General Editor’s Introduction
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This issue marks my inaugural issue as editor of this journal. I follow our preeminent founding editor, Dr. Aysan Sev’er. I thank Dr. Sev’er for developing this journal and for her commitment to publishing critical, feminist social science research on women’s health issues.

I have assumed the role of editor at a very difficult time. I hope not to preside over the demise of this important journal on women’s health issues. As many of you will know by now, the Social Sciences and Humanities Council (SSHRC) discontinued its journal program which funded this journal for a number of years. We have been in discussions with a journal publisher and hope to finalize arrangements with them in the coming months. When this happens we will publish the next issue in May 2014. In spite of these difficult times, I am honoured that Dr. Sev’er has entrusted her journal to me and hope to continue as general editor for the foreseeable future. As noted, I am committed to finding a publisher for this journal should these arrangements not work out.

On another sad note, this issue acknowledges the passing of Dr. Ann Sorenson, a dedicated member of the editorial board for Women’s Health and Urban Life. Dr. Sorenson died earlier this year. She and her contributions to this journal will be much missed.

In this issue, four articles explore different analytic frameworks for understanding women’s health and mental health issues with two of these examining potential roles for midwifery in two countries. In the first article, Sylvia Reitmanova and Denise Spitzer discuss how sex and gender shape health outcomes. They argue for the application of gender analysis in health research, specifically in the examination of tuberculosis in visible minority women. Much health research uses sex-disaggregated data, but fails to move beyond these surface data to understand underlying differences between men and women and between specific populations of women. Gender analysis helps ensure that the experiences and health of marginalized populations of women are
reflected in current policies and practices to control the spread of disease and promote the health and well-being of all women.

In the second article, Nadya Burton and Nicole Bennett examine the work of a group of midwives who provide care to women without health insurance in the province of Ontario, Canada. Through in-depth interviews with midwives, they examine how these midwives support their uninsured clients. Their research considers how midwives manage the complex issues that uninsured women and their care providers face and how economic considerations shape the decision-making process when assessing birthing options.

The third article by Dr. Costanza Torri examines the potential role of traditional midwives (comadronas) in the prevention of HIV/AIDS in Guatemala. Guatemala represents almost one-sixth of HIV/AIDS infections in Central America and risks having a major HIV/AIDS epidemic. There is particular concern about the rapid spread of HIV/AIDS among women. Dr. Torri explores the potential role of comadronas in community-based HIV/AIDS and other STD prevention programs for the indigenous population in Guatemala. Her research examines the challenges to involving comadronas in prevention activities, and identifies initiatives that health services and non-government organizations can undertake to foster inclusive community health prevention programs on HIV/AIDS.

In the final article, Elizabeth McGibbon and Charmaine McPherson examine women’s mental health through an intersectionality lens. Specifically, they argue that such a lens can help identify and explain the root causes of women’s mental health issues. In particular, they note that women’s experience of oppressions such as racism, misogyny, and the unjust policies that create and sustain poverty have implications for women’s health and well-being throughout their lives.

These articles address issues that continue important discussions on women’s health and mental health. They show how women’s health and mental health are intertwined. These are discussions that must continue in order to identify policies and practices that are responsive to women, especially socially and economically marginalized populations of women, in the developed and developing world.