Exercise # 1 Core Concepts: Sex, Gender, Diversity, Equity

Instructions: At your table, discuss and respond to the following statements by identifying which core concepts apply. Check all that apply.

Statement	Concept(s)	
Women tend to wake up from anaesthesia more	○ Sex	O Gender
quickly than men. Men wake up an average of 4 minutes	O Diversity	O Equity
later than women.	O None of the above	
2. In 2005, suicide rates were more than 3 times greater	O Sex	O Gender
for males than females in Canada.	O Diversity	O Equity
	O None of the above	
3. Recent studies confirm that getting and retaining	○ Sex	O Gender
good housing is especially difficult for Aboriginal	O Diversity	O Equity
populations. Core housing need is greater among	O None of the above	
Aboriginal females than Aboriginal males.		
4. During the recent H1N1 epidemic, pregnant women	O Sex	O Gender
were given priority access to vaccination.	O Diversity	O Equity
	O None of the above	
5. HIV/AIDS policies and programs in Canada are	O Sex	O Gender
tailored for "at risk" groups: men who have sex with	O Diversity	O Equity
men, intravenous drug users, prisoners, youth, women, Aboriginal populations, people from countries where HIV/AIDS is endemic, etc.	O None of the	e above

Facilitators' Notes:

There is no one right answer to any of these questions.

Suggested answers are:

- 1. Probably **sex** is the main influence on this difference, based on hormonal differences and body sizes. But it is important also to raise questions about which women and which men we are talking about. Consider also the effects of age, disabilities, body size, ethnicity and other factors.
- 2. Clearly, this is sex-disaggregated information so it tells us about differences based on sex. But the underlying cause of the difference is probably gender. Males don't necessarily engage in self-harm more frequently than females, but they are more likely to use highly effective means of self harm they are more likely to be successful at suicide attempts. Also males are less likely to seek mental health support. Here again, we need to consider the other determinants of health. Suicide rates are highest among Aboriginal populations, which likely points to the impact of colonization, etc.
- 3. Again, because we have sex-disaggregated data, we can see differences based on sex. Gender affects access to adequate housing because women are more likely than men to be unemployed or underemployed and to live in poverty, making it more difficult to get and keep safe, clean, affordable shelter. The impact of diversity is also evident in that some populations are more severely affected than others and this raises questions of equity.
- 4. **Sex** is apparent in this statement because, thus far, only females get pregnant and give birth. But **equity** is probably the most important dimension here because groups are being treated differently in the interests of ensuring that those most at risk or in need are vaccinated first.
- 5. **Diversity** and **equity** are addressed in this statement in that policies and programs are geared to different populations and aim to address different needs, contexts, etc. But it is also important to pay attention to **sex** here, in that many of the priority groups include both women and men (eg youth, prisoners, intravenous drug users) and **gender** may not appear in the statement but it does affect why people are identified as "at risk". Consider also the point of the case study in *Rising to the Challenge*, which argues that tailored responses may appear equitable, but can also lead to marginalization or ghettoization.