among women in Canada might look different if they incorporate sex, gender, diversity and equity.
- A sex and gender lens would also allow the *Pan-Canadian Healthy Living Strategy* and provincial strategies to address the inequities that prevent healthy living for women.

### The Case of Women and Farm Injuries:


Healthy Living meets Women's Real Lives




### Occupational Injury Are women on our radar?



- ❖ Women's occupational injury rates are converging with men's
- ❖ Overall, women have lower risk of occupational injury, yet have greater risk of specific injuries in various industries
- ❖ Sex-segregation persists, more women in 'light duty' jobs considered to risk. Yet risks are under-estimated, and the evidence is poor.
- ❖ Little is known. Research has mainly studied men, or for women mainly: health service work, reproductive outcomes & psychosocial stressors.
- ❖ Occupational safety programs may be less effective for women because they are based on information about males.
- ❖ More research and attention to biological & sociological mechanisms underlying injury risk needed



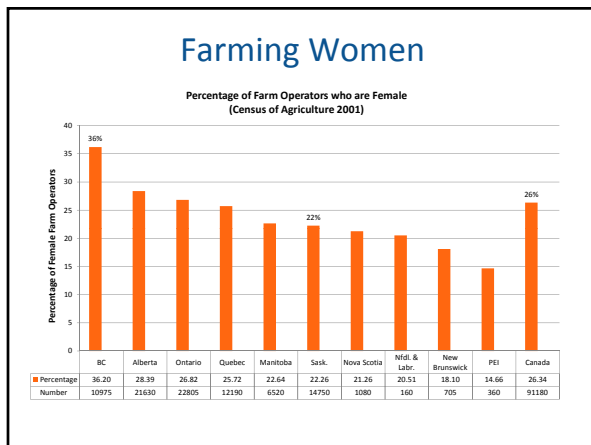
## What are women’s injury risks when doing ‘men’s work’?

- ❖ Sex & gender shape injury risks.
  - ❖ Biology and physiology, work patterns and exposures, psychosocial contexts, leisure and unpaid work interactions, whether workplace safety needs are recognized and acted upon.
- ❖ Women are given more repetitive, menial tasks, increasing risk of repetitive strain injuries, fewer WCB claims by females are approved
- ❖ Ethnic & linguistic minorities—especially females—are over-represented in manual industries where injury risks are high.
- ❖ Young women’s complaints about safety often ignored.



## Farmers & farmers’ families have high injury risks


- **Hazards in physical environment:** tractor roll-overs, falls from heights, livestock & large animal handling, operation of agricultural machinery, heavy lifting, lack of boundary between work, home & play areas, etc.
- **Behavioural, psychosocial, demographic, cultural, regulatory:** hurry, fatigue, stress, sleep loss, sleep medication use, less experience, longer farm work hours, more off-farm work and roles, previous injury/disability, childhood or middle age, male sex, farm culture rejects regulation of safety, etc.



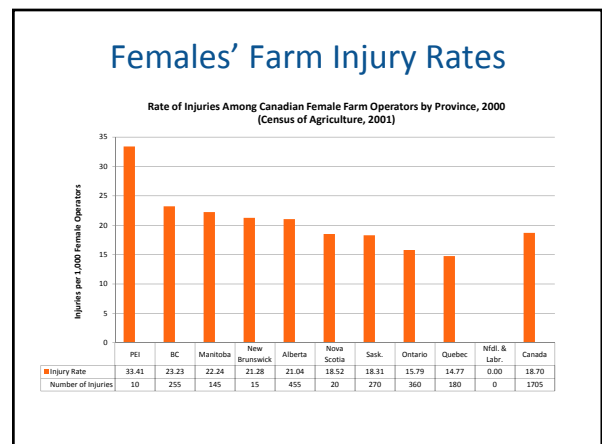
## Women’s farm roles & Implications for injury

- ❖ Roles have changed: From traditional homemaking to similar tasks as males. More daughters enter farm business
- ❖ Roles vary widely: Increase in female sole owner operators, involved in managing, marketing, purchasing, planning
- ❖ Common tasks still: vegetable gardening, care of livestock, milking, errands, assist in harvest, bookkeeping
- ❖ Women more likely to also work off farm
- ❖ Fewer hours spent on farm work
- ❖ Domestic, farm & off-farm work--“third shift” stress
- ❖ Prevention less likely to engage female farm operators because males ID as primary farm operator, females secondary
- ❖ Invisibility of women in farm work means a dearth of targeted safety interventions

## Female Farm Injuries Data & Knowledge



- Availability of Canadian sex-disaggregated surveillance data on farm injuries **decreased** from 2001 to 2006.
- Analyses of farm injuries may be by sex, but often stop with males’ greater risks. Very few studies focus just on women.
- 11% to 45% of all farm related injuries involve women
- One study in Southern US study found:
  - Common causes: contact with a foreign object, falls, and overdoing, lifting or hauling.
  - Risks: working with large animals, working five or more days per week, persistent back pain or weakness in the previous 12 months, driving tractor or hauling goods to market.
  - As women’s roles in agriculture expand, their risks for injury increase.
- Handling livestock and horses are key injury risks for females.
- Stress may have distinct importance for farm females’ injuries.



## Sex & gender influences

- Physiological differences between the sexes may predispose females to injury in farm work.
- Females think more about safety, but appear less knowledgeable, trained, and protected.
  - Young Saskatchewan females were as likely as males to do farm work hazardous for their age and experience, but were not as likely to be required to use protective equipment.
- Females may receive less training in safe tractor/machinery operation because they are not perceived as the main farm operator, it may not be their primary task, or because of assumptions about what women should know.
  - Very few females identified tractor operation as hazardous. Most reported knowing very little or nothing about tractors, though they operate them.
- Health care professionals and women themselves may fail to recognize women's farm injury risks, missing opportunities for prevention.

## Summary

- Although women suffer fewer farm-related injuries than men, the nature of women's farm work is changing, as are their injury risks.
- Women's farm work patterns differ from those of men, requiring an examination of the distinct exposures, risks factors, types of injury, and causes for women.
- Biological and sociological factors should be considered.
- Lack of awareness and attention to farm women compounds women's risks.

Our Health and Safety Policy Is 100% Mistake Free.

## Thank you

Questions or inquiries can be directed to:  
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## The Case of Food Security:

Healthy Living meets Women's Real Lives



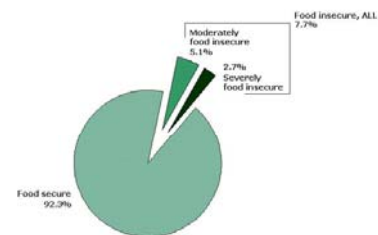
## Food security

Who should get the food?	Everyone/all people
When?	At all times/sustained access
How?	Through normal food channels/not from emergency assistance programs
How much food?	Enough/enough for a healthy active life
What kind of food?	Safe and nutritious Culturally appropriate

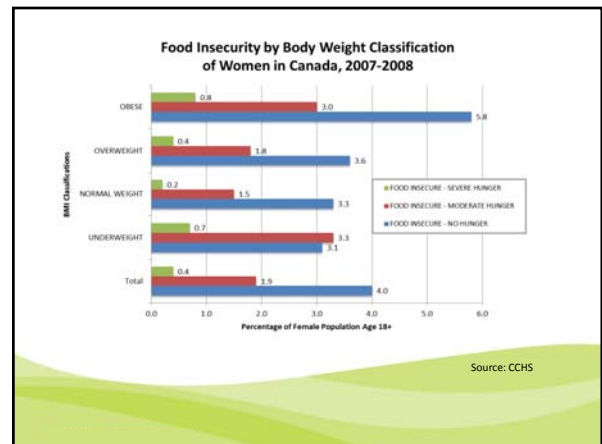
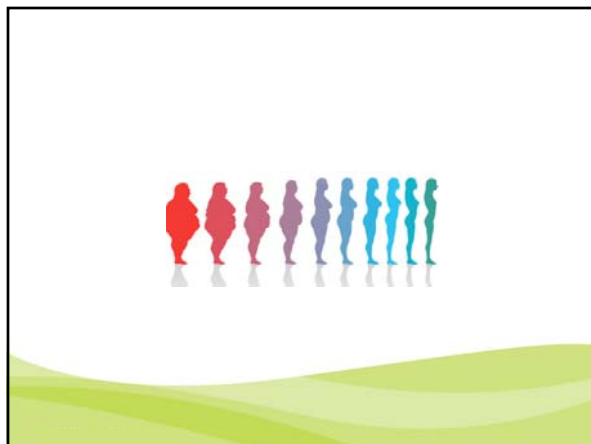
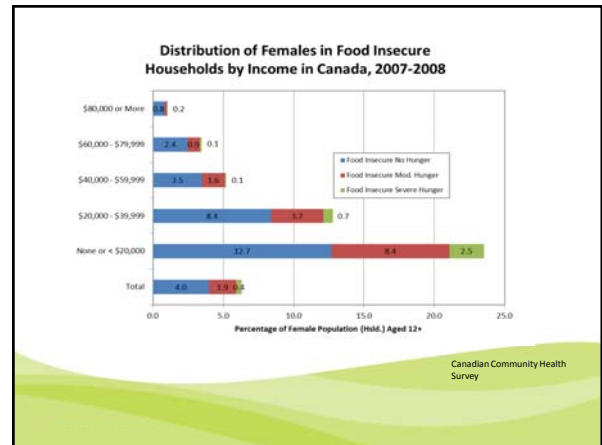
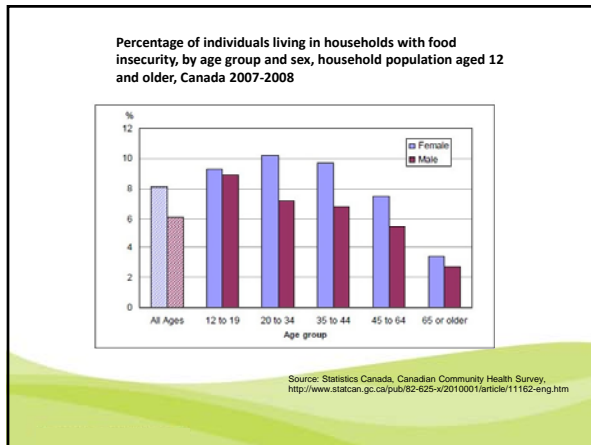
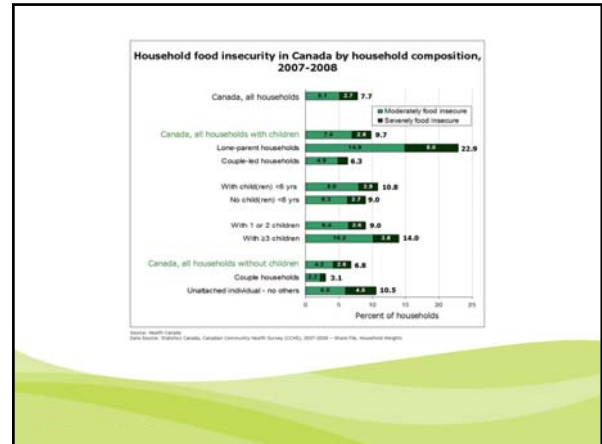
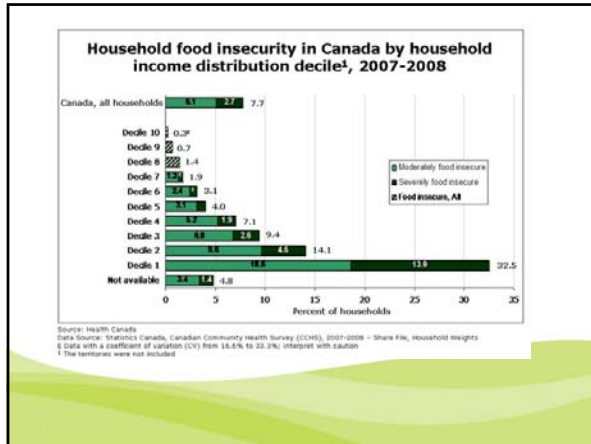


Category Labels	Food Security Status	
	10-Item Adult Food Security Scale	8-Item Child Food Security Scale
Food Secure	No, or one, indication of difficulty with income-related food access 0 or 1 affirmed responses	No, or one, indication of difficulty with income-related food access 0 or 1 affirmed responses
Food Insecure, Moderate	Indication of compromise in quality and/or quantity of food consumed 2 to 3 affirmed responses	Indication of compromise in quality and/or quantity of food consumed 2 to 4 affirmed responses
Food Insecure, Severe	Indication of reduced food intake and restricted eating patterns 3 or 4 affirmed responses	Indication of reduced food intake and restricted eating patterns 3 or 4 affirmed responses

Household food insecurity in Canada, 2007-2008



Source: Health Canada  
 Data Source: Statistics Canada, Canadian Community Health Survey (CCHS), 2007-2008 - Share File, Household Weights



And I find, with the weight issue, it fluctuates because sometimes you don't have the proper meal to eat? And you're eatin' just whatever you can eat. And so you're just puttin' all this weight on? Then you start havin' health problems. ... because certain things are just not balanced the way they're supposed to balance. And so, you um, have a hard time tryin' to prepare proper meals. And then before you know it, you startin' to worry about ... different things. And it, and it always goes back to, are you gonna have enough food on the table?

– Focus Group, NS

**Thank you**

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