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Health Canada's Gender-based Analysis Policy



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Health Canada is committed to the implementation of gender-based analysis throughout the department. This approach to developing policies, programs and legislation will help us secure the best possible health for the women and men and the girls and boys of Canada.

This booklet has been prepared by the Women's Health Bureau to introduce you to the concept of gender-based analysis (GBA). It looks at the issue of gender equality in health and explains why Health Canada is adopting GBA. It defines GBA and outlines some of the implications for managers and staff.

This introductory material will help branches work with the Women's Health Bureau in implementing GBA. It is supported by in-depth training sessions and a detailed "how-to" manual with modules specific to policy, program and research staff.

Our mission is to help the people of Canada
maintain and improve their health.

Health Canada

Également offert en français sous le titre *La politique de Santé Canada
en matière d'analyse comparative entre les sexes*

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This publication is also available on the Internet at the following
address: <http://www.hc-sc.gc.ca/women>

This publication can also be made available in/on computer
diskette/large print/audio-cassette/braille upon request.

Published by authority of the Minister of Health

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Minister of Public Works and Government Services Canada, 2000

Cat. H34-110/2000E-IN
ISBN 0-662-29303-7

What is gender-based analysis?

Gender-based analysis (GBA) is an analytical tool. It uses sex and gender¹ as an organizing principle or a way of conceptualizing information—as a way of looking at the world. It helps to bring forth and clarify the differences between women and men, the nature of their social relationships, and their different social realities, life expectations and economic circumstances. It identifies how these conditions affect women's and men's health status and their access to, and interaction with, the health care system.

GBA provides a framework for analysing and developing policies, programs and legislation, and for conducting research and data collection—a framework that recognizes that women and men are not all the same. The GBA framework should be overlaid with a *diversity analysis* that considers factors such as race, ethnicity, level of ability and sexual orientation.

GBA example – Clinical Trials Policy

Before a new drug is approved, manufacturers must provide scientific assurance that the drug is safe and effective for the population likely to use it. They do so by conducting clinical trials.

Historically, trials tended to be conducted on men only. Women were excluded to avoid both risks and research complications related to their reproductive biology, including hormonal variations and pregnancy. This inherent methodological bias nonetheless placed women at risk because findings derived from trials involving only men were then generalized to women.

The application of GBA to a health protection measure such as the approval of new drugs revealed a gender bias and challenged the scientific validity of findings. As a result, Health Canada's policy now requires the inclusion of both sexes in clinical trials, unless the drug is intended only for one or the other sex. GBA thus provides for better science and, ultimately, for better and safer treatment for women.

¹ Sex refers to biological differences between women and men while gender refers to their social differences. See Appendix for definitions of sex and gender. For the purposes of this document, GBA will be taken to mean sex- and gender-based analysis.

GBA is a systematic process that takes place throughout the course of a given activity, whether it is the analysis or development of policy, programs, research or legislation. As it becomes standard practice to integrate GBA into our work, from beginning to end, gender-based analysis will become inherent to our way of thinking as Health Canada employees.

GBA performs the challenge function that is essential to sound policies and programs. It challenges the assumption that everyone is affected in the same way by policies, programs, and legislation, or that health issues such as causes, effects and service delivery are unaffected by gender. It probes concepts, arguments and language used, and makes underlying assumptions and values transparent and explicit. Where these are revealed to be biased or discriminatory, GBA points the way to more equitable, inclusive options.

The development of effective home care programs requires gender-related information about those being cared for (husband, wife, daughter, son, relative, others), those providing formal and informal home care and their relationship to the person being cared for, as well as the immediate and long-term economic and social costs of providing that service. Currently, no precise data are available on the nature and extent of informal home care (i.e. care provided by family members at home), nor on the links between service demand and current health reform, such as the transfer of health care to the home or community. Detailed, sex-disaggregated data on formal care are also not available.

GBA is evidence-based. It is informed by data and knowledge gathered from research and through consultation with diverse groups of women and men.

The Federal Government and Gender Equality

The Government of Canada is committed to gender equality. Women and men, girls and boys, should benefit equally from the same rights and social status. “To benefit equally” means that gender equality is rooted in *results*, not merely in providing the *opportunities* for achieving results. Canada’s position on gender equality is enshrined in the *Canadian Charter of Rights and Freedoms* and in international and domestic documents.

To safeguard equality rights, the government has adopted a policy of GBA, stated in its 1995 *Federal Plan for Gender Equality*:

The federal government is committed through the Federal Plan to ensuring that all future legislation and policies include, where appropriate, an analysis of the potential for different impacts on women and men. Individual departments will be responsible

for determining which legislation or policies have the potential to affect women and men differentially and are, therefore, appropriate for a consistent application of a gender lens (p. 17) [and] ... will assume responsibility for undertaking gender-based analysis as appropriate within their operational spheres of activity. (p. 18)

Health Canada formalized this responsibility in March 1999 with the adoption of *Health Canada’s Women’s Health Strategy* which engages the department in the systematic application of GBA in all its substantive work.

The Women’s Health Bureau is mandated to promote, coordinate, monitor and evaluate the implementation of a systematic GBA process throughout the department and to report twice yearly to the Departmental Executive Committee (DEC) on progress in implementing the *Women’s Health Strategy*, including the GBA initiative. For a description of the bureau’s role, see p 9.

Health Canada and Gender Equality

Health Canada's mission is to help the people of Canada maintain and improve their health. Central to this mission is equal access to, and benefits from, the health system for all Canadians.

The *Women's Health Strategy* states:

In keeping with the commitment in the Federal Plan for Gender Equality, Health Canada will, as a matter of standard practice, apply gender-based analysis to programs and policies in the areas of health system modernization, population health, risk management, direct services and research. (p. 21)

Health Canada's "determinants approach" to health affirms that physical, social, economic and cultural factors influence health and Canadians' access to, and benefits from, the health system. Health Canada includes gender among the 12 determinants of health that

Health policies and programs often perpetuate gender stereotypes and fail to consider socio-economic disparities and other differences among women and may not fully take account of the lack of autonomy of women regarding health. Women's health is also affected by gender bias in the health system and by the provision of inadequate and inappropriate services to women.

Report of the United Nations Fourth World Conference on Women, Beijing, 1995, p. 37

it recognizes. In doing so, the department supports gender equality in the health system.

The "population health" approach adopted by Health Canada is also integral to the pursuit of gender equality. This approach calls for a focus on sub-groups of the population rather than on individuals — women and men being the two main population sub-groups.

Health Canada recognizes that imbalances in the health system have been detrimental to women's health. It has taken specific initiatives to make the health system more responsive

to the health needs of women. These measures include: the establishment of the Women's Health Bureau in 1993, the funding of five Centres of Excellence for Women's Health in 1996, the adoption of the Clinical Trials Policy in 1996; and the public release of *Health Canada's Women's Health Strategy* in 1999.

Health Canada's policy to implement GBA in all its substantive work takes this commitment to gender equality one step further. It gives us a tool for examining and assessing the links between gender and health and between gender and other health determinants.

Why implement GBA in Health Canada?

- GBA fulfils the Government of Canada's domestic and international commitments to equality between women and men.
- Gender equality is essential to health as defined by the World Health Organisation (WHO):

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

- GBA helps to actualize Health Canada's mandate to ensure equal access to, and benefits from, the health system for *all* Canadians.
- GBA is essential to understanding and applying health determinants theory because it explores the relationship between gender and the other determinants of health and how this relationship mediates health and the use of health services.
- GBA makes for good science and sound evidence by ensuring that biological and social differences between women and men are brought into the foreground.

- Good science makes for good policy. Together they lead to better health for all Canadians.
- Good policy safeguards human rights and Canada's commitments to ensuring that Canadians are served by the best possible health policies, programs and services. Good policy is particularly critical in a period of health system renewal.

A gender perspective is essential to health policy because it:

- *recognises the need for the full participation of women and men in decision-making*
- *gives equal weight to the knowledge, values and experiences of women and men*
- *ensures that both women and men identify their health needs and priorities, and acknowledges that certain health problems are unique to, or have more serious implications, for men or women*
- *leads to a better understanding of the causes of ill health*
- *results in more effective interventions to improve health*
- *contributes to the attainment of greater equity in health and health care.*

Health 21: The Health for All Policy Framework for the WHO European Region, p. 32

What is Health Canada's GBA policy?

To implement GBA means that Health Canada fully integrates gender into its day-to-day planning and operations.

Implementing the GBA policy implies both concrete actions and tangible mechanisms to deliver on our commitments.

Health Canada's Women's Health Strategy, requires that:

1. GBA be applied to policies and programs in the areas of health system modernization, population health, risk management, direct services and research.
2. Tools, methods and training material be developed to assist in implementing these gender impact assessments across the department and that senior managers be oriented to the requirements of GBA.
3. Women's health issues be taken into consideration in the annual planning exercises of the department, including the development of Business Lines.
4. A gender perspective informs Health Canada's approach to ethical issues and that consideration be given to those of particular concern to women.
5. The inclusion of gender considerations and differential impacts be one of the criteria when assessing research and demonstration proposals for which Health Canada funding is being sought.
6. A plan be developed to mobilize interdepartmental collaboration in identifying objectives and initiatives that will address socio-economic issues related to health.
7. Gender analysis of Health Canada's legal work, including legal advice, litigation, legal policy and legislation, be carried out by the Legal Services Unit, supported by the unit's gender equality specialist designated by Justice Canada.

The DEC has endorsed the establishment of mechanisms to ensure that GBA is fully integrated into the work of the department. These are:

1. Gender-based analysis specialists at the branch level
2. Annual branch Gender Plans
3. Branch Women's Health Networks
4. GBA performance indicators, in support of the Departmental Performance Report, the Health Report card and the bi-annual report to the DEC.

Who is responsible for GBA?

The Women's Health Bureau, the branches and the departmental executive are responsible for the implementation of GBA.

The Women's Health Bureau is responsible for:

- developing analytical tools
- developing and delivering GBA training
- equipping GBA specialists in the branches with knowledge and skills to support GBA in their branches
- developing indicators of performance
- developing indicators of health status and health services utilization
- providing consultation on policy and program development and in research
- promoting a challenge function
- monitoring and reporting on progress on the implementation of *Health Canada's Women's Health Strategy*.

Responsibility for pursuing gender equality must be broadly shared by all actors, both men and women. Within institutions and organisations, this requires a shift from seeing gender equality as the responsibility of a small group of specialist staff, mostly female social scientists, to identifying the responsibilities of policy analysts, planners, managers, and programme staff—including economists and technicians.

Gender Equality: Moving Toward Sustainable, People-centred Development, Organisation for Economic Co-operation and Development, p. 30

Senior management provides leadership by:

- understanding GBA, its principles and *modus operandi*
- supporting employees and resource requirements for the implementation of GBA, including branch GBA specialists, training time and analytical time
- supporting the operation of branch Women's Health Networks
- being accountable for annual branch plans for gender equality

- ensuring that gender equality is integrated into the planning process
- establishing accountability mechanisms and processes at the employee, branch and departmental level, and reporting on progress
- ensuring that broad policy frameworks are consistent with the pursuit of gender equality.
- familiarizing themselves with available GBA tools and training materials
- developing GBA skills, applying them and seeking consultation when necessary
- identifying gender equality issues and proposing remedies to inequality in the areas of policy and program development or implementation, research, funding, data collection, surveillance, regulatory activities, health promotion, disease prevention, services to First Nations and Inuit, consultations or communication plans.

Employees contribute to the implementation of GBA by:

- attending professional development seminars and training on GBA relating to the substantive work of the department

What is the relationship between *women's equality* and *gender equality*?

When public policy began to focus on women's equality in the early 1970s, it adopted a discourse and language that focussed, quite naturally, on women. Policies aimed to recognize women's rights. Programs made a proactive effort to identify and to meet women's needs, as in the case of pay equity or initiatives to prevent sexual assault. Work for the equality of women was informed by a woman-centred analysis.

Regarding women's health, policy analysts and advocates argued that women's health is determined not only by their reproductive functions, but also by biological characteristics that differ from those of men (sex), **and** by socially determined roles and relationships (gender). They drew attention to the need to understand more fully how biological and social factors interact with other

determinants to affect health status. They called into question the use of men's bodies as the norm by which most health research and treatment options have been measured. They advocated for an approach to women's health that goes beyond a narrow focus on their reproductive, maternal and child care roles. Their approach to analysing women's health issues—by taking into account their unique experiences *as women*—has helped to reveal gender inequality in the health system and in society more broadly.

Recognition that women had been disadvantaged as compared to men, and often because of men's preferred status and advantages, had always been at the heart of the movement for women's equality. Hence, by the early 1990s, this relational notion began to be expressed by the term *gender equality* and to appear in international instruments and in public policy discourse. This evolution in language represented far more accurately the conceptual underpinnings of women's equality—that is,

the relational notion implying an association between women and men. It also influenced the naming of the analytical process used in women's equality work, and led to the term "gender-based analysis" as we now know it.

The impetus for GBA has come largely from calls for greater attention to the specific implications for women of public policies and programs, especially in the context of women's unequal status in society. As a methodology and analytical approach, however, GBA benefits both sexes because it illuminates and clarifies the meanings of particular phenomena for both men and women. It examines and clarifies the potential for differential impact of policies, programs, legislation or therapeutic agents on women and men, and proposes options that reduce disadvantage and lead toward equality.

Gender-based analysis in health seeks to understand how gender and gender biases in society and in the health care system affect the health

of women and men. It points to the need to correct past inequities² either for women or for men—though historically, it is women who have tended to be disadvantaged.

These past inequities have led to women's health issues being neglected, under-funded and misunderstood. These gaps must be filled. Thus, to catch up, extra attention must be given to female-specific programs and policies. Hence, for example, the establishment of the Centres of Excellence for Women's Health, the Women and Tobacco program of the early 1990s, the Laboratory Centre for Disease Control (LCDC) report, *Women's Health Surveillance: A Plan of Action for Health Canada*, the revisions to the Clinical Trials Policy, and other initiatives.

Until these historical inequities are corrected, Health Canada is committed to the pursuit of two mutually reinforcing tracks: one centred on women, the other on gender differences. In March 1999, at the 43rd Session of the UN Commission on the Status of Women, member states

² Such issues are described in detail in the literature and are summarized in documents such as *Health Canada's Women's Health Strategy* and *CIHR 2000: Sex, Gender and Women's Health* by Dr. Lorraine Greaves, Executive Director of the BC Centre of Excellence for Women's Health.

called for governments to adopt this two-pronged approach, endorsed by the UN General Assembly on April 1, 1999:

...continue to take steps to ensure that the integration of a gender perspective in the mainstream of all government activities is part of a

dual and complementary strategy to achieve gender equality. This includes a continuing need for targeted priorities, policies, programmes and positive action measures [for women].

Agreed Conclusions on Institutional Mechanisms

Defining the terms

SEX refers to the biological differences between females and males. The health sector has focussed largely on reproductive differences, particularly maternity, but physical distinctions between females and males shape a much broader range of health issues. The health sector is slowly recognizing the extent of anatomical and physiological differences and incorporating them into science and treatment. Reliance on male standards is being questioned, for example in recognizing and treating heart disease and in understanding the different effects of anaesthetics on women and men, girls and boys.

GENDER refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. Gender is relational—gender roles and characteristics do not exist in isolation, but are defined in relation to one

another and through the relationships between women and men, girls and boys.

Gender roles and responsibilities are rarely evenly balanced in any society. Women and men generally do not have equal access to resources such as money, information, power and influence. Generally, what is perceived to be masculine is assigned higher value and accorded greater social and economic rewards. For example, construction and garbage collection, traditionally male jobs, receive far more remuneration than traditionally female jobs such as child care, secretarial work and nursing. Thus, gender is the root of a power imbalance that favours males in most societies.

Gender relations are embedded in societal institutions such as the family, schools, workplaces and governments. They shape social systems and organisations, including the health system, and are supported by values, rules, resource allocation and routine activities.

“Gendered” norms shape the nature of health issues and influence the health system’s practices and priorities. For example, women are more likely to assume responsibility for home care and are more at risk of depression than men. Men, on the other hand, experience higher rates of accidents and injuries. Typically, the health system has addressed these issues without taking into account their gendered nature. Doing so will improve the health of both populations.

GENDER EQUITY is the process of being fair to women and men, girls and boys. To ensure fairness, measures must often be taken to compensate for historical and social disadvantages that prevent women and men, girls and boys from otherwise operating on a level playing field. Treating everyone identically can perpetuate rather than remedy inequality. The guiding principle of gender equity is to create equal outcomes for women and men, girls and boys.

GENDER EQUALITY

means that women and men, girls and boys enjoy the same status in society. Gender equality means that they all equally realize their full human rights and potential to contribute to national, political, economic, social, personal and cultural development, and to benefit equally from them, regardless of their gender.

The concept of gender equality recognizes that despite equality in the law—*de jure equality*—structural and systemic discrimination continue to result in the perpetuation of unequal treatment and access to opportunities based on an individual’s sex. Achieving actual equality—*de facto equality*—requires measures to correct historical imbalances, to eliminate discrimination and exclusion, and to ensure that equality and inclusion are built into the design and implementation of services, supports, funding allocations, programs, policies and legislation.

Gender equality ultimately means that society values equally the similarities and differences between women and men, girls and boys and the varying roles they play.

GENDER BIAS is the root of gender inequalities and falls into three broad problem types³: **Over-generalization**—adopting the perspective or experience of one sex and applying it to both sexes;

Gender Insensitivity — ignoring sex and gender as important variables; and **Double Standards** —assessing the same or essentially the same situation, trait or behaviour differently on the basis of sex.

³ This typology was developed by Dr. Margrit Eichler and is outlined in greater detail in Health Canada's training guide on gender equality: *Moving Toward Equality: Improving the Health of Canada's People, Recognising and Eliminating Gender Bias in Health*.

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