

An Environmental Framework for Women's Health



Barbara Rahder | Rebecca Peterson



National Network on
Environments and Women's Health

Réseau pancanadien sur la santé
des femmes et le milieu

Copyright © 2006 National Network on Environments and Women's Health

Individual copyright to their work is retained by the authors. All rights reserved.
No part of this report may be reproduced or transmitted in any form by any means without permission in writing from the publisher.

Published by:
National Network on Environments and Women's Health
Room 019
Health, Nursing and Environmental Studies (HNES) Building
York University
4700 Keele Street
Toronto, Ontario M3J 1P3
Telephone: 416.736.5941 Fax 416.736.5986
Email: nnewh@yorku.ca
Web site: www.yorku.ca/nnewh

The National Network on Environments and Women's Health (NNEWH) is financially supported by the Women's Health Contribution Program, Women's Health Bureau, Health Canada. The views expressed herein do not necessarily represent official policy of Health Canada.

ISBN 1-55014-463-4

An Environmental Framework for Women's Health

Barbara Rahder and Rebecca Peterson

with the assistance of Christy Doyle and Jackie Kennelly

September 2000

TABLE OF CONTENTS

| | |
|--|----|
| Introduction | 3 |
| Existing Reviews of the Literature in Women, Health and Environments | 4 |
| Current Paradigms in Women's Health Research | 6 |
| Current Paradigms in Health and Environments | 6 |
| Current Paradigms in Women and Environments | 7 |
| Diversity and Women's Health Issues | 7 |
| Class Issues in Women's Health | 8 |
| Reviewing Existing Research in Regard to Women's Health and Safety in Specific Types of Environments | 8 |
| Women, Health and the Home | 9 |
| Women, Health and the Workplace | 9 |
| Women and a Range of Public Environments | 9 |
| Environmentally Induced Illnesses in Women | 9 |
| Breast Cancer and the Environment | 9 |
| Current Government Policy and Research Initiatives in Women, Health and Environments | 10 |
| Conclusions from the Literature Review | 11 |
| Women Talk About Their Health and Environments | 12 |
| Older Women | 12 |
| Home and Neighbourhood | 12 |
| Getting Around | 13 |
| Shops and Services | 13 |
| Health Care | 13 |
| Social Life | 13 |
| Priorities for Change | 13 |
| Teen Girls | 14 |
| Home and Neighbourhood | 14 |
| School | 14 |
| Work | 14 |
| Social Life | 15 |
| Shops | 15 |
| Getting Around | 15 |
| Getting Away | 15 |
| Priorities for Change | 15 |

| | |
|--|-----------|
| Native Women | 16 |
| Anishnawbe Health Centre | 16 |
| “Lost in the World” | 16 |
| Home and Neighbourhood | 17 |
| Recreation | 17 |
| Getting Around | 17 |
| Priorities for Change | 17 |
| Immigrant Women | 17 |
| Home and Neighbourhood | 18 |
| Work | 18 |
| Community Centre | 18 |
| School | 19 |
| Health Care | 19 |
| Parks and Recreation | 19 |
| Priorities for Change | 19 |
| Single Mothers | 19 |
| Home | 19 |
| Getting Around | 19 |
| Shops and Services | 20 |
| Parks | 20 |
| Work | 20 |
| Theatres | 20 |
| School and Child Care | 20 |
| Health Care | 21 |
| Priorities for Change | 21 |
| Women with a Disability | 21 |
| Home and Neighbourhood | 21 |
| Getting Around | 21 |
| Health and Social Services | 22 |
| Social Life | 22 |
| Priorities for Change | 22 |
| Working Women | 22 |
| Work (York University) | 23 |
| Work (Outside York University) | 23 |
| Getting Around | 23 |
| Home | 23 |
| Shops | 23 |
| Recreation | 24 |
| Priorities for Change | 24 |
| Conclusion | 24 |
| Voices of Diversity: Focus Group Findings | 24 |
| Women’s Environments | 24 |
| Risk and Resilience | 25 |
| Priorities for Change: Prerequisites for Health | 25 |
| Conclusions and Recommendations | 26 |
| References | 27 |

Introduction

The relationship between women's health and the environments they encounter on a daily basis is complex. Women's daily lives expose them to a wide variety of environments. The impact of these environments on their health and well-being varies by age, class, race or ethnicity, as well as a host of other individual and cultural factors. How do we begin to make sense of this complexity? What can women, health care professionals, researchers, and policy makers do to promote women's health in these various settings?

The goal of this project was to elaborate and expand NNEWH's conceptual framework on environments and women's health by reviewing the literature linking environmental perspectives and women's health, and by holding discussions with groups of women whose voices and perspectives are not necessarily found in the literature. This discussion paper provides an overview of the literature, summarizes the discussions we held with women's groups, and attempts to draw out the policy and action-oriented implications of our findings.

Our review of the literature focuses on the three overlapping fields of research: women's health, environmental health, and women and environments. We began our search by holding discussions with professional women working in these areas to identify key issues and literature in their respective fields, as well as existing gaps in research. We conducted exhaustive library and internet searches. Our findings from the literature fall into five broad categories: 1) theoretical frameworks on women's health, on environmental health and health promotion, or on women and environments; 2) empirical research on diversity in women's health, i.e., differences related to class, race, ethnicity, age, sexual orientation, etc.; 3) empirical research on women's health in different environments, such as in the workplace or home; 4) research on environmentally induced illnesses, such as breast cancer; and 5) literature on methodological issues and emerging research orientations in the field.

Our discussions with women focused on their perceptions of the environments they encounter on a regular basis. We held discussions with seven groups of women—older women, teen girls, Native women, immigrant women, single mothers, women with a disability, and women working in academia—50 women in total. We found participants for the focus group discussions by networking with various agencies and organizations including the Older Women's Network, Oakwood Collegiate Institute, Anishnawbe Health, the

Davenport-Perth Community Centre, Able York, and the York University Faculty Association. Each group developed their own list of environments that they regularly encounter, listed the positive and negative aspects of each of these environments in terms of their health, and identified priorities for change. There was a great deal of diversity within as well as among groups. We believe that their voices enrich our understanding of the diversity of women's experiences of health and environments.

Finally, we conclude this discussion paper with some recommendations for further research and for some new directions in Canadian women's health policy.

We advocate that researchers in women's health need to incorporate environmental issues into their paradigms and analysis. In a similar way, researchers in environmental health must begin to incorporate gender issues into their analysis. And researchers and activists who are concerned with women and environments, should be aware of the need to incorporate a viewpoint that uses health outcomes as important indicators of how women's environments are influencing their well-being.

In another paper one of the author's of this paper has argued that we must work toward integrating research from the fields of women and health, health and environments, and women and environments (Peterson, 1997). It is our assumption that many women's health researchers have worked in the field for years without exposure to research on health and environments, or knowledge of the field of women and environments. The integration of research in the field of women's health is a daunting task in itself, as Chesney and Ozer (1995) have suggested in their article on paradigms in women's health research. This paper is another attempt to broaden the concerns of women's health research, and to further introduce environmental concepts into the discourse around women and health. Already, there are many voices in the discussion of women's health, and many perspectives to integrate into conceptual models. It is our hope that adding another perspective will clarify, rather than confuse the process of definition of paradigms in the field, and make them more representative of the multidimensional reality of women's experiences that affect their health.

Existing Reviews of the Literature in Women, Health and Environments

Kettel (1996) has reviewed literature on women/health/

and environments with particular emphasis on women's interaction with the biophysical environment and the implications of that interaction for environmental health. Kettel identifies three critical aspects of women's lives that impact significantly on women's health worldwide: poverty, illiteracy and gender bias. She also advocates that careful attention to the actual spaces that women occupy and the activities that they carry out in those spaces leads to a much clearer analysis of the differences between men and women in the types of spaces that they occupy. She develops the concept of "disease environments." She defines them as "aspects of, or places within women's life spaces that support environmental illnesses." (p. 1371) She advocates that the "creation of disease environments can be prevented, or alleviated, by integrated planning that considers the biophysical and health consequences of proposed technological interventions. However, what few health policy analysts have recognized is that the 'disruption of equilibrium' in a local life space may also be a gendered phenomenon, with very different implications for women and men in the same biophysical environment" (p. 1371).

A basic premise that Kettel (1996) develops is that

in all human communities, use and management of local life spaces is a gendered phenomenon, as women and men tend to occupy, use and manage aspects of the biophysical environment in a gender-differentiated manner. A detailed understanding of how women's (and men's) patterned interaction with the life space they occupy exposes them to health risks is central to articulating and promoting a gender-sensitive environmental health agenda. (p. 1368)

Kettel (1996) summarizes the following needs for development of appropriate health policy for women. First, it must not focus only on reproductive health. Better data is required on women's morbidity and mortality and on women's gender-differentiated exposure to environmental illnesses. She also calls for broader based participation of women in the formulation and implementation of environmental health policy worldwide.

Peterson (1997) reviewed literature on women/health and environments with a particular focus upon the need for cross-fertilization of ideas among disciplines and across groups of women activists. Peterson's review was divided into three sections: women's health research,

health and environments research, and women and environments research. The literature in the three fields showed very little overlap or knowledge of the other fields. Peterson advocated that there is a need for a process-oriented research agenda that pays attention to the development of a multi-disciplinary approach in this area of concern. The women's health research agenda needs to include environment, the health and environments research agenda requires more attention to gender, and the women and environments research area could focus more upon health outcomes as they relate to women's environments. In the intervening years since the writing of that paper, there has been some movement in the desired direction, but the overlap that was desired among the research areas surveyed did not develop as rapidly as was hoped.

Current Paradigms in Women's Health Research

Barnett (1997) has addressed the question of how paradigms shape the stories we tell, in relation to gender and health. She advocates that in the beginning researchers were focused on gender and health, with a search for differences as the central issue. Then as time went on, a two sphere viewpoint emerged with studies of men focusing more on the impact of work on physical health, and studies of women looking primarily at family experiences and their impact on mental health. This viewpoint has recently been modified to include both work and family experiences for both men and women, with outcomes including both mental and physical health. Such an obvious shift in analysis to include more dimensions for both men and women is important in the history of gender and health, in that it refocuses research questions that were originally skewed by inadequate assumptions about the impact of spheres in the lives of men and women.

Chesney and Ozer (1995) suggest a model for organizing the rapidly expanding field of women's health research. They propose a circular model with content areas dividing the circle. The areas that they include are: societal influences on women's health, gender influences on health risk, leading causes of death among women, diseases more common in women than in men, reproductive health, women and health care policy, and violence against women. The authors then go beyond the question of content to the underlying processes that are being discussed in the literature, for example, the need to increase participant diversity, gender appropriate variables and measures, and the use of quantitative and qualitative methods in women's

health research. Finally, they point out that a variety of conceptual models are emerging in the study of women's health. They advocate that women's health can best be advanced by the involvement of a wide variety of disciplines and perspectives. They suggest that content areas must expand as the field grows and develops. They use examples of including new content areas concerned with life span, multicultural, and international perspectives (p. 18). However, it is apparent that environmental issues are not yet identified as critical content areas in this particular review of women's health research.

Canadian women's health researchers have proposed that there should be a women's health research institute within the Canadian Institutes of Health Research. In the proposal which came from the working group that included a number of leading clinicians, researchers, health care providers, representatives of consumer groups, advocates and policy makers, the field of women's health research is defined as including a number of core themes. They were mental health, violence against women/girls, pregnancy and childbirth, unintended pregnancy, older women, reproductive health, and female cancers. Environmental health was included in a list of health issues that are less understood in women. The other issues in this list were again mental health, cardiovascular disease, cancers, HIV/AIDS, unintended pregnancy, clinical pharmacology, women with disabilities, and issues related to immigrant women and women of colour. This proposal was produced by the Working Group on CIHR, Gender and Women's Health Research (January 2000). This document could be an indication of the current assessment of central issues in women's health research in Canada, and the position that environmental health issues occupies within the field of women's health. It is seen to be an area where more work is needed, but it has at least been identified as an area of concern within women's health research.

O'Leary and Ickovics (1995) also address the question of paradigms in women's health research. They note that the emergence of concepts such as resilience and thriving allow us to move away from the vulnerability/deficit model of women and to focus on women's strengths and their ability to thrive in the face of adversity. Their article suggests that there are many women who face adversity, and after the fact move beyond mere recovery to a new state of functioning which they would label as "thriving." They define "thriving" as "a dynamic process of adaptation, influenced by numerous individual and social factors; it emerges

and changes over the life course and may be identified in behavioral, cognitive, or affective domains." They suggest that "knowledge of the factors that promote thriving can provide an important foundation for a paradigm shift away from a focus on illness and pathology toward one that understands, explains and nurtures health" (p. 121). Environmental health research in women's health research could begin with a focus upon environments that promote disease, as well as environments that promote thriving. Any framework in the field should include concern with both the positive and negative impacts of environments. Our research approach asked women to comment on environments that they occupied, and the negative and positive impacts these environments had on the diversity of women in our focus groups.

Cuomo (1998) has written extensively on the concept of flourishing. Her attention to the requirements for flourishing might be useful in the development of the concept of thriving as it applies to women's health in environments. Such a dialogue might be developed further in a future paper.

Blankenship (1998) addresses issues of race, class and gender in the analysis of "thriving". She suggests that earlier research has ignored the extent to which one's position in the social hierarchy influences one's ability to access resources to promote thriving in the face of adversity. She gives an example of the comparison of the gay community's response to AIDS as compared with the black community's response to the AIDS crisis. In this case, two communities responded differently, with the gay community demonstrating a favorable social position from which to mobilize resources for thriving, in comparison with the unfavorable position of the black community in response to a similar threat. The main point made by Blankenship is that race, class and gender issues cannot be ignored when one is developing a concept such as "thriving." We would argue, in a similar way, that environmental issues are parallel to resource issues, that one's position in the social hierarchy influences one's environmental opportunities, and exposure to hazards, and that these factors should also be included in any analysis of factors contributing to or preventing "thriving."

One stream of women's health research that has noted the importance of environmental factors in determining women's health is the stream of research and theory on "empowerment and women's health." Stein, in her book *Empowerment and Women's Health* (1997), has written a substantial chapter that develops a model of immunosuppression resulting from social

and environmental factors. She has also developed a model that illustrates how positive social and environmental factors, including empowerment, may contribute to positive health outcomes and an increase in immunocompetence. Although she is applying this model to international health issues, a similar model might be useful in our research effort, i.e., it can be used in any environment to create a theory about how environmental factors are translated into positive or ill health outcomes. We have reproduced two figures taken from Stein to illustrate the cycle of negative health, and the contrasting cycle of health enhancing experiences that may result from positive life. This emphasis upon development of theory that encompasses both positive and negative life circumstances as factors affecting health is very useful for analysis of environmental influences upon the health of individuals.

Current Paradigms in Health and Environments

Chu and Simpson (1994) have edited a volume of papers on ecological public health. These papers address environmental issues in health promotion, and as such they represent cutting-edge paradigms integrating health and environments. Two approaches in their book are noteworthy for this review of the literature. Chu suggests in her introductory overview that taking a “settings approach” is a useful strategy. She quotes from the Ottawa Charter for Health Promotion published by WHO (1986),

Health is created and lived by people within settings of their everyday life: where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one’s life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members. (p. 4)

Chu states, “A setting is the place and or the social context in which people engage in daily activities and in which environmental, organizational and personal factors interact to affect health and well-being” (p. 4). She proposes taking a setting approach to working toward creating a healthy infrastructure for ensuring a sustainable future. The settings that she identifies as critical are school, health service sectors (hospitals, community health centers, and general practitioner clinics), workplace, communities, and cities. Barker

(1968) and many others within the field of ecological psychology, have proposed that taking a setting approach to looking at everyday life is a very important theoretical and research tool. They have carefully defined an approach to defining and analyzing settings as important aspects of environment. Peterson (1975) used a setting approach to analyze the impact of air pollution on daily behaviors of individuals engaged in recreation behavior in Los Angeles. This approach is not unfamiliar to the authors of this review. In our focus groups, we used a setting approach by asking participants to identify key settings that they participated in frequently in their daily lives. Then we asked them to talk about the positive and negative health impacts of those settings on their lives. One outcome of our use of this method was the possibility of looking at which settings each group considered important, rather than imposing a standard list upon the participants.

So although Chu and Simpson did not identify gender as an important category in their framework for environmental health, they identified the importance of taking a settings approach, an approach that the authors of this paper consider to be very important in analyzing the connection between women’s environments and their health.

In this same book edited by Chu and Simpson, Brown identifies the importance of linking health with both equity and sustainability. In her chapter she explores the challenges in taking such an approach. We share this concern for linking health and sustainability with equity, and assume that research such as that which we are reporting on is an essential step in this process. Brown (1994) quotes Kickbusch as identifying four essential elements for an ecological approach to health and environment concerns:

- Overcome fragmentation of knowledge
 - Work on the precautionary principle
 - Go beyond specialized information
 - Use multiple methods of investigation.
- (p. 60)

Stokols (1992) has developed a framework moving toward an ecological analysis of health promotion, focusing particularly on the conceptualization of health-promotive environments. The central question Stokols addressed was the following: What environmental qualities of organizational and community settings are especially health promotive? He has articulated a number of core assumptions underlying what he calls the social ecology of health promotion. First, the

healthfulness of a situation and the well-being of its participants are assumed to be influenced by multiple facets of both the physical environment and the social environment and also by personal attributes of the individual or group members. Second, analyses of health and health promotion should address the multidimensional and complex nature of human environments. Third, just as environments can be described in terms of their relative scale and complexity, the participants in those environments can be studied at varying levels ranging from individuals, small groups, and organizations to larger aggregates and populations. Fourth, Stokols states that the social-ecological perspective incorporates a variety of concepts derived from systems theory to understand the dynamic interrelations between people and their environments (pp. 7-8). The complexity of the problems that we are addressing in this research is illustrated by this multi-faceted table developed by Stokols. It is impossible to address all these issues in this research project. However, we are using the lens of gender to focus in on some of the significant potential areas for research on women/environments and health. In that regard, we are also using the focus groups with a diversity of types of women to clarify the extent to which diversity among women must also be addressed in research on health and environments.

Current Paradigms in Women and Environments

Wyman (1999) has published an edited volume of women, health and environment articles in collaboration with Friends of the Earth, Canada. This volume documents the contributions being made globally by women who are analyzing connections between environments and women's health, and activists who have organized to change some of the disease inducing aspects of environments that have affected them directly. The collection is very useful in that it bridges the gap between academic analysis and activism, and that it also brings to light many of the environmental issues that concern women in the communities that we all inhabit. Among these issues are issues of pesticide use, chlorine and dioxins, nuclear radiation, air pollution, environmental causes of cancer, occupational health and safety, and women's traditional approaches to healing. Also included are stories of women organizing for clean production and organic food. This is a side of the women/health/environments research initiative that cannot be ignored. In the face of scientific skepticism and denial of connections between environment

and health, these women have seized the moment, and worked with the precautionary principle as their guide in many cases, toward changing their environments into healthier places for themselves and others.

Altman and Churchman (1994) have edited a book titled *Women and the Environment* that summarizes some of the research in a field of research that began with a volume published by Wekerle, Peterson and Morley (1980). A Canadian publication, *Women and Environments International*, continues to publish articles in this field of study that is little known to women's health researchers. One reason for the low profile of this research within the women's health research community could be the lack of explicit attention to health as a major indicator of the adequacy of women's environments. However, it is our view that the research that has been carried out in the field of women and environments over the past twenty years has potential for application to frameworks for analysis in women/health/ and environments.

Diversity and Women's Health Issues

A number of recent books have addressed questions of diversity in women's health issues. Ruzek, Olesen and Clarke (1997) have published a volume that gives an excellent overview of the health needs of various groups of women, including women with a disability, and numerous groups of women from diverse ethnic groups and backgrounds. Adams (1995) has edited a volume that contributes to the discussion of these issues. These are important contributions to the perspective that women's health issues are not monolithic. In this paper, we are aware of the need to focus on the diversity of experiences that women have in their environments, thus the emphasis upon having focus groups with a wide range of groups of women, including immigrant women, older women, single parent mothers, women with a disability, native women, teen women, and women in the workplace. There were a number of women of colour in the groups of immigrant women and single parents. The complexity of issues in a study that looks at a range of groups of women and a range of environments for each of those groups is somewhat daunting; however, the need for addressing this complexity is clear, and the women's health literature has made great strides in the recent past in integrating these perspectives on diversity into their paradigms and analysis. Other books that address issues of diversity include Bolaria and Bolaria (1994), and Stout and Kipling (1998).

Even though we spent many hours researching environmental health issues as they relate to women of color and aboriginal women, the literature in these fields is widely dispersed, or non-existent. We have some literature that addresses health issues of aboriginal women (Stout and Kipling, 1998) in the context of a larger review of issues that affect aboriginal women in Canada. Or we have literature that addresses health problems of native women or women of color in the United States, such as the book by Bayne-Smith (1996) on *Race Gender and Health*. Much of this literature makes the connection between race and class as important predictors of health, but very little attention is paid to environmental factors. On the other hand, there are some very pointed analyses of the differential impact of toxic environments on women of color and native women in both Canada and the United States. Some of this research is reported in the environmental justice literature in books such as *Toxic Struggles* by Hofrichter (1993) and *Ecofeminism: Women, Culture and Nature* by Warren (1997).

Class Issues in Women's Health

It is clear in the literature that there is a demonstrated link between socioeconomic status and health, and that women are more likely to be poor than men (Adler, Boyce, Chesney, Cohen, Folkman, Kahn, and Syme, 1994). Poverty increases the likelihood that we will be exposed to environmental hazards. Our choices of environments decrease with lower income. Of note is a recent chapter by Raphael titled "From Increasing Poverty to Societal Disintegration: How Economic Inequality Affects the Health of Individuals and Communities" (2000). This summary of the literature in Canada and the United States is quite useful in its succinctness and usefulness. Quoted in this chapter is research by Raphael, Brown, Renwick and Rootman, (1997) that suggests the means by which the by-products of economic inequality can produce health effects. Of direct relevance to the concerns in this paper is the category of "belonging" that addresses a person's fit with her/his environments. The concept of "belonging" is broken down into three categories, i.e., physical belonging, social belonging, and community belonging. These categories are consistent with our own analysis of the multi-faceted nature of environment as it relates to women's health.

The environmental justice literature is very relevant in this regard. It is also relevant to the issues that face women of colour. Race and class are both central is-

ues in the literature addressing the negative impact of hazardous environments on groups of people. Of particular note in this regard are the works of Bullard (1990, 1994) and Camacho (1998).

The literature on health and well-being in cities acknowledges the role that economic position plays in one's access to healthy environments. Of particular note is the research by Satterthwaite (1993) and Hardoy and Satterthwaite (1997) that summarizes environmental health issues in urban environments throughout the world. Emphasis in this research is upon developing countries, with a clear analysis of the impact of poverty on environmental quality and health. Recently, Hancock (1996) has written about the linking of healthy cities and sustainability. These concerns are also relevant to the creation of a framework on women, health and environments.

Reviewing Existing Research in Regard to Women's Health and Safety in Specific Types of Environments

Women, Health and the Home

Doyal (1995) has a chapter in her book, *What Makes Women Sick: Gender and the Political Economy of Health*, devoted to a discussion of health issues in the home environment. The basic points she makes in this chapter focus on the literature on women and domestic work, and women and the home. For example, it is well known that women experience the combined impact of workplace and home stress. Women still carry the greatest burden of household work. Women are exposed to cleaning substances and other toxins in the home environment. Women are at risk of domestic violence in the home environment. Women are carrying more responsibility for childcare and elder care as government cutbacks increase the burden on the family. Women are also more likely to care for sick family members with government cutbacks in hospital care. Although these often noted hazards of home life for women are well-documented in the literature, somehow the home is many times overlooked as a significant environment that affects women's health. Some early research in this area (Rosenberg, 1984) was very clear in linking the home environment to health issues. Recent reviews of literature in this area were not easily found in our analysis of the literature. It may be that the research in this area is not proceeding very rapidly, although concerns about violence in the home, and other impacts on women's mental

health are evident in the literature on women's health issues. Some theoretical frameworks would be useful in this area to encourage the linking of women and environments research on the home environment to health outcomes.

Women, Health and the Workplace

Workplaces have been studied often, and their contribution to women's health has been noted in a number of fields of study. Occupation health research is increasingly focused on the impact of the workplace on women's health. In addition there is much interest in occupational exposures to toxins and in particular their impact on women's reproductive health. Recently there is increasing interest in exploring the links between work environments and the increasing incidence of breast cancer in women. Many authors have explored the impact of stress on women in the workplace. Double day and combined impact of work and home continue to be important research concerns in the literature on women's health.

One topic that has received less attention, is that of the impact of sick buildings on women's health. Numerous studies have documented gender differences in reporting of symptoms in sick building situations. "Gender differences in Sick Building Symptom reporting (more symptoms having been reported by more women than men) subsequently have been confirmed in many studies" (O'Reilly, Hagan, Gots and Hedge, 1998, p. 125). SBS reporting is also related to occupation factors such as computer use and job stress, and organization factors such as organization type and office type. There are many interesting issues to be explored in regard to this question of how sick building syndrome is analyzed and interpreted. The authors of this paper view that this is a very fertile area for future research in women/health/ and environments, and that up to this point, there have been few feminist analyses of the work in this area of study.

Another area for potentially productive research is the link between workplace hazards and breast cancer. A recent article by Labreche (1997) has summarized research on potential associations between breast cancer and workplace exposures. This careful review of research that has been carried out linking occupational exposure to breast cancer, is very much worth reading. We conclude that there is much to be done in this area of study, and this article should be more widely known in women/health/ and environments circles.

Women and a Range of Public Environments

Day (2000) has summarized the research on women's experiences of public space using the "ethic of care" as a framework for analyzing the positive and negative aspects of public spaces for women. "The ethic of care is a model of moral development in which the highest moral imperative requires taking care of needs and sustaining relationships" (p. 103). Day examines how the ethic of care creates constraints for women's use of public space, by encouraging women to put others first and by reinforcing women's primary responsibility for care-giving. However, there are also possibilities for extending care to encompass public spaces, and Day explores how women both give and receive care in public spaces. Day summarizes a body of literature that is extensive on women's use of public environments which serves to remind us that women's use of environments extends far beyond the home and the workplace into all the spheres of society. Safety is a central concern for women in public spaces, and Wekerle and Whitzman (1995) and Whitzman and Wekerle (1997) are excellent examples of research that illustrates how design of urban environments affects women's sense of safety and vulnerability in public spaces.

All of these negative impacts on women's lives add to the stress that women experience daily in their environments. The linking of the analysis of these constraints in the urban environment and women's health would seem to be a fruitful area for future research. Day's paper (2000) is an example of the kind of synthesis of existing research that is necessary for us to take the next steps in the linking of women and environments research with health outcomes for women in the urban environment.

Environmentally Induced Illnesses in Women

There are many illnesses that might be environmentally induced in women. It is beyond the scope of this review to cover all these possible illnesses in this one document. However, the authors have chosen to focus upon breast cancer and the environment because of the widespread interest and activity in this area, among both activists and researchers.

Breast Cancer and the Environment

Many activists and researchers are pursuing research on the possible environmental causes of breast cancer. The concern with this link is widespread and growing,

as is the research that demonstrates possible connections between radiation, pesticides, and other chemical contaminants, and breast cancer.

In his book, *The Politics of Cancer Revisited*, Epstein documents the links between cancer incidence and exposure to environmental toxins :

Cancer is a major cause of misery and death. Moreover, the distribution of hardship falls unevenly on those with least resources. Cancer cannot be explained away as something that just “happens” to people. Rather, we need to see many cancers as being caused by exposure to carcinogens in the workplace, in consumer products, and in the general environment. These cancers are largely preventable—if the real nature of their causes is understood and the fight against them becomes a political priority. (Epstein, 1998, p. 323)

Epstein is highly critical of the cancer research establishment in the United States and Canada. He accuses them of failing to accurately portray the environmental links to cancer incidence. Breast cancer is a central focus of much of his research. He has produced a table summarizing Unpublicized Common Breast Cancer Risk Factors (p. 477).

Steingraber (1997) has written eloquently of the links between toxic chemicals in the environment and cancer. Although her research has not specifically focused on breast cancer alone, the way that she weaves her own experiences as a cancer survivor, and her knowledge of toxic contamination and cancer incidence, is an example of a powerful new form of writing that characterizes this field. The passion with which she addresses the issues is mirrored in the writing of others, such as Williams (1991), who has written so clearly of her family history of cancer and the links that she has made to the environment surrounding them. So this literature is characterized by both passion and scientific analysis.

Bridging the gaps between scientific analysis and concern for the impacts of the illnesses leads one to advocate in many cases for the application of the precautionary principle in relationship to the use of toxic chemicals that are suspected of being carcinogens. Evidence of effects is many years down the road in most cases, and by then, the substance has already made its impact on the health of individuals. Raffensperger and Tickner (1999) have edited a volume *Protecting Public Health and the Environment: Implementing*

the Precautionary Principle that includes a number of important articles about application of the precautionary principle. This is the approach favored by many activists in the field. Of note in terms of their activism on the issue of breast cancer and the environment are the WEED Foundation and the Women Health and Environments Network both of Toronto, WEDO in New York City, and The Silent Spring Institute on Cape Cod. A film, developed in Toronto by the Women’s Network on Health and the Environment, documents the environmental links to breast cancer. This film, “Exposure” is being shown widely, along with public discussion and information sessions. An educational resource guide and community handbook titled “Taking Action for a Healthy Future” is available to be used alongside the film. This booklet has a very useful summary of reference materials on breast cancer and the environment.

The Silent Spring Institute is a partnership of scientists and citizens concerned about potential environmental links to breast cancer. It was formed in 1994 by the Massachusetts Breast Cancer Coalition in order to search for answers to questions about elevated breast cancer rates on Cape Cod. The focus of this research is on hormone disruptors that reach the environment from pesticides, plastics and detergents. In addition, the Silent Spring Institute is also conducting a study comparing high and low incidence areas within census tracts in Newtown. These research studies are referred to on the web site for the Silent Spring Institute, i.e. www.silentspring.org. A similar group that is mapping breast cancer hotspots in the United Kingdom is WEN. This group has a very interesting web site at www.wen.org that details the research that they are conducting, along with resources and relevant books and publications on breast cancer and the environment.

Current Government Policy and Research Initiatives in Women, Health, and Environments

Some governmental agencies are beginning to contribute to the research agenda for women/health/environments. In many cases, the work of the activists like those mentioned in the previous section, have helped to create the social conditions for the scientific and policy initiatives that are now beginning to emerge in some governmental organizations.

In the United States, the National Institutes of Health has just celebrated the tenth anniversary of the founding of the Office of Research on Women’s

Health. Established in September of 1990, this office became the first office in the Public Health Service dedicated specifically to women's health and research. The National Institute of Environmental Health Sciences, a part of the National Institutes of Health, has a web page devoted to "Women's Health and the Environment." Of note on this page are references to breast cancer and the environment, and the possibility that other conditions such as endometriosis, uterine fibroids, osteoporosis, and autoimmune diseases may have environmental linkages (www.niehs.nih.gov/oc/fact_sheets/womens.htm). Also of note is the Laboratory of Women's Health, a newly created aspect of the National Institute of Environmental Health Sciences. This group is studying ovarian toxicity, and a summary of their work can be viewed on the web at <http://ehpnet1.niehs.nih.gov/docs/2000/108-1/niehsnews.html>.

The Assistant Administrator of the Environmental Protection Agency's Office of Prevention, Pesticides and Toxic Substances, Lynn Goldman, gave a speech in 1998 at Tulane University titled "Current Initiatives on the Environment to Strengthen Women's Health Protection." This speech, available at www.epa.gov/opptsfrs/home/wtuln2f.htm, highlights work being done in EPA to study and screen for endocrine disruptors in the environment. Endocrine disruptors have been identified by many researchers as potential carcinogens and critical problems for many groups, including women. Colborn, Dumanoski, and Myers (1996) have documented threats posed by endocrine disruptors in their landmark book *Our Stolen Future*. Goldman has also given a speech documenting EPA's efforts to prevent breast cancer. (1998, www.epa.gov/opptsfrs/home/hhsbcfi.htm)

The World Health Organization has published a technical paper titled "Gender and Health" (1998, WHO, www.who.int/frh-whd/GandH/GHreport/gender_tech.htm). Some environmental health issues are raised in this paper, however, they do not figure prominently in the dominant themes of the paper. In contrast, WHO has a web site devoted exclusively to the question of protection of children's environmental health (www.who.int/peh/child/index.html).

These examples of initiatives being taken in the United States and in the World Health Organization, are not paralleled by similar highly visible initiatives on women/health/ and environment within the Canadian Federal Government. If there are similar initiatives in Canada, they are not well publicized or readily available on the internet, as are the U.S. and WHO initiatives. This would suggest that there is a need for focus

upon women/health/ and environment in Canadian government research priorities.

Conclusions from the Literature Review

First and foremost, among our conclusions, we would encourage health researchers to put more emphasis upon environmental factors in their analysis of women's health issues. Secondly, we would similarly encourage women and environments researchers to incorporate "health" outcome variables into their frameworks of analysis. Third, we note that health promotion research is already moving rapidly toward incorporating environmental factors into theory and research. This momentum toward environmental frameworks might be useful to women/health/environments research. Dialogue with health promotion researchers and theoreticians who are working in these areas might help promote our understanding of both the pitfalls and the opportunities in moving toward environmental analysis.

We were disappointed to find that when we looked at issues of race, class and gender as they intersect with environment there was very little literature that could be found that specifically addresses these issues. There is much written about race and class as they intersect with women's health issues, but most often, environment is missing from this analysis. This was also true when we looked at aboriginal women's health issues as they intersect with environment. The research on environmental justice is full of specific examples of cases where exposure to toxins and other health hazards fall disproportionately upon members of groups who are of low income, or who are people of color. However, analysis that includes a diversity of voices speaking about environmental influences upon health, is lacking in the literature. Our decision to incorporate a wide range of women's voices within our focus groups is a contribution to the literature, in that there are not such stories presently available that incorporate environmental health issues with issues of diversity.

We found it difficult to summarize the literature on environmental influences on women's health in the workplace. On the one hand, there is an abundance of literature on women and workplaces; however, it was difficult to identify summaries of the literature that used an environmental framework. The recent article on potential impacts of workplace hazards on the incidence of breast cancer, and the concern with indoor air quality and its impact on women's health

are two examples of fruitful research areas. It would also be useful if some theoretical frameworks could be developed that are explicitly environmental in their focus on women's health in the workplace.

Similarly, there is a need for organization and synthesis of what is a smaller body of literature on the health impacts of the home environment. The home is a very important environment for women's health, as authors such as Doyal (1995) and Rosenberg (1984) have pointed out so clearly. However, the recent literature in this area is not easily identified, and it may not be proceeding rapidly. There is a need for development of theoretical frameworks and research priorities in this area of analysis. It is a potentially fruitful area that requires some concentrated efforts.

In contrast, the research on women and public spaces is proceeding rapidly, with much emphasis upon both safety in the urban environment, and the constraints that women face in public spaces (Day, 2000; Wekerle and Whitzman, 1995; Whitzman and Wekerle, 1997). This work could be productively linked with analysis on women, health and environments.

The research on breast cancer and environment, and the activism in this area, are both developing rapidly. For this reason, we focused upon this topic as our major concern in the section on environmentally induced illnesses in women. However, there are a number of potential diseases that one could identify in summarizing the literature in this area. We were unable to cover the entire field in this article; however, we are aware that there are many people concerned with environmental linkages to other diseases, such as immune deficiency problems associated with chronic fatigue syndrome in women. These are important areas for research, and we are in no way suggesting that they should be ignored. In fact, there is a need for a literature review which exclusively addresses this field of environmentally-induced illnesses in women.

Our concerns were not limited to academic research. We tried to bring in issues of activism and policy where they were relevant. In our concluding section we gave a quick overview of the policy initiatives in this area in the United States and Canada. This was a cursory glance at the public initiatives that were available on the internet. We also included some nongovernmental organizations where they were applicable. It is evident that this could again be the topic of an entire review paper. We are only highlighting the problems and opportunities that are clearly visible at present.

In conclusion, we have tried to give an overview of issues that must be addressed in developing a frame-

work for environments and women's health. The next section brings in the analysis of the information that we acquired when we asked women to talk about their environments and their health.

Women Talk About Their Health and Environments

Women's experiences and perceptions of their health and environments differ. They differ in terms of the types of environments they encounter day-to-day, and in terms of the risks and opportunities that they encounter. We met with seven different groups of women—older women, teen girls, Native women, immigrant women, single mothers, women with a disability, and working women—in order to hear directly from them about their various experiences and perceptions of their health and environments. In this section, we begin by highlighting what we were told by each group, and conclude by looking at what is different and what is shared in common among these various groups.

We asked each group of women to name the environments that they encounter on a day-to-day basis. Each group generated a list of these environments, and while no two groups developed an identical list, common themes emerged that we found useful in describing and analyzing these discussions. We also asked women to identify the positive and negative aspects of each environment, in terms of the environment's impact on their health and well-being. Finally, we asked women what needs to change. We have quoted directly from participants, where possible, to illustrate the points that they raised in their own words.

Older Women

Six women between the ages of 55 and 85 met in the boardroom of the Older Women's Network on October 26, 1999 to discuss their experiences and perceptions of their own health and environments as older women. The environments that they listed were: home/community, TTC/mobility, streets, markets/stores, restaurants, business/work/workplace, doctors/dentists/hospitals, social/volunteer organizations, entertainment, education, and family.

Home and Neighbourhood

The older women who live alone talked about how much they valued their autonomy, privacy, and being able to reach out to others when needed without having

to share their space with their adult children. On the other hand, they also worry about being vulnerable to household hazards such as slips and falls: “Will anyone find me?” Some also worry about intruders, and one woman told about a neighbour who had been raped. She noted that if you live alone and call for help: “Nobody hears!” Some women also reported feeling lonely living alone.

The older women who live in co-ops enjoy knowing their neighbours and the mix of people in their co-op, yet these women also worry about their safety and security. Some also bemoaned the lack of privacy: “There is too much togetherness and too many meetings.”

Participants agreed that it is best not to live with your adult children, if possible. While these women clearly love their children and grandchildren, they tend to worry about being manipulated by their children, about feeling trapped, or about being used as full-time baby sitters. “Kids try to tell you what to do.” Most agreed that it was much preferable to live apart because you can just: “Kiss the grandchildren and then say bye-bye.”

Getting Around

The older women who live in downtown Toronto enjoy walking in good weather, noting that it is fun, stimulating, and healthy. However, they also expressed concerns about purse-snatchers, falling (particularly in winter), accidents involving cars and bike couriers, car emissions, horns and road rage. Some noted that traffic lights change too quickly for old people to get across the street safely.

Most participants also reported preferring public transit to private cars, although they lose some spontaneity as a result. They are clearly aware that transit is a healthier environmental alternative to private vehicles, and appreciate both the speed and reliability of the subway system in Toronto, and the courtesy of other riders who offer them seats or other assistance. At the same time, older women do not feel safe taking the subway at night, and many do not go out at night at all. Subways are inaccessible to some because of broken escalators and locked or poorly located elevators.

Shops and Services

The older women we talked to enjoy outdoor markets in good weather and particularly enjoy shopping at small, local businesses where shop owners greet them and recognize them as part of the community. They appreciate non-smoking environments, shopping carts they can lean on, and special seniors' section in banks

where they can sit while they're waiting to be served. Some enjoy walking in malls during the winter to get needed exercise.

Many noted, however, that shopping environments appear to be deteriorating. Services are declining in stores and banks: “Staff are being cut back to save money.” Second-hand smoke, perfume, loud music, and hard floors make it difficult and unpleasant for older women to go certain places. Several are also concerned about poor air quality and sick building syndrome.

Health Care

Older women appreciate the increasing choice in health care, including community health clinics and alternative medical practitioners. Clinics are valued for their flexibility, the range of care they provide, and their community approach.

On the down side, clinics, doctor's offices, and hospitals are increasingly overcrowded, requiring older women to wait longer and then get less attention from the attending physician once they are seen. “Doctors don't take the time to listen to older women.” Older women reported having to shave themselves before surgery, and to bring their own towels, pillows, and blankets to hospital. Many are afraid of the health risks in going to hospital because: “There is a rise in in-hospital infections.”

Social Life

Older women say that they keep healthy by getting exercise, taking trips, and interacting with other people in various settings, such as church socials, volunteering, and taking classes. They noted that they enjoy seniors' discounts and free tickets to all kinds of activities. Too much of a good thing, however, can lead to burn-out and other risks. In particular, older women noted the risks associated with casinos: “You can get lured into gambling with free food and transportation.” Older women worry about being taken advantage of, becoming dependent, and losing their autonomy.

Priorities for Change

When asked what needs to change, these older women identified affordable housing, adequate incomes, and nutritious food as the most important factors influencing the health of older women. They clearly think that the government is not doing enough to provide for these basic needs.

Older women were critical of government attitudes that suggest that: “Health is a right, housing is a privi-

lege.” They noted that social ills have a direct impact on health. As one woman said, “Government should provide enough money so people can eat properly.” They noted that most older women were unlikely to have had jobs that would generate adequate pensions. Forced early retirement and job loss due to cutbacks or to businesses relocating to the US tend to exacerbate these problems: “You lose your place in the world”—as well as your pension and benefits.

Older women see improved access to affordable health and dental care as the second most important priority. Health and dental problems increase with age. “Stress-related illnesses lead to greater dental damage, too.” Most think dental care should be covered by the Ontario Health Insurance Plan.

Older women think that governments are not doing enough to protect the health of Canadians. They think that tenant protection should be improved because: “Fear and insecurity has taken its toll [on health].” They also think that the enforcement of environmental laws should be improved. Worry about genetic engineering is also significant.

Older women hope that as more baby boomers age, the voice of older women will get stronger and be heard more clearly by government.

Teen Girls

Eighteen girls in a Physical Education class at Oakwood Collegiate on November 16, 1999, discussed their experiences and perceptions of their own health and environments as teen girls. The girls were divided into three groups of six. Each group developed a list of environments, as follows. One group listed: Oakwood Collegiate, home, workplace, transportation, hangouts, and cottages/camps/travel. A second group listed: coffee shops/bars/clubs, neighbourhood, work, TTC, malls, and school. The third group listed: work, home, social life/friends, school, stores/other public places, and TTC/on the street.

Home and Neighbourhood

Girls described home as the place where they feel appreciated, where they can get advice from parents, and offer advice to younger siblings. For most, home is where they get love, comfort, food, rest, and a sense of safety. Most girls said they feel relaxed in their neighbourhood, and don’t worry about appearances because “you don’t feel like you have to impress anyone.”

Girls complained about parents and siblings, as well. In particular, girls thought that their parents’

expectations were too high, that they asked too many questions, and that their rules were too strict. Girls said that their mothers tried too hard to understand, but could not: “They think our life is so easy. It isn’t.” They complained that girls have more responsibility and less freedom than boys. “You are never old enough to do what you want, but you are always old enough to do what they want you to do [like housework].” Some also mentioned more serious conflicts at home, parents who fight and don’t listen, and being unable to talk to their parents. One girl reported, “My dad throws things at me when he’s mad.”

Some girls also mentioned living in rundown buildings, or near drug dealers. Some are concerned about their parents’ smoking, about chemicals in the home, about smells, cracked walls and ceilings, holes in the floor. Others feel unsafe because of the landlord, or because they live on a “quiet, dark street.”

School

Girls said that teachers are good, mostly friendly, and important: “Teachers can create a positive atmosphere and encourage open discussion.” They can inspire girls and “help you find out who you are.” School can be a place where girls make new friends, play sports, enjoy a healthy school “spirit,” and begin to “learn a little more about what it will be like to be out in the world.”

Teachers can also create a negative atmosphere and “put you down.” Girls feel a lot of pressure at school—pressure to do well, to get good grades, to find a job, to compete with each other and with boys, pressure to know “what you want to be.” Some rules are seen as too strict, and some girls “don’t feel listened to.”

Girls said that there is also a lot of stress in the hallways and at school entrances related to different “crowds” in the school: “Different groups use different doors in the school—everybody looks and says things if someone from a different crowd uses that door.” Girls report that there is conflict over appearances and money: “You are judged by your clothes, your hair, and rumours.” Some girls have been physically threatened.

School facilities also create problems for girls. Washroom stalls do not have locks, so girls feel unsafe going by themselves. After school, washrooms, many of the stairwells, and the school doors are locked. Cuts to the school budget have also meant fewer sports teams.

Work

Girls who had jobs described working as positive primarily because of the money they made, and the

things this allows them to buy. They also noted that it was an opportunity to gain experience, to acquire new skills, meet new people, and sometimes have fun. For some it might also: “Help you decide what you want to do in life.”

On the downside, girls reported being treated differently than boys. “Guys take over and think they’re better.” Many also said that working was stressful, that customers are rude, and that other employees, supervisors, and older workers look down on teen girls and boss them around: “They look down on you and make you do the dirty work.” “Nobody respects your opinion.” Many of these girls also complained that working added to their stress because they are tired, “never get enough sleep,” can’t get their school work done, have no job security, and someone is always looking over their shoulder.

Girls who did not have jobs talked about the difficulties they faced trying to find work. “Nobody wants to hire me; nobody wants to give me a chance.” These girls said that they could not find work without “connections” or experience. “How can you get experience if nobody will hire you?”

Social Life

Girls like to hang out with friends in coffee shops, billiard halls, clubs, bars, parks, playgrounds, and shopping malls. They like the sense of community, sharing music, feeling safe, relaxing, talking, and having fun. They like places that are cheap, so that they “don’t have to spend a lot of money to stay there for long.” They say that friends are important because “You can tell them anything and they don’t judge you.”

Peer pressure, on the other hand, can be “bad.” Girls noted feelings of jealousy, fear, and annoyance, but the most common appeared to be feeling left out: “You feel shunned or side-lined.” “They talk behind your back.” Girls were also concerned for their safety, at times, because of “fights—if you don’t mind your own business,” because of the “drugs and violence” at clubs, and because of the risk of “rapes and lots of guys drinking” at house parties. Some also talked about racism and harassment by police: “Cops check black kids out more than white kids.”

Shops

Shopping is enjoyable for girls, if salespeople are helpful. They like to hang out in malls, to watch people and meet people.

However, most girls complained that storekeepers give them a hard time “like you’re going to steal some-

thing.” They complained about being followed around by security guards, and about shopkeepers who “look at you weird—as if you don’t have money.” Girls also complained about being sneered at by other teens, and some worry about their safety in malls: “It seems security guards are there to protect older people from young kids, but not young kids from each other.”

Getting Around

Girls like transit because it is a cheap and convenient way to get around on their own. They also appreciate it when it is clean and well lit, has Designated Waiting Areas in the subway, and Stop Requests on the bus at night. However, sometimes the subway and buses are dirty and smelly, or have infrequent service, which means it can be a long, unpleasant journey trying to get home at night. Some bus drivers give young people a hard time.

Girls say they feel safe on the street at night if it is a busy street that is well lit. However, girls report being harassed by men on the bus, by taxi drivers in taxis, and by men on the street. Girls say they’ve been chased, and are intimidated by “guys hanging out and calling out to you.” “They whistle, yell, and intimidate you.” Several girls talked about men exposing themselves. Restricted access phones, that operate from 6:00 am to 6:00 pm only, exacerbate girls’ fears because they cannot call their parents or friends at night when they need them. Girls also complained that police were more likely to hassle teenagers than grown men: “They don’t stop the drunks, just the kids—I don’t know how many times the cops have picked me up and taken me home at night.”

Getting Away

Girls said they liked to get away to beautiful places: “They can make you feel connected to the land.” Some like to ski, others like to swim in lakes or the ocean, because it “makes you feel good.” Others, however, don’t like the country because of the “bugs” or because they are frightened of the water.

Priorities for Change

Teen girls are very concerned about their safety. Girls want more lighting on the street and more phones—phones that are available at all hours of the day and night, so that they can call for help if they need it. They want secure homes and schools free from harassment. But most of all, teen girls want less sexual harassment: “Stop men from bothering girls on the street.” One girl suggested “classes...to teach men not to harass.”

Teen girls also said that changing people's attitudes towards them was very important: "Everyone should stop being so judgmental." They wondered about how they could help make people more open-minded. One suggestion was that the media portray girls in a more positive light, "and not put so much emphasis on looks." "There should be more non-profit magazines for girls—magazines without ads—there is too much emphasis on weight loss, clothes, and how to get men."

They want adults to listen more and to change the way they treat teens. They want their parents to be less controlling: "we have to grow up sometime." They also want parents and teachers to help them more, and not overburden them with chores and homework. They want employers to give them a chance: "Experience shouldn't be required for getting started." They want shopkeepers to stop being so suspicious, and security guards to be more sensitive: "Lighten-up or get more cameras and alarms—if the alarm doesn't go off, they should leave you alone."

They also want to change their own attitudes towards each other: "Girls should be more supportive of each other." One suggestion was school uniforms because "you couldn't judge other people by their clothes, you'd have to get to know who they are as people." Despite its reputation as a multicultural school, girls say there isn't that much mixing: "It would be good to break down the differences between people and mix more easily." Most important, girls said they wanted "less focus on guys" and more focus on "your own needs and self-esteem." They want to "talk more and gossip less." They want to be able to "confront each other and resolve differences." They think that teen girls' "insecurity and lack of self-confidence needs to be addressed." And they want more hangouts of their own, preferably unsupervised.

Finally, they think money is a problem for teens. Girls suggested having grants for kids going to high school, so they wouldn't have to work so much. Cheaper fares on TTC were also recommended, as were cheap alternatives to transit, like safer bike and roller blade lanes. Some also noted that "if money was better distributed kids wouldn't beat each other up so much for the material things that some can't afford."

Native Women

Six women met at the Anishnawbe Health Centre on November 8, 1999 to discuss their experiences and perceptions of their own health and environments as native women. The environments that they listed were: the

Anishnawbe Health Centre, "lost in the world," home and family, the gym, nights, and neighbourhood.

Anishnawbe Health Centre

It was clear from the women who participated in this discussion that the Anishnawbe Health Centre is unique. Attempting to generalize their comments to all community health centres would be misleading. Consequently, it should be noted that all of the following comments were specific to this particular institution.

Native women describe the health centre as "a healing environment" and "a home away from home." For many it is "the first chance to be part of a community." One woman described the centre as having "a wonderful vision of holistic healing with body, mind, emotion, and spirit. The staff constantly takes care of their own health which is very important and helps those who use the centre." Most important to many of the women was the fact that the centre was "re-establishing lines to nature and our culture and our spirituality." Women using the centre felt "sheltered from the outside world." They also describe the centre as a place where native women can find their roots, "know that you are somebody," discover hope, and "be a part of healing the community."

Women noted, however, that government funding for the centre is insecure. This creates a great deal of stress, particularly for those who work there.

"Lost in the World"

"Lost in the world" was the heading women in this group used to describe their sense of the general environment outside the health centre. It is a category of environment unique to this group and their experience. The only positive attribute associated with women's struggles in this environment was the discovery of their own strength, as native women.

Native women described their sense of being "lost in the world" as including histories of trauma, abuse, foster care, dysfunctional men, poverty, marital breakdown, single-parenting, and racism. Lack of education, lack of services on reserves, and lack of spirituality makes it "hard to stay strong" and connected. In addition, as one woman noted: "Some white people, especially counselors, really have a hard time understanding native people and their issues." These conditions have been made worse, she observed, by "Mike Harris and his welfare cuts, housing cuts, status rights cuts, and rent control gone." Others suggested that the impact of these cuts were visible on a daily basis within the Native community: "You have to experience it in order

to understand it, and the government has no idea what is really going on.” Politicians were regarded as part of the problem.

Home and Neighbourhood

The women participating in this group described home as a place that is safe, warm, comfortable, happy, and supportive. One woman said it is “an escape from the zoo; a place to retreat from everything and everyone.” Having “time for yourself,” having “a place to share with your friends and family,” and “being able to provide people with satisfying things to eat,” were also important aspects of home environments. One woman regarded her original family home in the north as her home, rather than her current housing. For her, “being with nature” was an important part of home.

The Native women in this group noted two major concerns about their homes. The first concern had to do with lack of access to healthy food: “pesticides, and hormones added to food, are worrying and pervasive.” Women noted that “only the very wealthy [who can afford to buy organic produce] escape the general society’s degradation.” The second concern had to do with native women’s sense of loss: “We have lost what is our real home, and lost connections.” This was also expressed as a feeling of being “out of touch with nature.”

While the women in this group liked the trees and parks in their neighbourhoods, they expressed concern about “pollution and smog,” about “noise,” and about “weirdos.” Virtually all of the women said they were tired of “guys [in the neighbourhood] trying to pick you up.”

Recreation

Going to the gym for recreation was a positive experience for the women in this group. It “keeps you fit,” “energized,” and “relieves stress.”

Getting Around

Native women said they enjoy going out at night in “big groups,” but are otherwise afraid for their safety. Most of the women in this group said they “keep the doors locked” and “won’t go out.” Those who do venture out at night “watch every step” or “drive only.”

Priorities for Change

When asked what needs to change, Native women participating in this group identified health policies and programs, services for children and youth, and community building within native communities as top priorities.

Participants suggested that health policies need to be re-focused and health programs need better funding to be effective. Among their suggestions for change were to focus on prevention, particularly with respect to “drug and alcohol abuse.” “Give serious commitment to health with regard to the food industry.” Pay more attention to “community mental health.” Provide more health services on reserves, and link these to native culture.

Women want the government to think about children’s needs in the long-term. “We think along the lines of seven generations...where is the long-term thinking on the part of the government?” Women want more programs for children and teens, more childcare, and more support and training for young people to carry on native traditions and culture. “Building better communities and giving people positive things to occupy their time on the reserves—more resources and jobs, not bingo.”

Native women expressed a great deal of anger about the government’s continuing efforts to assimilate them: “When are the efforts of the Canadian government to assimilate native people going to stop? It is wearing down the culture and the faith and it must end!” Women also want the government to “stop pitting urban natives against reserve natives. Our rights are the same and shouldn’t stop at the reserve border.” The federal government’s control over “Indian status” is particularly problematic. Native women want the right to determine their own identity: “Everyone should be fully aware of their rights and their history. It is important to take back what was taken away!”

In order to reclaim this identity, Native women said that the “Native community needs to keep strong and keep developing our own models based on our own histories and clan systems about how to live.” For many this means re-learning lost traditions, and discovering anew how to foster leadership within the native community: “People should be able to identify their gifts through our culture...to discover and recognize their gifts and learn their purpose. Sweats and getting their names are important parts of our culture.” As one woman so eloquently summarized this vision: “We will become strong, self-reliant, and we won’t need their money or their ‘status.’ We will become responsible for our communities and ourselves!”

Immigrant Women

Seven women from Asia, Africa, Europe, and Latin America met at the Perth-Randolph Community Centre on December 3, 1999 to discuss their experiences and

perceptions of their own health and environments as immigrant women. The environments that they listed were: home, work, community center/childcare centre, school, health care centre, volunteer work, neighbourhood, recreation centre, and parks.

Home and Neighbourhood

The immigrant women participating in this discussion described their homes as a place where “you can relax.” Most take pride in their homes, and report, variously, that their home provides a sense of security, comfort, accomplishment, or control. “My home is my haven.” Some look forward to spending time at home with their husbands on the weekend, inviting friends over, or decorating. Some feel lucky just to have a roof over their head: “I feel fortunate to have a home because some people can’t afford one.”

Immigrant women also complained about the stress of shouldering virtually all of the responsibility for housework and childcare. “I must clean up after everyone’s mess. It’s all on my back.” “It’s a big responsibility, helping [children] become good people, teaching them about life, drugs, etc.” Lack of money and high rents clearly added to this stress. “I can’t afford day care.” “It’s not healthy to stay home all the time.” “It’s hard to see other people’s beautiful homes and not have the money to make your home as beautiful.”

Women said that it was important to be friendly with neighbours “so that they can look out for you and help you if there is an emergency, and so you can look out for them.” Good relationships with neighbours were seen as a means of preventing misunderstanding, promoting respect, and providing support for one another during bad times. “We make the neighbourhood.”

On the other hand, immigrant women reported being afraid to do certain types of things that were accepted activities in their homeland, such as feeding neighbourhood children or inviting them into their home. Many were worried that such gestures, which are the norm in different parts of the world, might be considered inappropriate in Canada. Fear of doing the wrong thing or of being misunderstood by neighbours was common. Many felt that their Canadian neighbours “don’t want to know you or talk to you—they shut themselves in.” All of these women felt that Canadian neighbourhoods were less safe, and much less friendly and supportive of women and children, than in their various homelands.

Work

Immigrant women said they liked to work outside the

home for a variety of reasons: to make money, to gain self-esteem, to explore their abilities, and “to get out of the house.” Some reported liking the social aspects of work: “friendships, conversations.” One woman said, “I feel better if I’m working.”

Many also did volunteer work. Some saw this as a means of improving their job skills and experience, or because “it looks good on your resume.” Others value the social contact, the opportunity to “build community,” or want to set “a good example for children.” All of these women agreed that it felt good to help someone in need: “Helping people makes you feel better.”

On the down side, working outside the home added to women’s stress over housework and childcare responsibilities in the home. Many felt “overloaded.” Some regretted the loss of contact with their family or felt guilty about being away from their children: “If something happens to the children when you are not home, it feels like your responsibility for not being there.”

Women who were not working outside the home said they couldn’t afford to work. Some said they couldn’t find affordable childcare, and one noted that “if you don’t have special skills, you will only make minimum wage, and that’s only enough to pay for childcare, so what’s the point?” Some also noted that men without special skills can get well paid jobs in construction, while “women have to have special skills in order to get a decent wage.”

Community Centre

The women participating in this group were all active users of the community centre and most made use of its children’s programs and childcare centre. They particularly liked the programs for children, noting that it is important for children to play and to learn to share with other children. Some suggested that children’s programs relieved stress for both moms and kids: “Children have stress, too.” Workshops on parenting and health offered by the community centre were also seen as beneficial.

Women noted that the children who go to day care get sick more often than those who don’t go. Some also felt that day care was a “stressful place for children—kids can’t just be kids. It’s too scheduled.” Many would prefer to stay at home with their children when they are young and worry that “you don’t get to see them grow up; you don’t have time to spend with them.” One woman noted that times have changed, and several agreed with her comment that when they were growing up, “we used to play alongside our parents as they worked in the fields or in the store.”

School

A few of the women in this group were attending school, and all of these women said it felt good to be updating their skills. "It is a chance to grow in knowledge and get a good position." "Updating skills helps with your job search."

Most of the women in this group, however, said that they couldn't go to school either because they didn't have time, because they couldn't afford it, or because they had no child care.

Health Care

Most of the women in this group used the local community health centre (CHC) and were extremely pleased with the service they received. They appreciated the convenience of the walk-in clinic, and the excellent care they received from doctors when pregnant, when new to Canada, or during an emergency. Several said they'd received written information in their mother tongue or were provided with interpreters when needed. Immigrant women felt cared for and listened to by staff at the CHC. "There is always someone there to talk to."

Their only complaint was that some clinics and doctors' offices are closed on weekends.

Parks and Recreation

Recreation centres were described as important places for immigrant women and their children to meet people, keep active, and relieve stress. Women said these were important for keeping "kids off the street." However, user fees for recreation programs are "too expensive."

Parks, in contrast, don't require any money. Immigrant women enjoy parks, particularly in the summer, for picnics, wading, and swimming. They expressed fear, however, for their children's safety in parks and for their own safety near parks at night. Among their concerns about parks were: broken glass, used condoms, dogs, and "people using the parks to do drugs."

Priorities for Change

The immigrant women participating in this discussion were most concerned about the cost of providing for their children's health and safety. The cost of childcare and recreation programs for children made these services out of reach for many, adding to their personal workloads and stress levels. They recommend more government support for children's services and programs, and for low-income families. "Treat people with lower incomes more fairly."

It was also clear that these women felt an acute loss when they compared the lack of social interaction in their current neighbourhoods with the sense of community they'd experienced in their homelands. All agreed that Canada felt much colder than their country of origin, and the chilly climate was not entirely, or even primarily, based on the weather. While some thought it "hard to change your neighbours who want privacy," others suggested that with effort they might be able to "create a neighbourhood" by organizing street parties in the summer, sharing produce from their gardens, and otherwise reaching out to their neighbours.

Single Mothers

Six women gathered at the Davenport-Perth Neighbourhood Centre on November 26, 1999 to discuss their experiences and perceptions of their own health and environments as single mothers. The environments that they listed were: malls, restaurants, parks, homes, workplaces, theatres, TTC, schools/daycares, medical offices, and grocery stores.

Home

All of the women in this group thought that their home was "the best place to relax and find privacy." Most said that they live in apartments and that it is nice not "to worry about raking leaves or clearing snow." Most of their apartments have rents geared to income and utilities are included in their rent, which they appreciate. Many commented that they enjoy the convenience of their apartments, which are near shopping malls, schools, and daycares.

On the other hand, some women mentioned poor ventilation or windows that don't open so "fresh air never comes in." Others commented on dusty vents, dirty laundry rooms, and dim lighting in the hallways and elevators. Most agreed that their apartment elevators are unreliable and can be especially annoying when coming home with "armloads of groceries and kids." One woman mentioned that her apartment was small and that the building doesn't have recreation space, making it difficult to have parties or get-togethers for herself or her children. Some women felt that their apartments left them feeling isolated "from the rest of the world."

Getting Around

Most of the women in this group rely on public transit, and think that they would "be helpless with-

out it.” They noted that the new buses with lowering platforms at the door are great for strollers. Some also said that TTC employees are sometimes very friendly, and one noted that it is very helpful when drivers call out the stops.

Single mothers reported that it is usually hard to maneuver strollers around on public transit because there are so many stairs on the buses and at subway stops. Several said that bus drivers don’t help with loading or unloading strollers, and often begin to drive before they and their children are properly seated. Some women also think that the behaviour of other people on the TTC is terrible, for example, people running, pushing, and being disruptive and noisy.

Shops and Services

The single mothers at this discussion enjoy going out when the shops and services they visit are children friendly. Malls, for example, are liked because the indoor environment is pleasant and relaxing: “They are a great place to get away from the weather!” Malls are also seen as a good place to eat and meet people. Similarly, some restaurants, particularly fast-food restaurants, were described as positive because they are geared towards families, openly welcome children and breastfeeding mothers, and provide rooms for children’s birthdays. Some even offer free drink refills, which is appealing to mothers because young children often “knock their drinks over.” Single mothers also prefer grocery stores that are relatively inexpensive, stock a good selection of fresh vegetables, and make home deliveries.

Some malls, stores, and restaurants, however, are not so children friendly. Women noted that many malls do not provide child care facilities, and this makes shopping difficult, since most of the stores are too crowded for strollers. Some also said that several malls have no lockers or checkrooms, making it difficult and very tiring for parents carrying both packages and small children. Single mothers also noted that mall washrooms are often “dirty and disgusting,” especially the change tables. Similarly, women noted that some restaurants make dining out an unpleasant experience, for example because they are too smoky or because other patrons tell them to “keep their kids quiet.” Women also complained about stores, mainly grocery stores, that are kept too cold and lack washrooms, making it particularly difficult for those shopping with young children.

Parks

Single mothers agreed that parks are a great place to

relax. Many do not have yards of their own, so parks provide a nice break from their apartments and “a breath of fresh air.” Parks are seen as providing good opportunities for sports, exercise, and other physical activities for children, and for meeting and talking with other single parents. One woman pointed out that “no one has to spend any money in a park.”

Single mothers noted, however, that parks are becoming more dirty. They talked about finding discarded needles in parks, and seeing drug users in action, both during the day and at night. One woman mentioned seeing teenagers damaging and destroying park property. Another wondered if parks might “need security” from such vandalism.

Several women also complained about unsafe playground equipment, and one noted that some parks don’t have any playground areas at all. Most participants agreed that parks don’t have enough—or in some cases any—washrooms, and some that have washrooms keep them locked.

Work

Only a few of the single mothers in this group had jobs outside the home, and for these women, subsidized daycare in the workplace was essential. Single mothers agreed that work is tough to manage unless daycare is provided. Those who weren’t employed outside the home found it impossible because “there aren’t many satisfying opportunities” and there are “too many needs at home.” One woman also noted that many single mothers face discrimination based on their race or religion.

Theatres

The women in this group enjoy going to the movies with their children. Many theatres are wheelchair-accessible which makes them very appealing for women with strollers, and some theatres provide free drink refills for kids. However, the women also talked about how expensive it is to go to the movies and that the food costs too much. Several women said that there is not enough fresh air in theatres and one added that the “temperatures are too extreme: too hot in the summer and too cold in the winter.” One woman wondered if there was enough space to get out of a theatre safely in case of a fire.

School and Child Care

The women in this group appreciate subsidized daycare—when it is available. Some noted, however, that the waiting lists are extremely long. Most think

that their children enjoy daycare, though some mothers worry about the spread of illnesses. A number of women also expressed concern about hidden costs such as pizza days, class photographs, and field trips. Some women said that school uniforms would be good for their children because they would help cut down on the cost of clothes and “teach kids to show respect.” Others, however, fear that school uniforms would be too expensive.

Health Care

Single mothers appreciate the confidentiality of most doctors. They agreed that it is great to have a long-term relationship with a family doctor. One participant said that the doctors who do house calls are especially helpful!

Most participants said, however, that they wait too long in the waiting rooms of hospitals and doctor's offices. Many worry about coming home sick after being in a doctor's waiting room for so long. “The waiting rooms are crowded and dirty,” said one woman, “and there is no place to change babies.” Other mothers were concerned about the distance they had to travel to get to their doctor's office, as well as the extra medical fees that doctors add on top of OHIP.

Priorities for Change

Poor maintenance of both public and private property was a common theme of concern among the women participating in the single mothers' discussion group, as was the cost of needed goods and services.

Many, for example, were very concerned with the condition of their homes. They would like to see rental properties properly monitored and maintained. Most of their apartments, they noted, are in need of renovation. Women are particularly concerned about their apartments' ventilation systems, and the need to control fumes from nearby factories.

Women also want more childcare subsidies and shorter waiting lists. They are extremely worried about school closings, due to government cutbacks, and about the consequent growth in childcare waiting lists.

Single mothers are also frustrated by the condition of urban parks. They want the City to “stop taking away trees” and, instead, plant more. These women want the parks to be cleaned up and adequately supervised for the safety and enjoyment of those who use the park responsibly.

The condition and availability of public washrooms is also a great concern for single mothers with small children. The lack of public washrooms—or, in some

cases, the sheer dirtiness and neglect of existing washrooms—is appalling and frustrating to these women. One woman suggested that there be special washrooms just for mothers with children.

Women with a Disability

Five women with various types of physical disability participated in discussions about their perceptions of their own health and environments as disabled women. Two women met at York University's Student Centre on November 30, 1999, and three participated in separate online interviews in January 2000. The women's specific disabilities varied from, among other things, muscular dystrophy, quadriplegia, and blindness. Despite their differences, all experienced significant barriers to physical mobility. The environments that they listed were: homes and neighbourhoods, public transit and wheeltrans, health and related services, malls and other public spaces, and social environments.

Home and Neighbourhood

Women with a disability reported that their homes are well adapted to suit their particular needs. They said they feel very comfortable and are familiar with their own homes.

Outside the home, however, whether in their local neighbourhood or in the city at large, women with a disability say they face significant challenges: “Cities are not designed for disabled people.” Among the most common barriers noted were: buildings with too many steps and not enough elevators and ramps; sidewalks with broken or uneven pavement and curbs; sidewalks that are not shoveled in winter; cars parked on sidewalks; and roads filled with too many cars that are also moving too quickly to allow women to cross streets safely.

Women participating in these discussions also noted that their “feelings of vulnerability increased” outside of their homes. Many said that they are afraid to go out alone in the city for fear of being “easy prey” or “stalked.” While these women expressed interest in experiencing new places within the city, many said they prefer the neighbourhoods where they are recognized because they feel more confident that people will assist them if needed.

Getting Around

While women with a disability said they liked to get out and about in their own neighbourhoods, all forms of physical mobility outside the home are a challenge,

particularly if transportation is required.

The women we spoke with reported that public transit is usually too crowded and too difficult to negotiate. For example, signs are visual and stops rarely announced, making this mode of transportation extremely difficult for women who are blind or visually impaired. Similarly, stairs and broken elevators in subway stations make these inaccessible to women using walkers or wheelchairs. Women with a disability said that drivers and other passengers appear to lack the patience required to make public transit comfortable and accessible for disabled people.

Alternatives to public transit are limited. For those able to drive, often adequate parking is not close enough to where they are going. For most women with a disability, driving a car is not possible, and while taxis “save on time,” these are expensive to use on a regular basis. Women report that Wheeltrans is the only real option open to them, but it is “time-consuming and [we] are totally at their mercy.” The women agreed that: “mobility is stressful and at times very dangerous.”

Health and Social Services

Women with a disability note that current methods of defining and categorizing disabilities are problematic: “It is very unsatisfactory when health practitioners and so-called experts make judgments on disabilities and aren’t disabled themselves.” Women report considerable ambiguity in government standards, and note that, due to cutbacks, the definition of disabilities is getting narrower and narrower. Some women with a disability say they are unable to get disability benefits because service providers claim these women “aren’t disabled enough.” Women expressed pain and frustration at having to continually defend themselves in order to obtain needed financial support.

Women expressed similar frustration about trying to find adequate health benefits through an insurance carrier, particularly if they needed home care: “More inclusive policies would be better.”

Social Life

Women with a disability said that they feel most comfortable and safe in malls and other wide, open spaces such as galleries, lobbies, public squares and parks. One reason for this is the assumption that with so many people around, if they got into trouble—“fell down, stumbled, or couldn’t pick something up”—someone would be near enough to help. Women also reported that their fear of being prey for stalkers was not as prevalent in malls.

Many of the women in this group noted that their social lives are hindered by friends and family who are too overprotective. Women say they feel frustrated by this, and some believe, as a result, that “it’s easiest to go out during the daytime in a group to avoid conflict.” Others believe that disabled women must fight against their own sense of vulnerability and cultivate an attitude that says: “No one should mess with us.” Women with a disability do not want to be seen as targets for crime, and say that no one should feel afraid just because they are alone.

Priorities for Change

Women in this group identified issues of safety and appropriate city planning and design as the most important factors influencing their own sense of health and well-being as women with a disability. A common sentiment was expressed by one woman who said: “The city should be safer for everyone so that we all feel good about ourselves.”

As another woman noted, city planning and design reflect “how a community responds to the people in its environment.” Most of the women agreed that Toronto’s built environment shows how poorly the City currently responds to the needs of people with disabilities. Women with disabilities hope that city planners will see the importance of creating a city that is truly accessible for all.

Women also said that they wanted government to be more responsive to their needs, both in terms of enforcing existing legislation, and in terms of creating new definitions and standards more appropriate to their circumstances. For example: “There should be legal enforcements against cars [parked] over sidewalks.” More importantly, perhaps, women with a disability want to be able to write-off and claim GST for items, like grab-bars in their homes, because these are essential for their health and mobility within their homes. “It would be helpful if the government could agree on concrete definitions and standards.”

Working Women

Four women faculty members at York University met in the university’s Small Group’s Lab on January 26, 2000 to discuss their experiences and perceptions of their own health and environments as working women. The environments that they listed were: York University, car, home, supermarkets and shopping, the gym, and other work environments associated with field development, practicums, and private consulting.

Work (York University)

The faculty women at York who participated in this discussion appreciate the autonomy, independence, and flexible hours that their work affords them. These women note that one benefit of being a faculty member is “working with people you like.” The faculty union also helps provide women with a sense of community. Additional benefits they note are relatively quiet offices, and financial support for things like ergonomic chairs. Some also commented there are healthy food choices available in the university’s cafeterias.

On the negative side, faculty women at York complained about poor air quality, dirty washrooms, and overcrowded classrooms. Poor air quality was attributed to poor ventilation, a lack of windows or a lack of windows that open, chalk dust, chemicals, and perfumes in the air, and a lack of cleaning due to cutbacks. Women complained about the university’s washrooms being dirty, overcrowded, lacking tampon dispensers and adequate privacy, as well as containing offensive advertising. Classrooms were described as overcrowded, inconvenient, inaccessible by wheelchair, and lacking enough left-handed chairs. Not being able to control the temperature in the classroom also frustrates many of the women: “It’s either too hot or too cold!”

Another major source of stress for faculty women involves workload. Women complained about unrealistic job demands and expectations, gender bias in the workplace, and worry about debts. They note that there is nowhere, such as a lounge, where they can go to relax in a “pleasant convivial setting.” While going to the gym can be an important outlet for stress, faculty women said that university gym lacks “privacy for dressing and showering,” and this makes some women feel uncomfortable, particularly when the change room is full of students. One woman added that the gym’s hours of operation are too restrictive, and that it is sometimes “closed when you need it.”

Work (Outside York University)

Some faculty women also do additional work outside the university, such as consulting. These women reported that this was “very interesting and enjoyable,” particularly when it “feeds your research,” “refreshes your thinking,” or provides you with “new points of view and information” to share with colleagues. Some women said that outside consulting is positive because it brings in extra money or because it provides them with positive feedback on their work.

Taking on additional work, however, also means

expending additional time and energy. As one woman noted, while there are many opportunities to work for free, “it’s hard to find paid gigs.” Women who take on added work outside the university also said that they worry about their children not getting enough attention, and about the “disruption to regular schedules.”

Getting Around

All of the women faculty in this group commute to work by car. On the one hand, some report enjoying the chance to listen to music and have a comfortable space to “decompress” after a hard day at work. On the other hand, some note that commuting can be stressful and time-consuming. Traffic, particularly big trucks, poor weather, and the risk of accidents can all cause stress while driving. One woman said she wished that she had more time to spend at home with her children instead of spending so much time in the car going to and from work.

Home

All the women faculty in this group said they enjoy the comfort of their homes. Some also liked the opportunity to work at home so that they could do things like “work and laundry at the same time.” One woman said that “the privilege of work[ing as a professor] is the flexibility” to be at home sometimes during the day.

As these women noted, the advantages can also become disadvantages: “Sometimes there is no separation from work because it is in the home, too.” This lack of separation between work-life and home-life is reinforced by e-mail. Faculty women report that e-mail makes them more accessible—“too accessible”—to students and colleagues, and has consequently added to their workload and their stress. Some women, particularly single mothers, also worry that their children are suffering because of the demands of their work: “I’m parenting by cell phone.”

Shops

This group of working women enjoy shopping, within limits. For some, shopping is a social activity and an opportunity to get social support. One woman said she likes the “sense of possibility when you shop.” Another noted: “There is a sense of well-being when you buy wine and good food.” For others, however, shopping can trigger worries about money. Women also noted that shopping can be frustrating and exhausting, can create back pain if you are carrying heavy groceries,

and can even lead to “shopping cart rage.”

Recreation

Some faculty women go to a gym to relax and work off stress. One woman noted: “If you can get to the gym, you feel very energized and are able to sleep better.” All agreed that it is difficult to find the time to go to a gym and some said they feel guilty if they “don’t have time to do it with the kids.” Most agreed that they stop exercising when work and home life is busiest: “It is the first thing to go when things get really busy.”

Priorities for Change

When asked what needs to change, the faculty women participating in this discussion identified unrealistic expectations and stress in the workplace as the most important aspects of their lives that need to change. These women want more recognition for their work, and more opportunities to share ideas and get feedback, in order to combat the feelings of isolation and under-appreciation they experience.

Women want workloads managed more effectively. Increasing expectations and workloads create increasing stress levels for faculty women. As one woman noted: “We are time pressured and can’t relax. We need to reduce our workload to a more manageable amount. There are expectations that are built into our jobs and this is what adds the stress.” These women are concerned about the consequent impacts on their health, and insist that rising expectations and increasing workloads must be stopped.

Faculty women also think that more emphasis should be placed on, and more provision made for, exercise. “A sedentary job is dangerous to our health.” One woman suggested the need for more research on the health impacts of exercise on women over 40 (the age of many women faculty). Many believe that: “Exercise makes menopause go better.” Faculty women want exercise to be more easily accessible to all, so that it can be more readily included in their daily routine. They want facilities that include private showers and other amenities that will make keeping fit an appealing, as well as a convenient, option to pursue. They note that this should be the employer’s responsibility: “The employer has to pay attention. We have to be healthy to do this sort of job in our 40s and 50s. Employers have to look at real health issues.”

Conclusion

Some experiences of health and environment are

unique to specific women or to specific groups of women. Other experiences are common to many, if not all, women. This section of our report has highlighted what we heard from specific groups of women participating in this study. Our next task is to draw out the common threads in these varied voices, without losing sight of their diversity at the same time.

Voices of Diversity: Focus Group Findings

Our discussions with diverse groups of women have produced a wealth of information about the ways in which different women perceive the environments they inhabit. Environments that are important sources of support and connection for some may be settings of fear and vulnerability for others. While our findings are limited by the small number of women’s groups participating in the study, and by the clear emphasis on urban (Toronto) women’s experiences, the diversity of responses among groups and within groups suggests that the environmental influences on women’s health are far more complex than is generally recognized.

Women’s Environments

When examining the relationship between health and women’s environments, researchers have largely limited their studies to health systems and to gendered risks in the home and workplace. In contrast, this study provided women with an opportunity to name the environments they see as influencing their own health and well-being. In this way, they have expanded our understanding of the environments relevant to women’s health. Teen girls, for example, emphasized the ways in which the school environment, including the influence of their peers, can have both positive and negative impacts on health. Immigrant women’s discussion of the “chilly climate” in Canadian neighbourhoods highlighted the importance of the environment surrounding the home. Similarly, Native women’s discussion of being “lost in the world” described the horrific consequences of being immersed in a cultural environment that is hostile and oppressive to Native people. And every group spoke about public spaces, such as streets, parks, shops, or services, as having an impact on their sense of health and well-being. The point here is that the environments affecting women’s health are not limited to the health system, home, and workplace. Rather than imposing our own conceptual framework of environments and women’s health on participants in this study, we were able to broaden our

understanding of the environments relevant to women's health by asking women to name these environments based on their own life experience.

Risk and Resilience

The study of gendered health risks is one of the primary themes in women's health and environment research. Recent literature has begun to emphasize concepts of resilience and thriving as equally important. This study focused on both the positive (resilience) and negative (risk) aspects of the various environments women described as important to their health. While it would be inappropriate to generalize from our discussions with these specific groups to women in general, some common themes are worth noting as directions for future research.

Almost all of the groups talked about the positive aspects of connection or community in one form or another. A prevalent theme in the older women's discussion, for example, was the tension between autonomy and isolation. Teens talked about the need for places where they can relax and be themselves—un-judged and unsupervised by adults. Immigrant women spoke about the loss of community they experienced coming to a new country. These discussions reinforce the notion that connections with others may be critical to women's ability to thrive. Nowhere was this more evident than in the Native women's group. Native women talked about reconnecting with their own people, culture, and traditions. Indeed, while this group experienced many of the greatest risks, they also expressed the most optimism about their own community and its ability to heal itself. This suggests that women's connections to community may be key to their thriving and resilience.

Accessibility (or inaccessibility) was another common theme. Women talked about access in terms of physical, economic, and social opportunities and barriers, covering everything from public services, such as transit and childcare, to racial discrimination and gender bias in the workplace. Our efforts to meet with women with a disability underscored the severity of this issue in terms of physical accessibility. While we made repeated efforts to gather a group of women with a disability together for a discussion, physical and transportation barriers limited the numbers we were able to meet with as a group, and required us to engage some of these women in an electronic, rather than a face-to-face, discussion. Equitable access to resources and services is clearly of primary importance

for women's health.

Fear was another common theme that limited women's access to the city around them, particularly at night. Teen girls described being harassed regularly by men on the street, and in a variety of other settings, day and night. Older women and women with a disability spoke of being afraid of break-ins, purse snatching, or assaults. Virtually all of the women we spoke with were familiar with this sense of vulnerability. Violence, as well as the threat or fear of violence, is clearly a risk that women face in many different environments. It would be useful to know more about the impact of fear on women's health.

Other themes emerging from the discussion groups include stress and guilt. Stress in the home and at work was common, as were comments on the value of exercise in reducing stress. Women also expressed guilt over work and exercise because it took time away from their children. The relationship between stress and health is well documented, though the impact of stress related to women's dual roles as workers and caregivers has not been given adequate attention. The risks associated with these dual roles appear to be increasing due to cutbacks in social and health services.

Community Health Centres (CHCs) were valued by several groups, including older women, Native women, and immigrant women. Older women spoke about the flexibility and convenience of CHCs. Native women praised the Anishnawbe Health Centre because of its use of holistic, traditional Native healing practices. Immigrant women spoke about the availability of health information and services in many languages. Women familiar with CHCs clearly appreciated the community-oriented services these provided.

Priorities for Change: Prerequisites for Health

At the end of our discussions, when we asked women about their priorities for change, several groups made specific recommendations related to health policies and services. Older women and Native women, for example, both stated that increased funding for health care services was a priority. Native women also stressed the need for more services linked to Native culture, services such as alcohol and drug abuse prevention programs. In a similar vein, women with a disability want services more responsive to their specific needs. The point, again, is that women's health needs are diverse, and the health care system should respond to this diversity.

Many of the groups noted priorities that are prereq-

uisites for health, such as affordable housing, adequate incomes, nutritious food, freedom from violence and the threat of violence, etc. Access to affordable and adequately maintained housing was a priority for older women and single mothers, respectively. Older women, teen girls, and immigrant women, all mentioned adequate income as a priority. Access to nutritious food was a priority mentioned by both older women and Native women. Teen girls and women with a disability expressed the most concern for their safety, and consequently raised this as a high priority for change, though virtually all of the women's groups shared this concern to some extent.

Children and youth services of various kinds were another common priority. Native women, immigrant women, and single mothers all mentioned more funding for childcare as a high priority. Youth services were a priority mentioned by Native women, immigrant women, and teen girls. Native women specifically mentioned community-based youth services that train and support young people to carry on Native culture and traditions. A priority for teen girls was programs and services that will help build their self-esteem. The need for improved services for children and youth was the single most common priority mentioned by women participating in this study.

Building community was another priority common to several groups. Teen girls spoke about changing community attitudes by putting less emphasis on girls' appearances and more emphasis on mutual support. Native women spoke about the need to reclaim their identity, foster leadership within their community, and become self-reliant and strong. Immigrant women talked about ways they might create more sense of community within their own neighbourhoods. Academic women mentioned the need for more opportunities to share ideas and combat feelings of isolation at work. While the environments varied, all of these groups talked about wanting more connection and community.

Improvements to the built environment were a priority for single mothers and women with a disability. Single mothers were most concerned about improving the maintenance of public facilities, such as washrooms and parks, which they use with their young children. The planning and design of public spaces and facilities was a priority for women with a disability because of the severe limitations inaccessible design puts on their mobility and safety. Accessible design and well-maintained public spaces would benefit everyone.

Workplace health issues were most clearly a priority

for the academic women's group. This group recommended that their employer take responsibility for reducing work-related stress (workload) and providing more opportunities for exercise in order to improve health and reduce stress in the workplace.

Finally, as one participant noted, this is still research for educating the mainstream and for generating social policy. It is not research directly useful for marginalized women or their communities. In order for research on women's health and environments to be directly relevant to such communities, research projects must involve community women in designing and carrying out this research for themselves. Providing funding for women's community organizations to do their own research in their own communities should be a priority. This would allow the development of research that is practical and appropriate to the specific community, as well as providing meaningful employment for community women—instead of burning them out volunteering in addition to their paid employment and care-giving roles. This could be seen as a means of promoting healthy women and healthy environments that will prevent health problems in the long run.

Conclusions and Recommendations

An environmental framework for women's health should encompass all aspects of environment in women's lives: physical, social, natural, and organizational. NNEWH's original environmental framework focused on women's work, women's exposure to risk, women's bodies as environments, and healthcare alternatives. From the focus groups, we learned that, in addition to homes, workplaces, and health care services, our cities and communities, our streets and schools and shops, provide a wide array of environments that influence women's perceptions of their own health and well-being. In addition to risks and disease environments, there are environments that help women thrive—environments that are welcoming to women, offer a sense of community and support, and promote resilience. There are also environments that isolate, that frighten, that exhaust, and that constrain women. Moreover, there is a great diversity of experience among and within groups of both relatively marginalized and relatively privileged women.

The following list of recommendations emerged from both our review of the literature and our discussions with diverse groups of women.

- Women's health researchers should put more

emphasis on the examination of environmental factors.

- Health researchers concerned with issues of race, class and gender should also examine environmental issues in their analyses.
- More attention should be paid to the specific environmental needs, risks, and strengths of women marginalized by race, class, gender, age, ability, and sexual orientation.
- Women and environment researchers should incorporate more health issues into their analyses.
- Women's health and environment researchers should explore possible links with health promotion researchers using environmental frameworks in order to explore what promotes health, as well as what causes risk, in women's environments.
- Women's health and environment researchers should also explore links to research on women in public spaces.
- Environmental frameworks are needed in research on women's health in the workplace
- Theoretical analyses and research priorities need to be developed in order to address women's health in home environments
- The impact of the media on women and girls' health should be examined within an environmental framework.
- A comprehensive literature review on environmentally induced illnesses is needed.
- A review of recent policy initiatives in the women's health and environment field is also needed.
- Power relations and women's roles in challenging these should be analyzed as a means of creating environmental opportunities for thriving.
- Participatory research methods should be encouraged in order to ensure that community-based research on women's health and environments is designed and carried out by, as well as directly useful to, the communities of women involved.
- Funding for women's health and environments research should be more accessible to women's community-based organizations.
- Women's health and environments research should involve and empower women by providing adequate compensation for their contributions to research.

- The results of women's health and environment research should be made available to diverse communities in accessible languages, by providing funding for translation and for plain language versions.
- Collaborative, innovative, and critical research strategies on women's health and environments should be encouraged.
- Health care services should be made more accessible through the provision of more culturally appropriate barrier-free design.

In conclusion, we found the process of reviewing the literature and discussing environmental health issues with a diversity of women's groups to be a very productive process. This process reinforced our assessment of the importance of addressing environmental issues as these affect women's health. The literature review demonstrates that, although some areas have been explored in depth, there are many critical areas for understanding women's health issues that have not yet been explored. The focus group discussions demonstrated the importance of addressing these issues from the perspective of diverse women's experiences of their environments. Asking women about their experience of health and environments lead to an incredible outpouring of ideas and concerns. In many ways, we have just begun to understand the implications of these experiences. Societal awareness of the importance of environmental issues has increased in the past ten years, leading women to question the link between their health concerns and environmental issues. For these reasons, we feel that it is imperative that this area of research be given more consideration by both funding bodies and researchers.

References

- Adams, D. (Ed.). (1995). *Health issues for women of colour: A cultural diversity perspective*. London: Sage Publications.
- Adler, N., Boyce, T., Chesney, M., Cohen, S., Folkman, S., Kahn, R., and Syme, S. (1994). Socioeconomic status and health: The challenge of the gradient. *American Psychologist*, 49(1), 15-24.
- Altman, I. and Churchman, A. (Eds.). (1994). *Women and the environment: Human behavior and environment, advances in theory and research*. New York: Plenum Press.
- Barker, R. G. (1968). *Ecological psychology*. Stanford,

- CA: Stanford University Press.
- Barnett, R. (1997). How paradigms shape the stories we tell: Paradigm shifts in gender and health. *Journal of Social Issue*, 53(2), 351-368.
- Bayne-Smith, M. (Ed.). (1996). *Race, gender and health*. Thousand Oaks, CA: Sage Publications.
- Blankenship, K. (1998). A race, class and gender analysis of thriving. *Journal of Social Issues*, 54(2), 393.
- Bolaria, B. S. and Bolaria, R. (1994). *Racial minorities medicine and health*. Halifax: Fernwood.
- Brown, V. (1994). Health and environment: A common framework and a common practice. In C. Chu and R. Simpson (Eds.). *Ecological public health: From vision to practice* (pp. 52-61). Toronto: Centre for Health Promotion.
- Bullard, R. D. (1990). *Dumping in Dixie: Race, class and environmental quality*. Boulder, Colorado: Westview Press.
- Bullard, R. D. (Ed.). (1994). *Unequal protection: Environmental justice and communities of color*. San Francisco: Sierra Club Books.
- Camacho, D. E. (Ed.). (1998). *Environmental injustices, political struggles: Race, class and the environment*. Durham, NC: Duke University Press.
- Chesney, M. and Ozer, E. (1995). Women and health: In search of a paradigm. *Women's Health: Research on Gender, Behaviour and Policy*, 1, (1), 3-26.
- Chu, C. and Simpson, R. (1994). *Ecological Public Health: From Vision to Practice*. Toronto: Centre for Health Promotion.
- Colborn, T., Dumanoski, D., and Peterson Myers, J. (1996). *Our stolen future*. New York: Penguin.
- Cuomo, C. J. (1998). *Feminism and ecological communities: an ethic of flourishing*. London: Routledge.
- Davis, D. L. and Bradlow, L. (1995). Can environmental estrogens cause breast cancer? *Scientific American*, 166-172.
- Day, K. (2000). The ethic of care and women's experiences of public space. *Journal of Environmental Psychology*, 20, 103-124.
- Doyal, L. (1995). *What makes women sick: Gender and the political economy of health*. New Jersey: Rutgers Press.
- Doyal, L. (1996). The politics of women's health: Setting a global agenda. *International Journal of Health Services*, 26(1), 47-65.
- Epstein, S. S. (1998). *The politics of cancer revisited*. New York: Eastridge Press.
- Hancock, T. (1996). Health and sustainability in the urban environment. *Environmental Impact Assessment Review*, 15(4-6), 259-277.
- Harlow, S., Bainbridge, K., Howard, D., Myntti, C., Potter, L. S., Sussman, N., Van Olphen, J., Williamson, N., Young, E. (1999). Methods and measures: Emerging strategies in women's health research. *Journal of Women's Health*, 8(2), 139-147.
- Hofrichter, R. (Ed.). (1993). *Toxic struggles: The theory and practice of environmental justice*. Philadelphia: New Society Publishers.
- Kettel, B. (1996). Women, health and the environment. *Social Science and Medicine*, 42, (10), 1367-1379.
- Kickbusch, I. (1994). Introduction: Tell me a story. In A. Pederson, M. O'Neill & I. Rootman (Eds.). *Health promotion in Canada: Provincial, national and international perspectives*. Toronto: W. B. Saunders Company Canada.
- Labreche, F. (1997). Evaluation of associations between breast cancer and workplace exposures. *Ontario occupational disease panel*. Ontario: Ministry of Labour of Ontario.
- O'Leary, V. and Ickovics, J. (1995). Resilience and thriving in response to challenge: An opportunity for a paradigm shift in women's health. *Women's Health: Research on Gender, Behaviour and Policy* 1(2), 121-142.
- O'Reilly, T., Hazan, P., Gots, R., and Hedge, A. (1998). *Keeping buildings healthy: How to monitor and prevent indoor environmental problems*. New York: John Wiley and Sons.
- Peterson, R. (1975). Air pollution and behavior in Los Angeles. Unpublished doctoral dissertation, Claremont Graduate School and University Center.
- Peterson, R. (1997). Women, environments and health: Overview and strategic directions for research and action. In G. S. Shahi, B. S. Levy, A. Binger, T. Kjellstrom, and R. Lawrence (Eds.). *International perspectives on environment, development and health: Toward a sustainable world*. New York: Springer Publishing Company, 660-675.
- Raphael, D. (2000). From increasing poverty to societal disintegration: How economic inequality affects the health of individuals and communities. In H. Armstrong, P. Armstrong, and D. Coburn (Eds.). *The political economy of health and health care in Canada*. Toronto: Oxford University Press.
- Raphael, D., Brown, I., Renwick, R., and Rootman, I. (1997). Quality of life: What are the implications for health promotion? *American Journal of Health*

- Behaviour*, 21, 118-128.
- Raffensperger, C. and Tickner, J. (Eds.). (1999). *Protecting public health and the environment: Implementing the precautionary principle*. Washington, D.C.: Island Press.
- Rosenberg, H. 1984. The home is the workplace: hazards, stress and pollutants in the household. In W. Chavkin (Ed.) *Double exposure: Women's health hazards on the job and at home*. New York: Monthly Review Press.
- Ruzek, S. B., Olesen, V. L. and Clarke, A. E. (1997). *Women's health: Complexities and differences*. Columbus: Ohio State University Press.
- Satterthwaite, D. 1993. The impact on health of urban environments. *Environment and Urbanization: Special Issues on Health and Well-being in Cities*, 5(2), 87-111.
- Stein, J. (1997). *Empowerment and women's health: Theory, methods and practice*. London : Zed Books.
- Steingraber, S. (1997). *Living downstream: An ecologist looks at cancer and the environment*. Reading, Mass: Addison Wesley Publishing, Inc.
- Stokols, D. (1992). Establishing and maintaining healthy environments: Toward a social ecology of health promotion. *American Psychologist*, 4(1), 6-23.
- Stout, M. and Kipling, G. D. (1998). *Aboriginal women in Canada: Strategic research directions for policy development*. Ottawa: Status of Women Canada.
- Warren, K., (Ed.). (1997). *Ecofeminism: Women, culture, nature*. Bloomington: Indiana University Press.
- Wekerle, G., Peterson, R., and Morley, D. (Eds.). (1980). *New space for women*. Boulder, Colorado: Westview Press.
- Wekerle, G., and Whitzman, C. (1995). *Safe cities: Guidelines for planning, design and management*. New York: Van Nostrand Reinhold.
- Whitzman, C. and G. Wekerle. (1997). *Toronto Safer City Guidelines*. Toronto: City of Toronto Safe City Committee.
- Williams, T. (1991). *Refuge: An unnatural history of family and place*. New York: Vintage Books.
- World Health Organization (WHO). (1993). *WHO global strategy for health and environment*. Geneva: World Health Organization.
- Wyman, M. (Ed.). (1999). *Sweeping the earth: Women taking action for a healthy planet*. Charlottetown: Gynergy Books.