

Submission to the House of Commons Standing Committee on Health

Brief on Women's Health

December 2023

This brief uses the term “woman” to mean adult human female and “man” to mean adult human male, while gender non-conforming male (“GNC males”) refers to males who identify as transwomen or non-binary, and “gender” is the societal expectations based on an individual’s sex.

Introduction

It was traditionally believed women’s health mostly mimicked men’s health. Along with the view that using women as research subjects is problematic because of fluctuation from menstrual cycles, resulted in a limited number of females as research subjects. This has caused a major disparity between men’s and women’s medical research. Heart attacks, for instance, present differently in women than men. While there has been knowledge about male heart health since the early 1900s, it wasn’t evident until the late 2000s that heart attacks present differently in women. To this day, just 1 in 3 research subjects are women (*Heart and Stroke Foundation* 2018, p.4). Recent research has shown that treatments that work for men can detrimentally impact women. In other fields

experiments have sometimes been carried out without considering sex in scientific research. Scientists have often used only one sex (generally male) for experiments and applied the findings to both sexes, without solid grounds. These kinds of inadvertent extrapolations might cause unintentionally harmful results to the neglected sex and economic loss (Lee, p. 167).

A 2009 survey analyzed sex bias in journal articles published in 10 major biological discipline research fields. Over 50% of articles in general biology and immunology fields did not specify the sex in the study. In articles that defined the sex, male bias was observed in 8 of the 10 fields (Lee, p.168).

One change in women’s health is language. For over 1,000 years, the terms ‘woman’ and ‘mother’ have been used. Over the last six years, those terms have been removed from the lexicon in favour of terms like ‘bleeder,’ ‘birthing body,’ ‘non-man,’ and many other terms with the goal of kindness and inclusivity. In 2021 the federal government changed its definition of ‘woman’ to ‘anyone who identifies as a woman whether they are cisgender or transgender,’ which renders ‘woman’ an ambiguous term that ignores the fact that women are a sex class. These changes are

in response to Queer Theory-derived concerns, [wherein] many organizations and individuals are changing the language they use to describe women so as to prioritize gendered understandings and avoid sexed terminology [...] intended to avoid distress, are described as inclusive, and are encouraged by diversity, equity, and inclusion initiatives. [...] However, there appears to have been little consideration of the ethics of these changes, including the principles of avoiding harm and health maximization, or how they may impact on women's and children's rights (Bartick, p. 2).

Impact on women’s health

The results from a lack of research on women and de-sexing language include:

1. Early detection and preventative women’s healthcare;
2. Lack of known effective treatments for women;
3. Dehumanization of women;
4. Decline in women’s health campaigns; and,

5. Exclusion of the most vulnerable women.

88% of primary care physicians and 68% of cardiologists did not feel prepared enough to assess heart disease in women (*Heart and Stroke Foundation* 2018, p. 6), let alone knowledgeable enough to speak to female patients about heart disease. The diagnosis tool used for men, such as the treadmill test for cardiac output, is much less sensitive for women, showing further research and major campaigns involving women's health are needed. Few women are referred to cardiac rehabilitation programs compared to men, and half as likely to attend and complete the program because of missing psychological and social support (*Heart and Stroke Foundation* 2018, p. 10). However, it was found that there was a marked improvement in those numbers when there were women-only programs. This is just one of many women's health conditions that requires more attention.

New changes in de-sexing language when referring to women are a result of efforts to being kind and inclusive. The average woman finds the new language dehumanizing and offensive because the language refers to women by organs or reproductive functions, completely disregarding the principle of respectful language. For example, *The Lancet* medical journal's September 24, 2021 cover featured the title, "Historically, the anatomy and physiology of bodies with vaginas have been neglected." The same rule hasn't applied to men's health. 'Man' is not replaced by the term 'people with prostates,' nor should such changes be made.

Another consequence of de-sexing language is the exclusion of the most vulnerable women, whose rights must be protected. Women with disabilities, for instance, require their rights to be preserved – and that includes access to healthcare, which isn't possible if individuals are unable to understand healthcare campaigns. The entire point of using the words 'woman' or 'mother' is to make it clear to people who don't understand terminology like "cervix-haver," or "menstruator," if the information is intended for her. Gendered language is required in order to be able to focus on the needs of women based on their sex. It allows quick diagnosis in order to eliminate or explore a wide range of conditions based on physiology - endometriosis, for instance. It is also a quick way to disseminate effective health campaigns targeting women, such as promoting pap smears for cervical cancer screening.

De-sexing language has promoted the false idea that GNC men can be women and literally change their sex. This has caused confusion and led to the demand for medical services that are not required. For example, there are some GNC males who believe they have menstrual periods - something that is impossible given there is no lining for a uterus to shed. Another example is an assertion that GNC males should be able to access gynecological services when gynecologists specialize in and treat issues related to female physiology. As medical science is aware, the medical issues or symptoms a male or female has do not change, even after sex reassignment surgeries and cross-sex hormone therapy. There have also been reported medical problems from this exact issue wherein an individual is deprived of essential services related to the individual's sex. For example, in the UK, one GNC female insisted on being male at a hospital. The staff did not question the patient as the patient was classified as male in the National Health Service's system since the patient had legally changed their

sex to male. The patient was pregnant and lost the baby because the medical staff didn't treat the patient as a female (Geanous). As another example, there is now medical research that uses terms like "non-pregnant people" and "pregnant people" in researching COVID-19 in relation to pregnant women versus "non-pregnant women." Both the U.S. Centers for Disease Control and Prevention and the Australian Department of Health have used this term. This research was widely published, including in the *New England Journal of Medicine* (Bartick, p. 4).

Another issue with de-sexing women's language is that it is not inclusive of all women, further straining the lack of knowledge women have about their own health. In Canada, just 11% of women can name one or more female-specific risk factors for heart disease (*Heart and Stroke Foundation* 2023, p. 8). In a 2023 poll, "47% of American women say they don't understand the difference between a Pap test and an HPV test," while "48% say the guidance about recommended pap test frequency is confusing" (Carr). These statistics are not isolated to a particular country and are similar in numerous other countries. Phrases like "cervix owner" is not helpful in communicating information to women, especially women who are vulnerable or who don't speak French or English. Women with communication, cognitive, sensory, or mental health disabilities or challenges are also disadvantaged by this language. These disorders include aphasia, Alzheimer's, learning disabilities, and schizophrenia (SLP, p. 10). Marginalized and minority women, such as these, cannot be denied their rights to effective medical treatment due to inappropriate inclusivity protocols.

De-sexing language has resulted in the inaccuracy of facts, resulting in confusion in that populations have been included in campaigns and statements that do not concern them, such as "parents" replacing "mother." This removes the ability to concentrate on female-specific health issues, like breastfeeding, resulting in invisibility. It ignores that women have unique health issues and vulnerabilities and require protection. "The intent of "additive language" is to encapsulate pregnant and birthing females or female parents as a group but to do so in a way that avoids offense to those who do not wish to be named as women or mothers" (Bartick, p. 4). However, these terms change meaning from sexed terms that are inclusive of all female persons to gendered terms that may be confusing or inappropriately inclusive.

What does the phrase "women and birthing people" actually mean? This construction could be interpreted in a literal way as meaning that "women" are not people. Another interpretation occurs if "women" is meant or read in a gendered sense so including males with the gender identity of "woman" who cannot be pregnant or give birth. [...] The change in meaning of "women" from a sexed term to a gender identity can also mean that those women who do not have a belief in gender identity as a concept do not see themselves reflected in the gendered use of "women." Consequently, they may feel objectified by terms [...] Although sprinkling some "additive language" is often presented as a simple solution, it has its own risks, particularly when there is a need to be specific (Bartick, p. 4).

Using statistics to include everyone in conditions impacting only or mainly women, like, '1 in 20 people suffer from endometriosis' compared to '1 in 20 women suffer from endometriosis' cognitively deemphasizes the impact on women as a population (Bartick, p. 4) and makes it more difficult to effectively advocate for women (Bartick, p. 5). What we see is "'women' disappear into 'people'" (Bartick, p. 5).

Recommendations

The government revert back to using the definition of ‘woman’ to ‘human adult female’ in policy, legislation, and any communication with the general population. In order to ensure communication is clear. Sexed language must be used in publications, policies, legislation, and communications with the general population. The government and its agencies may choose to use desexed language when communication is not specific to women.

About Women’s Rights Matter

Women’s Rights Matter is a Canadian non-profit organization. We are a non-partisan volunteer-driven grassroots organization that focuses on educating, advocating, and empowering women regarding their rights in Canada.

Resources

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