

Infoway Social Determinants of Health Working Group

October 6th, 2021

Summary:

The meeting focused on Social Determinants of Health (SDOH) and Intersectionality Theory of International Human rights. The SDOH Framework was reviewed, highlighting identifying factors that linked to discrimination. The Sierra Leon use of girls' soldiers was illustrated as an international case study involving exploitation and harm to girl children, which can be found at: <https://doi.org/10.1080/1323238X.2008.11910835>. Intersectionality theory was used in two use cases in the context of complex identity: (i) a Filipina grandmother who is a domestic worker, (ii) a teenage boy with hearing impairment, both using Venn diagrams to show intersectionality of oppression. The SPARK and GRAVITY projects were revisited to explore ways they could be incorporated in the Work Group SODH work using intersectional lens. After a lengthy discussion, the consensus favored a SNOWMED-CT like the Gravity approach and bringing in Canadian, unique perspective as it relates to Indigenous or race. It was also raised that aspects of the SPARK study could be incorporated.

Discussion

1. Why was sex chosen over gender?

Presenter Response: Sex is enshrined in the law, where we are not supposed to discriminate on sex. Gender reflects norm, values, behaviors and assumptions that we make about “womenness” or femininity that are based on stereotypes, which are based on biological sex. In this instance, male sex, maleness, or masculinity is implied by that male sex and the norms and expectations around that are considered gender. But the discrimination is based on sex-based stereotypes that created those gender norms and expectations. Sex was chosen because of the legal rights of protection. The stereotypes inform the gender norm.

2. Is this group endorsing that prejudice and discrimination are different?

Presenter Response: Work Group does not plan to make a distinction between prejudice and discrimination. Prejudice may or may not lead to discrimination, but quite likely it will. It was confirmed that the discussion was focusing on systems of oppression, which can occur at the (a) individual level: one-to-one; (b) community level; (c) systems/ structural level. It is about certain group not given access or they are excluded because of stereotypes. It is false beliefs of group of people based on certain kinds of characteristics.

3. The Use case example of Filipina grandmother in Ontario reflects colonization. This name is based on the colonization of the country.

Presenter Response: The presenter confirms that the term ‘filipina’ reflects Spanish colonisation of North and Central Philippines and noted that the Southern islands were never colonised. Nevertheless, after 350 years, Spanish colonisation is now so integral to the identity of most people who come from the North and Central Philippines that it is difficult to disentangle. The point of the use case is to demonstrate the different forms of discrimination and their intersection.

4. How do we incorporate sex and gender in epidemiological data for research purposes?

Presenter Response: The best way is to integrate at the conceptual level in terms of how we conceptualize our variables. How we ask the questions, whether male/female or man/woman. When a person is asked are you male or female without any framing around that, you are asking both biological sex and gender and for most people those two are fully aligned.

Next Meeting: November 3rd, Dr. Charlotte Loppie