Special Issue Editor's Introduction

Toba Bryant, University of Toronto Scarborough

Women’s health is multidimensional and involves a myriad of physical, emotional, and social issues. While women’s health is clearly influenced by broader social, economic and political forces, this broader context has generally been neglected. The traditional focus tends to be on lifestyle or behavioural change to reduce physiological risk factors for a host of afflictions such as cardiovascular disease, Type 2 diabetes, and cancers, among others. Lifestyle change is advocated to improve the health of populations. This has contributed to medicalizing—and pathologizing—women’s health, and in particular natural phases in women’s lives such as the onset of menopause and associated issues such as loss of bone density. It also leads to the individualizing of issues surrendering the responsibility for health to individual women and their physicians. The emphasis on behavioural changes and health care interventions neglects how public policy influences the health of women. This special issue on women’s health and public policy examines women’s health issues in a broader political, social and economic context, thereby attempting to shift the paradigm in women’s health.

This special issue has a number of aims. One aim is to highlight some of the forces that shape women’s health outcomes. Among these forces are the social determinants of health (SDOH) which are the conditions in which women live and work, such as income, housing, education, and employment, among others. Research has shown that these determinants have a much greater impact on the health of women than traditional emphases (Bryant, 2009a; Lynch et al., 2001; Shaw, Dorling & Davey Smith, 1999). Related to this is the exploration of how social locations such as race and class interact with gender to shape health outcomes. This special issue aims to direct attention to the impact of gender, race and other social locations on health, and also to broader social, political and economic forces that influence and constrain women’s health and their opportunities for achieving health.

Another aim is to stimulate discussion on public policies that would promote women’s health and help reduce the social and economic marginalization of women. Public policy is critically important in improving opportunities for health for women. Many different populations of women experience barriers to employment, housing, and education opportunities, among others (Armstrong & Armstrong, 2003; Bryant, 2009b; Galabuzi, 2005). This is particularly the case for female lone-parents, women with disabilities, or members of racialized populations, among others. These different social locations can lead to social exclusion and poor health. It is therefore important that this...
journal provides a forum to discuss these broader forces that shape women’s health, such as the social determinants of health (i.e. living and working conditions), the extent of the welfare state, and public policy. Indeed, the health and well-being of women are intricately tied to the supports, benefits, and social and health programs that are provided by governments.

In Canada, and other countries that have shown welfare state retrenchment, governments have created public policies that serve to reduce the provision of supports for health. This has resulted in growing social and health inequalities among women. This is less so in countries such as Sweden and other Northern European countries that have historically invested more into the social and health infrastructure. Not surprisingly, these nations generally perform better on measures of population health as compared to Canada, and much better than the United States.

Finally, any concern with women’s urban health issues must direct attention to the reality that cities are platforms for the uneven distribution of resources and opportunities for health (Fitzpatrick & LaGory, 2003), and that public policies must be developed to address these issues.

All of the contributors to this special issue examine important health issues for women. They also highlight potential public policy responses to address these issues. Gender emerges as a key determinant of women’s health that interacts with other social determinants to result in the social and economic marginalization of women.

Maureen Baker examines the design of national social programs for sickness, injury and unemployment in Canada and New Zealand, and identifies the differences in gendered health outcomes that result between the two countries. Baker tests Sainsbury’s contention that many countries developed ‘dual welfare states’ with benefits divided along gender lines based on participation in the labour market and employment earnings (Sainsbury, 1993). As a result women receive lower benefits than men since women’s relationship with the labour market is often shaped by child care and other family care responsibilities. Dr. Baker’s analysis suggests that underlying social programs, even in similar welfare regimes, are varying assumptions about gender, family, and the role of the state.

Natasha Jategaonkar and Pamela Ponic discuss housing and violence as key social determinants of women’s health. Violence often leads to women experiencing housing instability and homelessness. Specifically, they discuss the interrelationships among women’s health, experiences of violence, and access to housing. Using feminist participatory action and Photovoice research project, they identify the barriers to housing experienced by women leaving violent relationships.
Elizabeth McGibbon and Charmaine McPherson explore the contributions of combining feminist intersectionality theory with complexity theory to address inequities in the social determinants of women’s health. They consider how combining these theories can enhance our understanding of social and economic marginalization of women, and inform public policy to address this important issue.

Jyotsana Shukla discusses the social determinants of Indian women’s health. In particular, Shukla highlights the social and economic disadvantage experienced by women and girls in India in access to health care services, education, and employment. She examines how the social locations of gender, class, and geographic location interact with these social determinants to shape health. A central theme explored in the article is the strong relationship between empowerment of women and improving the health of women in developing economies.

Pat Armstrong, Hugh Armstrong and colleagues provide the results of a study that examined violence against personal support workers in Canada and four Nordic countries. The authors consider how high illness and injury rates in health care can be understood as the result of care work. They also explore the degree to which these outcomes can be understood as indicators of structural violence that are a result of the political economy of a jurisdiction. Their comparison with care workers in similar facilities in four Nordic European countries demonstrates that the violence experienced by personal support workers is not inevitable.

Thus, all of the articles in this special issue address key themes in urban women’s health. The authors apply a political economy perspective to explain the social and economic marginalization of women and the impact on women’s health. They identify public policy responses that recognize the important role governments can play in influencing and improving the health of women. It is hoped that these articles will help stimulate further discussion on these issues among various sectors and stimulate public policy action that will promote the health of women and girls in both the developed and developing worlds.

REFERENCES


Toba Bryant
January, 2011