

## GUEST EDITORIAL

# Women's Health

Anita J. Gagnon

This is an exciting time to be conducting research in Canada, especially in the area of women's health. The social significance of women's health and its relevance as a field of inquiry have increased tremendously in recent years. A variety of research methodologies are becoming more widely accepted and few topics are now taboo. In addition, support is available to researchers in women's health through a range of mechanisms, including, most importantly in this country, the newly created Canadian Institutes of Health Research (CIHR).

The articles published here represent various facets of women's health research both in terms of subject matter and in terms of methodology employed. Dr. Stewart and her colleagues set the stage by providing us with an overview of current research priorities related to gender and health. Her position as Director of the CIHR's Institute of Gender and Health affords her a particularly clear vantage point from which to discuss the key research themes of our times in terms of women's health.

Dr. Arthur and her colleagues describe a participatory action research study designed to develop and implement a community-based support group for women living with heart disease. This study goes beyond testing an intervention that might have been developed for men and subsequently applied to women; it adds to our knowledge of the experiences of women by describing an intervention that *emanates* from women's perspectives.

Dr. Loiselle and her colleagues describe women's perceptions of breastfeeding information and support received from hospital- and community-based health professionals in a multiethnic community, based on a telephone survey of Canadian-born and immigrant women. This paper informs nursing practice both in terms of new knowledge required to care for families originating from a greater number and variety of countries for immigrants to Canada and as postpartum care provided between hospital and home are continuously being redefined.

The abortion experience is a relatively understudied area of women's health. Dr. McIntyre and her colleagues advance our knowledge of this area by describing a hermeneutic phenomenological study of the experience of living with the decision to have an abortion, and of the meanings abortion generates in the context of women's lives.

Abuse affects the lives and health of millions of women worldwide. Dr. Tiwari and her colleagues add greatly to our understanding of how Chinese women living in Hong Kong respond to battering. The combined research methodology these investigators used is one not frequently seen in the health field — narrative inquiry drawn from stories published by a service-providing agency. The experiences of the women, and particularly the resilience and resourcefulness they demonstrated, provide evidence of the universality of battering and women's response to it.

Finally, Dr. Heaman describes research strategies to be used with vulnerable women, including visible minorities and other marginalized groups. This paper offers us suggestions for practical research approaches which will permit us to respond to the women's health research priorities of our time, as initially set out in the Discourse.

The variety of topics of inquiry and methodologies employed in women's health research, as evidenced in this issue of the Journal, is vast. Certain topics relevant to women are notably absent, including sexuality, lesbian health, and female cancer care. Although space limitations restrict the number of articles that can be published in each issue, I believe the absence of such inquiry from these pages is more likely reflective of the relatively smaller amount of research and resulting manuscript development being done in those areas and may suggest a need for more research focusing on them. The richness of women's health as a field of research, and the variety of types of investigations being conducted, are, however, well reflected in this volume.

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