Happenings

Researching the Social Determinants of Women's Health

Shirley M. Solberg

One of the objectives of Heath Canada's (1999) *Women's Health Strategy* was to increase our knowledge and understanding of women's health and women's health needs. The introduction to that document acknowledges the fact that we need to pay special attention to women's social and economic circumstances and how these are linked to women's health. Researchers have taken that need seriously and we are beginning to build a solid base of knowledge on social and economic determinants as well as other determinants of women's health that have been identified (Raphael, 2004). Teams of researchers have come together to strive towards this important objective. A number of key initiatives in Atlantic Canada have contributed to the knowledge base thus far.

Below, I will describe a large-scale project funded by the Social Sciences and Humanities Research Council and the Natural Sciences and Engineering Research Council, with additional funding from the participating universities and other partners. The project was carried out under the Major Collaborative Research Initiative Program (MCRI) and one of its objectives was to increase our understanding of the social determinants of women's health in coastal communities in the province of Newfoundland and Labrador. The present research developed out of an interdisciplinary project on sustainability in coastal communities; one of the findings of that work was the gendered nature of the effects of change on people in these communities.

The Coasts under Stress Project

The MCRI fosters the collaboration and integration of different researchers and research methodologies such that the research findings will make a major contribution to the country's society as well as its scholarship. The research supported by the MCRI is considered "leading edge."

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Our project, Coasts under Stress (http://www.coastsunder stress,ca/), was a partnership between researchers on Canada's east and west coasts, with Memorial University of Newfoundland serving as the leading institution on the east coast and the University of Victoria on the west coast. We represented a wide variety of disciplines from the natural, social, and health sciences and the humanities. These included anthropology, biology, community health, earth sciences, economics, education, ethnobotany, fishery sciences, geography, history, ocean sciences, nursing, and women's studies. We formed partnerships with governments, businesses, non-governmental organizations, and First Nation groups, and we worked with people in the communities where the research was carried out. Training was an important component of the research, with many master's and doctoral students completing their research within the program.

The overarching question we chose to examine was: *What environmental changes (e.g., over-fishing) have interacted with social changes (e.g., industrial restructuring, health reform, the new global economy) to affect human and environmental health and well-being in coastal communities?* In addressing this question we were committed to a gender-based analysis that would allow us to look at differential effects on women and men living in selected coastal communities. Some of the work focused solely on women and their lives, as the group included a number of feminist researchers. This approach allowed us to examine in some depth the effects of various social determinants on women's health.

We used the metaphor of a sea star as our organizational framework. We formed five groups or clusters of researchers, representing the five arms of the sea star. Each cluster dealt with a different thematic aspect of restructuring and addressed specific questions. Most of the work described below was carried out within the cluster on human health, of which women's health was an important subset. Regular team meetings on both coasts and strategically placed bicoastal meetings throughout the life of the project served to facilitate the integration and coherence of the project, as well as allowing us to meet our overall goal and to provide some answers to our complex research question.

The Social Determinants of Women's Health

The research has contributed greatly to our understanding of both environmental and human health in coastal communities, and in particular some of the determinants of women's health. I will highlight some of what we learned, categorized by selected determinants found in the literature (e.g., Federal, Provincial, and Territorial Advisory Committee on Population Health, 1994; Raphael, 2004; Wilkinson & Marmot, 2003).

As part of the human health component, in the autumn of 2004 I surveyed 1,090 women in households in six different communities in northern Newfoundland. We also interviewed women in other areas of the province. As a follow-up to the survey, in the spring of 2005 I held public presentations and discussions in the communities. Following are some of the findings from the survey and discussions.

Income and its distribution. Restructuring has served to reduce the number of jobs in some of the coastal communities. As a result, household income and women's income are more limited. This has led to a more unequal distribution of wealth within the communities as fewer women are employed in key industries.

Employment and working conditions. In many coastal communities employment is precarious, seasonal, and uncertain. Women work in occupations with significant occupational health problems, such as shellfish asthma and work-related musculoskeletal disorders, and have few alternative choices should they develop a job-related health problem.

Social safety net. One of the main social safety nets we examined, given our research interest, was employment insurance. In communities where resource industries are threatened and service industries have short seasons, women experience difficulty securing employment insurance.

Education. There are few programs for women to retrain or pursue continuing education in smaller coastal communities. The women said they would like to develop new skill sets in order to seek alternative employment, but opportunities are limited.

Food security. A detailed look at women's food-consumption patterns in households over the past decades reveals some positive changes: lower consumption of saturated fats and salt beef and fish; higher consumption of milk. Consumption of fresh fruit has not changed appreciably. In some of the communities, food security is negatively affected by issues of availability and the high cost of fruit and meat.

Social environment. Out-migration from coastal communities is having an impact on the women left behind. Younger women are expected to take on more caretaking responsibilities, while many older women have lost the family support they need to maintain their households and to access services.

Physical environment. Women are concerned about changes to the physical environment and the decrease in job opportunities as a result of environmental degradation. They are concerned for themselves, their children, and the environmental health of their communities. Three quarters of the

women surveyed voiced uncertainty about the future of their particular community.

Healthy child development. Women worry about their children having to bus long distances to attend school when the local school is closed due to restructuring of the education system. They are also concerned about bus schedules preventing their children from taking part in extracurricular activities, which contribute to child development.

Personal health and coping skills. Almost one quarter of the women rated their personal health as poor or fair. Many of the women found life stressful and believed the level of stress had increased from the previous year. Employment and financial conditions were a major source of stress. A number of the women were trying to make positive changes in their health practices, such as decreasing or stopping cigarette smoking or exercising as a means of coping with stress.

Health services. The restructuring of health services has not necessarily led to improved services for the women and has resulted in a number of gaps, such as in mental health services.

Social support networks. The support networks of some of the women were shrinking as spouses, children, other relatives, and friends were forced to relocate in order to find work. To illustrate the magnitude of the problem: only three of the women did not have a relative who had to leave the area to seek work during the preceding year.

Gender. The women believed that the health of women and men had been differentially affected by the recent changes. They regarded gender as an important determinant of health and expressed the view that health issues have to be addressed appropriately for both women and men.

Culture. The rural communities revealed a strong attachment to "place," and most of the women, despite the challenges they faced, were satisfied with their community as a place to live. The women expressed appreciation for the "quietness" and "safety" of life in their community.

The Benefits of a Health Determinants Approach

A social determinants approach to health has been critical in assessing the impact of restructuring on women's lives. Health problems are not separate from the conditions from which they arise. If we are to address health problems, therefore, it is crucial that we fully understand these conditions. One of the strengths of a social determinants approach is that it fosters interdisciplinary cooperation, which, in turn, can lead to a more profound understanding of the issues. In the Coasts under Stress project, researchers with a particular area of expertise contributed to everyone's

understanding of a particular determinant — for example, political scientists were able to demonstrate to other team members that the approach to health-care reform favoured by policy development created some of the challenges the women in coastal communities faced as they sought to access health care.

An interdisciplinary approach allowed us to construct a social determinants model in order to examine the process by which various determinants interact to influence health (Colman, 2001). While no one determinant can explain the state of women's health, it can be very useful to examine various factors. One of our purposes in assembling a large team of researchers was to explore the interactions among the various factors. Discussions around these interactions served to enlarge our worldview on a number of issues. The process of working with a historian on nutritional policy, for instance, made it easier for the various team members to understand some of the responses, or lack thereof, to the changing patterns of household food consumption.

While understanding conditions is a necessary step in creating change, it is not sufficient in and of itself. It must be accompanied by knowledge translation, or the application of knowledge "to yield beneficial outcomes for society" (Canadian Institutes of Health Research, 2004). A social determinants approach entails broad policy change, because it leads the researcher to examine social and economic factors affecting health (Wilkinson & Marmot, 2003). At present we are preparing a policy document based on our overall findings, in order to address some of the policy and program implications of our research. In the coming months we will be holding a policy workshop to present our findings and recommendations. We will also share our findings with local health authorities.

When we embarked on the Coasts under Stress project, our ultimate goal was to report to policy-makers at different levels of the policy process on the implications of restructuring for the lives of people and for the health of communities and the environment. We hope the policy-makers will use this information to shape policy in a way that takes into account the changes and accompanying challenges facing coastal communities. In fulfilling our role in shaping this policy, we are committed to a gender-inclusive analysis.

References

Canadian Institutes of Health Research. (2004). *Knowledge Translation Strategy 2004–2009.* Ottawa: Author.

Colman, R. (2001). *Women's health in Atlantic Canada: A statistical portrait.* Halifax: Maritime Centre of Excellence on Women's Health and Atlantic Region Policy Fora on Women's Health and Well-Being.

Federal, Provincial, and Territorial Advisory Committee on Population Health. (1994). *Strategies for population health: Investing in the health of Canadians.* Ottawa: Minister of Supply and Services.

Health Canada. (1999). *Health Canada's Women's Health Strategy.* Ottawa: Author.

Raphael, D. (2004). *Social determinants of health: Canadian perspectives.* Toronto: Canadian Scholars' Press.

Wilkinson, R., & Marmot, M. (2003). *Social determinants of health: The solid facts* (2nd ed.). Copenhagen: World Health Organization Regional Office for Europe.

Author's Note

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