

HONOURING OUR DIFFERENCES

Gender and Diversity Analysis Community Guide 2017



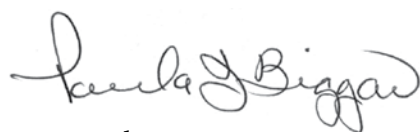
Letter from the Minister

As Prince Edward Island's Minister Responsible for the Status of Women, I am pleased to present this updated Gender and Diversity Analysis guide.

The purpose of this guide is to incorporate a gender and diversity lens on a deliberate, consistent basis.

Treating everyone the same doesn't mean that everyone will have the same outcome – in fact, it could result in unfair outcomes for certain segments of the population. The importance of gender and diversity analysis for revealing problems with the “one size fits all” approach has become increasingly apparent.

The consideration of gender and diversity as a constant mechanism will help ensure that outcomes for all of the Island population will be considered.



Hon Paula J. Biggar
Minister of Transportation, Infrastructure and Energy
Minister Responsible for the Status of Women



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INTRODUCTION

As the Government of Prince Edward Island designs policies and programs, policy makers are working to ensure that gender and other diversities are considered consistently. The purpose of the following guide is to promote use and understanding of Gender and Diversity Analysis (GDA) tools in the wider Prince Edward Island community. This manual introduces the basics of using a gender and diversity lens. It includes an introduction to the concepts of sex, gender and diversity, and it provides a gender and diversity checklist to assist you in your work to plan actions in the community. Your plans might be to develop policy for your organization, to do a research project, to develop a product, to plan an event or an education campaign, or to make recommendations to policy makers. Using Gender and Diversity Analysis can help improve the results of any of these actions.

Historically, research and product development, and much policy development, relied on able-bodied white male experience as a norm. It was assumed that “one size fits all” when it came to products, policies or programs. The use of GDA reveals more than a few surprises about the value added when differences in male and female – and diverse – experiences are taken into account.

With more resources now committed to examining the impacts of gender and diversity, many new gender and diversity-based differences are coming to light. Sometimes, these new understandings shatter assumptions and long-held beliefs and customs.

Example of Need for Increased Gender and Diversity Analysis

EARLY ANTI-SMOKING CAMPAIGNS

The early preference to fund research on the effects of smoking on men and the failure to separately examine the effects for women can be explained by several factors. Since the majority of early smokers were upper-class males, the first generation of researchers focused on them. Subsequent researchers assumed that the effects of smoking would be the same for women as men. Nearly all the research involved male subjects and, if women were included, researchers did not examine the results for male and female subjects separately but as one total picture of the impacts of tobacco. As a result, the knowledge on specific risks to women – for example, the reasons women smoke, why they have more difficulty quitting and the unique impacts of tobacco on women’s physiology – weren’t available to early stop-smoking campaigns.¹



SEX, GENDER AND DIVERSITY

In everyday conversation, the terms “sex” and “gender” are frequently used interchangeably. For the purposes of Gender and Diversity Analysis, it is helpful to distinguish between the two.

SEX

Sex is a **biological classification** of males and females based on differences in reproductive organs, physiology and anatomy, genes and hormones. “Male” and “female” and “intersex” are some terms that relate to sex.

GENDER

Gender is a **social classification** based upon the personality traits, qualities, and social roles, responsibilities and relations expected and generally considered acceptable for and among a particular gender. “Woman,” “man,” “women,” “men,” “trans” and “non-binary” are some terms that relate to gender. Gender expectations, expressions and relations vary across cultures and across time. Gender expression and gender identity are traditionally expressed across a continuum from masculinity to femininity.

Common gender identities include:

- Cisgender: a person whose gender identity matches the sex they were assigned at birth. For example, a person who was born with a vagina and identifies as a woman.
- Transgender: a person whose gender identity does not match the sex they were assigned at birth. For example, a person who was born with a vagina, was assigned female at birth and identifies as a man.
- Gender Non-Conforming/Adrogyne/ Gender Fluid: a person who doesn’t identify as female or male, or identifies as both.



PEI Advisory Council on the Status of Women: Women’s Sexual & Reproductive Health-Care Services in PEI (2016)



HOW DO GENDER AND SEX INTERACT?

Historically, the scientific community believed that there was no need to do separate health research on males and females because the only difference between the two groups was their sexual and reproductive organs. It was assumed that studies involving male subjects would have the same outcomes as those involving females. However, scientific evidence has shown otherwise.

“Since the early 2000s, there has been a growing recognition by the research community that the sex of cells, tissues, animals, and humans matter in biomedical and translational science. Every cell has a sex, with sex differences beginning at conception and varying along the lifecycle.

When sex is taken into account, it improves the reproducibility of research findings and increases scientific rigor by allowing for results to be generalizable to both men and women. When sex is not taken into account, important effects may be missed.

Failure to consider sex in biomedical or translational research has come at the cost of human lives. This was the case with several drugs that required the addition of Health Canada warnings or were removed from the market due to fatal effects in one sex or the other.”²

Sex alone can be a predictor of health risk or protection – for example, the onset of cardiac risks in women is delayed until menopause due to female hormones. Male and female bodies respond differently to alcohol, drugs and therapeutics due to differences in body composition, metabolism, hormones and blood chemistries.

In addition to sex or gender specific risks, biological and social realities of sex and gender can interact, further animating risks and outcomes. Sex and gender are intertwined to create or magnify differential conditions and outcomes for women and for men.

Activity: Sex and Gender Considerations in Health

Consider the following:

Because of hormones and bone structure/density differences, a female body is more likely than a male body to develop osteoarthritis or osteoporosis. At the same time, feminine gender roles can discourage a woman from doing weight-bearing exercises that will decrease her risk of developing osteoarthritis or osteoporosis.

Can you identify ways in which the combined effects of sex and gender impact health outcomes? What about other outcomes that aren't related to health?

HOW GENDERED IS OUR CULTURE?

Even though the expression of gender roles, rights and responsibilities changes over time, significant and enduring change often occurs as a result of both individual and collective efforts.

One of the most challenging tasks in developing gender awareness is monitoring and assessing changing beliefs about norms for gender expression. Our experiences with gender socialization are both personal and collective. **For the most part, gender expectations are something we are not even aware of experiencing.** Such immersion in societal gender messages leaves individuals vulnerable to routinely accepting stereotypes and overlooking biases. This risk is significant for policy makers, program designers and decision makers and is the reason systematic GDA is important.



Social science research reveals that socialization as a boy or girl or as a woman or man begins at birth and happens over a lifetime and in many subtle ways. For example, it has been observed that in many cultures adults will hold, touch and talk differently to infant boys than to infant girls. Early expectations for masculine and feminine behaviour in childhood continue into adulthood and establish a foundation for adult relations between and among men and women.

While there has been considerable progress towards gender equality, expectations still remain in workplaces that men will be the main “breadwinners” and women will be the main “nurturers” who will take care of the children and the home. Outside the workplace, measurement of unpaid work and access to leisure time has long reflected that women bear a heavier load of housework and elder/child care and thus have less access to leisure time.

Men and women whose demeanour, behaviour or occupation varies from the traditional or current expectations for their gender are perceived as acting outside the norm. The first female physicians were known as “lady doctors” and their role in the workplace was only accepted over decades of practice. Women and men pioneers in “non-traditional” roles continue to report a sense of added responsibility to set and uphold a standard of excellence in personal competencies.

For example, Roberta Bondar, Canada’s first female astronaut, recalls that she “felt a lot of weight on her shoulders to ‘do this right’ because people would look at her actions and ‘generalize it to all of womankind.’”⁴



Role messages, whether subtle or direct, change over time. Hudson’s Bay Company once sold Doctor Kits and Nurse Kits. Both kits were exactly the same product, except the Doctor Kit had a picture of a boy and the Nurse Kit a picture of a girl. It could be argued that the kits at one time reflected reality but it also could be argued that the message that boys become doctors and girls become nurses set

expectations and constraints on career choices. It might be said that no retailer today would sell anything but unisex medical kits; but even so, most toy stores still have a blue/boy section and a pink/girl section. We are still actively socializing children's preferences, whether we are aware of it or not.

Gender stereotypes are ideas about how boys and girls, women and men are expected to think or act. Children as young as three years old already refer to their gender and can verbalize how they meet the qualities of being either a girl or boy. Children who do not conform to the qualities associated with their presumed or assigned gender face social pressure to change their behaviour to conform. The pressure to identity as one side of the boy/girl binary can be especially challenging for children whose gender identity does not match the sex they were assigned at birth.

Historically in most cultures, people's experience of gender reflects differences in constraints and opportunities based on gender. The most common differences in opportunity include access to and distribution of resources such as money, material goods, power or influence. Both the expectations of peers and social institutions – such as media, education institutions, religious



organizations, and courts/laws – often reflect and reinforce what is acceptable and permissible for and between genders.

Recent social science research yields insights about the subtle ways stereotypes can significantly affect beliefs and behaviours in the long term both within and between genders.

According to the most recent *Portrait of Caregivers* from Statistics Canada (2012), women were more likely to spend more time per week on caregiving activities than did male caregivers.³

DIVERSITY

Diversity refers to the classification and self-identification of people based upon their collective experiences or qualities. Diversity groupings can include, but are not limited to, groups based on sex or gender identity, people with disabilities, members of visible minorities and Indigenous populations; other diversity factors can include age, income, ethnicity, cultural customs, language, family type or sexual orientation.



Diversity, like gender, does not exist in a vacuum. People can belong to several diversity categories at once – for example, a woman may have a disability and also be a member of a visible minority. All of these factors interact to create variations in personal experiences and to create conditions of risk or benefit that warrant specific attention for equitable policy and program design. Diversity frequently involves qualities or conditions which may affect or limit a person's opportunity to realize their full potential and to access their basic human rights.

WHAT IS GENDER AND DIVERSITY ANALYSIS?

Gender and Diversity Analysis (GDA) refers to the process of giving attention to how gender and diversity affect the experiences, behaviours and needs of our population. Further, it looks at how to accommodate these differences and needs.

GDA is neutral, meaning that it does not advocate one course of action over another. It is also evidence-based, meaning that it is based on what is known about women, men and diverse groups in a particular situation. Because it is neutral, GDA has the potential to expand the number and type of options to consider. Because it is based on evidence, GDA also has the potential to give decisionmakers more information to use to make their decisions.



Treating everyone the same doesn't always lead to equitable outcomes. For example, a resident of PEI who uses a wheelchair may be eligible to vote in a provincial election, just like their able bodied neighbour, but in order for the voting process to be equitable, the polling station needs be held in a location that is wheel chair accessible so that everyone has the ability to vote.

Community members and groups can use GDA so that their policies, their actions in the community and their recommendations to government can better look ahead to potential effects. Using GDA can increase the chances that proposed actions have the intended results for all diverse populations.

In the past two decades, gender and diversity tools have been developed and used in virtually every policy sector relating to health, social or economic development. The more GDA is used, the more it reveals problems with the "one size fits all" approach. GDA pays attention to the overall average picture of a situation. In addition, it also prompts questions as to whether the average picture hides or disguises things that may significantly affect the desired outcomes.

GDA is occasionally presumed to benefit only women or minority groups when, in reality, it includes all diversities and benefits frequently extend beyond a specific group to better meet the needs of



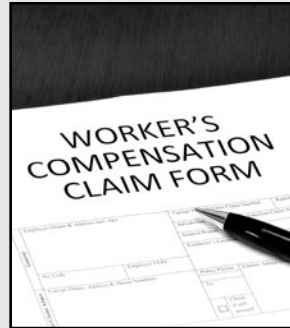
additional groups or a wider population. It functions as a population-wide, comprehensive lens capturing many aspects of gender and diversity. Even when a policy has its origins in improving conditions for women, applying GDA can result in benefits for women, men and children. For example, changes to Canadian policies on parental leave and benefits were initially seen as a benefit for women; however, in practice the policy changes led to more men opting to take parental leave and access parental benefits, which allows them to stay at home during a portion of the first year parenting a new child in their family.

Example of the Need for Gender and Diversity Awareness

WORKER COMPENSATION CLAIMS

An increase in worker compensation claims at an industrial site prompts a review of occupational health and safety practices.

Applying a gender and diversity analysis would prompt questions such as:



Who?

Who is using the site equipment?

Are recent immigrants who may not yet be familiar with English or French using the equipment?

Are women, men or younger workers using the same equipment?

In What Ways Does Difference Matter?

Are written safety instructions understood and applied?

Is there a need for information to be made available in a number of different ways?

Is safety equipment available in appropriate sizes for men, women and youth?

Is ill-fitting equipment causing more workplace accidents?

How Are Outcomes Affected?

Are more women, men or youth injured?

Do the types of injuries vary between women and men? Youth of either gender?

Who is inclined to take safety risks and why?

Without these more precise questions, we might only ask about general issues such as “Is safety equipment available and is it being used?” Without the specific focus on who uses the equipment and how their requirements might differ from current practice or standards, we could miss crucial information that could limit effectiveness of injury prevention.

- Interministerial Women’s Secretariat brochure, Guidelines for Gender and Diversity Considerations in Policy Design and Implementation, 2016

Treating everyone equally doesn’t always work well.

For example, a resident of PEI who uses a wheelchair may be eligible to vote in a provincial election, just like their able-bodied neighbour; but in order for them to have equitable access to the voting procedure, the polling station needs to be in an accessible location so that they have the ability to vote. Specific equity measures are sometimes needed so that people can achieve the same outcomes. **These measures increase equality.**

In the above example,

- Only looking at the overall situation (without paying attention to sex, gender or diversity) may result in overlooking differences in sex-related body type that affect the helpfulness of safety equipment.
- Only looking at sex (not gender or diversity) may result in overlooking the kinds of injuries women experience that men do not (and vice versa).
- Only looking at sex and gender (not diversity) may result in overlooking the needs of youth, or overlooking the literacy level and languages used in safety instructions.

Considering sex, gender and diversity together results in better questions. These better questions lead to more options to meet the needs of the affected group. When they answer these questions, decision-makers are more likely to have better outcomes for all – in this case, to prevent more workplace injuries. The results will not unintentionally discriminate against any group and will be more equitable.

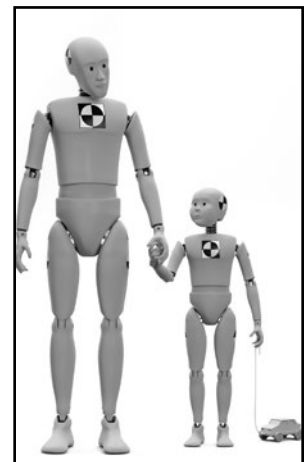
Commitment to Gender and Diversity Analysis creates an environment where the skills and abilities to develop gender and diversity inclusive policy and design gender and diversity sensitive products can grow and develop.

Example of the Need for Gender and Diversity Awareness

THE FAILURE TO DESIGN AND TEST AIRBAGS FOR WOMEN AND CHILDREN

When vehicle manufacturers were required to comply with Federal Motor Vehicle Safety Standards to install air bags, “the basic test was a full-front impact of the vehicle into the concrete barrier at a speed up to 30 miles per hour, with injury limits specified for the head and chest of an unbelted 50-percentile adult male dummy, 5’8” tall and weighing 165 lbs. Even though the automakers and NHTSA [National Highway Traffic Safety Administration] could have also specified a range of test dummies, including shorter women dummies and child dummies, the desire for simplicity and economy prompted only a single crash test using just that 50-percentile ‘average man.’”⁵

Airbags designed for 5’8” men can actually harm or kill small-sized people when they deploy. This minimum standard of testing did not take into account that vehicles are occupied not just by average-sized male adults, but by female adults, children – and male adults – of all shapes and sizes. Women, children and smaller-sized males were put at risk by not taking diversity into account.



GENDER AND DIVERSITY ANALYSIS CHECKLIST

As a first step, it is always important to consider your personal biases or general assumptions about the policy at hand. While this might seem like an unnecessary or impractical step – especially when timelines are tight – it actually might be one of the most important parts of the process. Your personal experiences or community beliefs impact how you view issues. For example, if you are a senior male who has never had children, you might view a policy issue relating to childcare differently than a mother who has young children.

YES/NO Have you considered what personal experiences and history could impact your policy lens on this particular issue? Are there community beliefs which may bias the acceptability of policy options?

THINK ABOUT What are they? How can you overcome potential biases?

The following questions are a tool for applying gender and diversity lens when analyzing or researching a policy or program. Further, the questions will help identify information gaps and highlight where there is a need for further inquiry.

Planned Action

Draft the policy, action or recommendation your group is planning.

Intended Audience(s)

Who is your action being planned for and who will it affect? Members of a community organization? Members of the general public? Government officials?

Intended Outcomes

List some of the results you intend to come out of your planned action.

INFORMATION SOURCES

YES/NO Is there information available that would provide accurate data for diverse groups (or areas where diverse groups intersect, e.g., women with disabilities)?

THINK ABOUT What are your sources of information? What government departments or community agencies could provide further information?

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YES/NO Have you considered the unique needs of diverse groups and subgroups as they relate to this policy or program?

LIST Which groups have unique needs? What are their unique needs?

Group	Affected? Yes/No	Unique Needs
Francophone		
Women/Men/Transgender		
People with disabilities		
Indigenous people		
Visible minorities		
Children		
Seniors		
Others		

YES/NO Have you considered the unique needs of women and men? Transgender population?

LIST What are they for men? Women? Transgender? Are the unique needs based on sex or gender differences? Or both sex and gender?

Group	Unique Needs
Women	
Men	
Transgender	

YES/NO Have you identified any barriers that would prevent diverse groups from accessing or benefiting from this policy or program?

LIST Are there unique barriers for identified groups or subgroups? What are they?
How can these barriers be overcome?

Identified Groups	Unique Barriers	Solutions to Barriers

YES/NO Have you considered the potentially different outcomes for each of the groups and subgroups?

LIST For each of the identified groups, separately list the potential outcomes. How are they different? Are there negative outcomes for certain groups while positive outcomes for others? Why are the outcomes different?

Identified groups	Potential Outcomes	Differences in Outcome

YES/NO Can aspects of the policy or program that give rise to potentially different outcomes be altered to make them more equitable?

LIST List the aspects of the policy or program with potentially different outcomes for diverse groups. List ways they could be altered for more equitable outcomes.

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YES/NO Can different outcomes that cannot be altered be defended?

LIST List the different outcomes that cannot be altered. How can these differences in outcomes be defended?

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YES/NO Have you completed a cost/benefit analysis for gender and diversity accommodation, action or inaction?

LIST List results of analysis or explain why analysis is unnecessary.

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CONCLUSION

Developing gender and diversity knowledge depends on attention to unique differences in life experiences, opportunities and constraints. If you assume that attention to gender and diversity is not warranted, this can result in overlooking significant issues. The historical evolution of gender and diversity analysis clearly reveals that differences often exist even when they are not immediately apparent or assumed to be non-existent. As a result it is prudent to always ask whether gender and diversity conditions apply.

To bring gender and diversity issues clearly into focus, the two most important steps are:

1. To focus attention on a few basic questions about potential impacts and
2. To know what sources are available for answers to those questions at every point of the process.

ENDNOTES

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- 4 Roberta Bondar on being the first Canadian woman in space. The Globe and Mail. Published Monday, Jul. 04, 2011. <http://www.theglobeandmail.com/technology/science/final-shuttle-launch/roberta-bondar-on-being-the-first-canadian-woman-in-space/article586844/>
- 5 Byron Bloch, The Tragedy of Airbag Fatalities to Children and Short Drivers, and How to Reduce the Hazards, 1998. <http://www.autosafetyexpert.com/Assets/Docs/article-airbagdefects>.

