

Eds., Armstrong, Pat, and Ann Pederson (2015). *Women's Health: Intersections of Policy, Research, and Practice 2nd Ed.* Toronto, ON.: Women's Press. ISBN 9780889615700.

Reviewed by Twena Grinberg

Women's Health: Intersections of Policy, Research and Practice is a comprehensive read of the field of women's health that unveils the role gender plays in the health and wellbeing of patients and health care providers in Canada. The editors, Pat Armstrong and Ann Pederson, have carefully assembled a variety of voices in the Canadian context that have considered the question of gender and sex in the discussion of women's health. It is a humble read that can serve as an introduction to women's health due to its applied form. The approach in this book acknowledges that women's body experiences are in relation to the physical, social, and economic environments that surround them. This book offers important contributions to the advancement of women's health by implementing a gender based analysis of health and healthcare, by focusing on women-specific issues in research policy and practices, and by viewing the ways in which gender shapes relations and constructs the health care system.

The book is divided into four sections. The first section, "Setting the Stage for Women's Health Research", provides a selection of articles that help the reader understand the benefits of gender-based analysis as well as the meanings and differences between *gender* and *sex* for women's health research, policy, and practice. Lorraine Greaves asks how gender and sex came to matter in women's health research. She argues the value of sex and gender based analysis (SGBA) research, a process of inquiry that looks at the implications of policy and research for the lives of men and women/boys and girls. In a different research study, Sari Tudiver explores the different strategies and

policies of the last decade in Canada in terms of women's health to suggest the future path of health research and policy. Pat Armstrong and Ann Pederson share their research findings from a project in which they used SGBA to look at the effects that both sex and gender have in patients who are waiting for a joint arthroplasty (TJA), also known as hip and knee replacement surgery.

On a similar note, Karin Humphries demonstrates the need to differentiate between sex and gender when looking at risk and preventive factors of heart disease amongst women. The findings of the articles in this section insist on the recognition of SGBA research for investigating women's health while pointing to the elements that differentiate gender and sex.

The second section of the book, "Asking Which Women", focuses on the intersections of gender with other social and physical locations. The first article by Phyllis Montgomery, Cheryl Forchuk, and Sharolyn Mossey explores the lives and experiences of women who are mothering while living with severe mental illness (SMI). In a different study, Madeline D. Stout investigates the lives and health of Aboriginal women in Canada by focusing on the need to address the institutional and historically determined power relations that affect health as well as considering gender, colonization, and discrimination (NAHO, 2003 as cited by Stout). Ito Peng and Caitlin Cassie discuss elder immigrant women's health by looking at *triple jeopardy*, or the variety of disadvantaged groups in different social locations, and considering important variables that determine health such as age, sex, education, income, disability, etc.

Paula C. Pinto engages in an analysis of disability with the purpose of pointing out how research on this field has typically overlooked gender. Pinto's article looks at the ways in which gender and disability intersect to shape disabled women's health experiences and the ways in which access to health and care is jeopardized by physical barriers in the delivery and organization of services. In chapter nine, Beverly Leipert and Robyn Plunkett discuss the findings of a study that used rural older women's photovoices as a research method to express their health promotion needs and resources. Anna Travers explores the challenges, the progress made, and the failure in the national and provincial governments of Canada to improve the health of sexual minority women and Trans people. Finally, Nancy Poole et al. look at the benefits of women-centered approaches for the health promotion of girls as a tool for social change and equity. This section of the book focused on asking, "Which women are we talking about?" The recognition of women's different social and physical locations in this section aims to bring light to the specifics of women's health through an intersectional analysis making the reader look at gender as a socially constructed category that is always interacting with power relations.

The third section, "Gendering Care Work", explores a series of articles that show the need to recognize that a) women occupy the majority of both paid and unpaid care work; b) there is a need to recognize unpaid health care work as skilled and essential; and c) failing to recognize these points threatens the health of both health care providers and the health of those who are in need of care (Armstrong & Pederson, 2015, p. 213). The first article in this section by Katherine Laxer explores how neoliberal changes in health and social care have made care work more gendered, less skilled, and growingly racialized and aging. The push from the government to privatize and marketize care has

resulted in the increase of home care and the shrinking of hospitals, which in turn becomes a gender, equity, and human rights issue (p. 238). Linda Silas and Carol Reichert argue the need for safe and appropriate nurse staffing as a critical element in the provision of patients' health, safety and wellbeing. They investigated the necessary conditions under which nurses in Canada should be supported to provide better health care and make nursing a more sustainable workforce. Wendy Katherine explored Ontario's model for midwifery to discuss the need to continue expanding research and health care practices that focus on women's continuity of care, informed choice, and choice of birthplace while making midwifery knowledge local and public (p. 285). This section brings attention to the gendered world of care through a feminist political economy approach that considers the effects that neoliberalism has on women and health.

The fourth section, "Linking Research, Policy, and Practice", looks at ways in which research influences policy and practices for the advancement of women's health. Anne Rochon Ford and Ellen Sweeney explore the need to understand the environmental and occupational influences for the development of breast cancer as well as the gender differences that prevail for adequate prevention. Arlene S. Bierman looks at inequalities in health as a highly preventable issue that can be addressed by looking at "primary access barriers [that] represent the first obstacle in getting care and include such factors as health coverage, proximity of providers, competing demands such as caregiving, and lack of transportation" (p. 318). Julie Maher and Sara Mohammed investigate the importance of including women's voices for the determination of their own health and wellbeing. The authors argue that health issues that are understood as specific to women need to be researched through a comprehensive gender lens and that women's research

should be woman focused. Finally, Laura Sky writes about her experience filming women working in health care while witnessing the industrialization of health care and its effects on patients and providers. The articles in this section reflect the need to use research to influence both policy and practice and to put into action a specific focus on gender-based analysis work.

Some of the issues this compilation aims to address are the benefits of grouping *women* as a category in research and policy; the effects that *living as a woman* has on the body; the variety of differences that exist not only between men and women but also between women and women in terms of age, sexual orientation, class, race, etc., the impact these differences have on health and wellbeing; and the ways in which gender influences health and access to care. This book provides a reference to understanding the transformation in infrastructure of women's health research and policy-making in Canada over the last ten years while helping us consider how we need to move forward, foreseeing the effects of globalization on women's health. Although this compilation of articles provides a thorough read of different issues that prevail in the healthcare system in Canada in terms of women's health, the variety of methodological approaches makes it hard for the reader to completely bridge the gap between research, policy, and practice. It would have been of value to consider maintaining a more thorough delineation of how each article affects policy and practice specifically and generally.

The emphasis on interdisciplinary and intersectoral work is perhaps the biggest quality of this book in that it shows how pervasive gender is in any area of health, from the prevention to the diagnosis of disease; from the access to treatment and therapy to the access of accessible and local services for rural, elderly, and/or immigrant women; from

the biological implications of research to the environmental and social determinants of health; from health providers to health care seeking patients. The women-specific, gender-based analysis approach of this collection succeeds in showing how gender shapes relations and affects the health care system in Canada. The research presented in this book is primarily relevant to the lives of Canadian women, but it is also valuable to the rest of the world in that its findings show not only the relevance of considering a gender-based analysis and women-specific research for the improvement of patients' health but also the effects that this approach may have on the lives of health care providers, health policies, while improving the quality, efficiency and budgeting of the health care system at the provincial and federal levels. In the same way that we cannot think of sex and gender as independent from one another, we cannot think of healthcare without considering gender, and finally we cannot begin to make changes without realizing how every aspect of health and care is connected to the social, political, economic and environmental worlds that we live in.