

Advancing Gender Equity in Women’s Health : Thoughts from Canadian Healthcare Providers

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INTRODUCTION

- There are unique challenges and escalating complexities in the field of obstetrics, gynaecology and sexual and reproductive health and gender equity remains a persistent challenge in the field.
- Evidence clearly illustrates that health needs and experiences of different populations are not uniform; populations differ in risk and resilience factors, and genetics, culture and social constructs interact in complex ways.
- This study was designed to explore gender equity in sexual and reproductive health care by gathering insights from health care providers in order to identify barriers, perceptions and solutions to promote equitable practices.
- Findings will guide policy, training and practice improvements.

METHODS

- A comprehensive survey was distributed to Canadian health care providers (n=94), including obstetrician gynaecologists, family physicians, nurses, and midwives, across urban, suburban and rural regions.
- The survey evaluated demographic factors, perceptions of gender equity, observed biases and barriers to equitable care.
- Respondents were also asked to provide examples of gender bias and suggest actionable solutions.
- Data analysis included quantitative metrics on barriers and qualitative feedback on training needs, policy changes, and workplace dynamics.

KEY FINDINGS

- Less than half of the respondents (31.8%) received formal training on sex and gender-related issues in women’s health and health care practices; 11.8% were unsure.
- The majority were very confident (23.5%) or somewhat confident (63.5%) in addressing sex and gender-related factors that impact women’s health in their practice.
- Almost all respondents (93.0%) believed that gender equity issues influence the quality of care provided to women in their field of practice; 79.5% believe that training on gender equity issues for health care providers could improve gender equity and the quality of care for women.
- 48% experienced or observed gender bias in clinical decision- making.

Table 1. Thematic analysis reflecting systemic gender bias in health care settings

Theme	Description	Examples
Clinical Bias	Misdiagnosis, under-treatment, anxiety attribution	Heart disease, chronic pain, ER care
Workplace Inequity	Higher expectations for women physicians	More emotional labor, less OR time
Structural Disparities	Systemic disadvantages in resources and language	OR time, billing codes, program naming
Dismissal of Pain	Normalization or invalidation of women’s suffering	Menstrual pain, biopsy pain, labor
Gender Role Expectations	Stereotyping caregiving and family planning roles	Post-op care, tubal ligation access
Intersectionality	Combined effects of gender, race, identity	Racialized patient bias, trans care gaps

Table 2: Common Themes in Gender and Intersectional Bias in Health Care

Theme	Description	Example Issues/Statements
Dismissal of Pain	Women’s pain often normalized, trivialized, or inadequately treated.	IUD/biopsy without sedation, pelvic pain dismissed as “normal,” endometriosis under-treated.
Clinical Gaslighting	Women’s symptoms misattributed to psychological causes, delaying diagnosis and treatment.	“All in their head,” “just stress,” or not reflected in ER notes as described by patients.
Workplace Inequity	Female physicians face more scrutiny and reduced access to surgical/clinical resources.	OR time denial, easier cancellation of female surgeons’ cases, less respect from colleagues.
Surgical/Emergency Bias	Differential triage or urgency based on gender or condition type.	Ovarian torsion = C case vs. testicular torsion = B case.
Cultural/Ethnic Bias	Intersectional bias affects ethnic and culturally diverse women’s access and experience.	Spousal permission needed, discomfort with male providers ignored, fewer investigations.

RESPONDENT CHARACTERISTICS

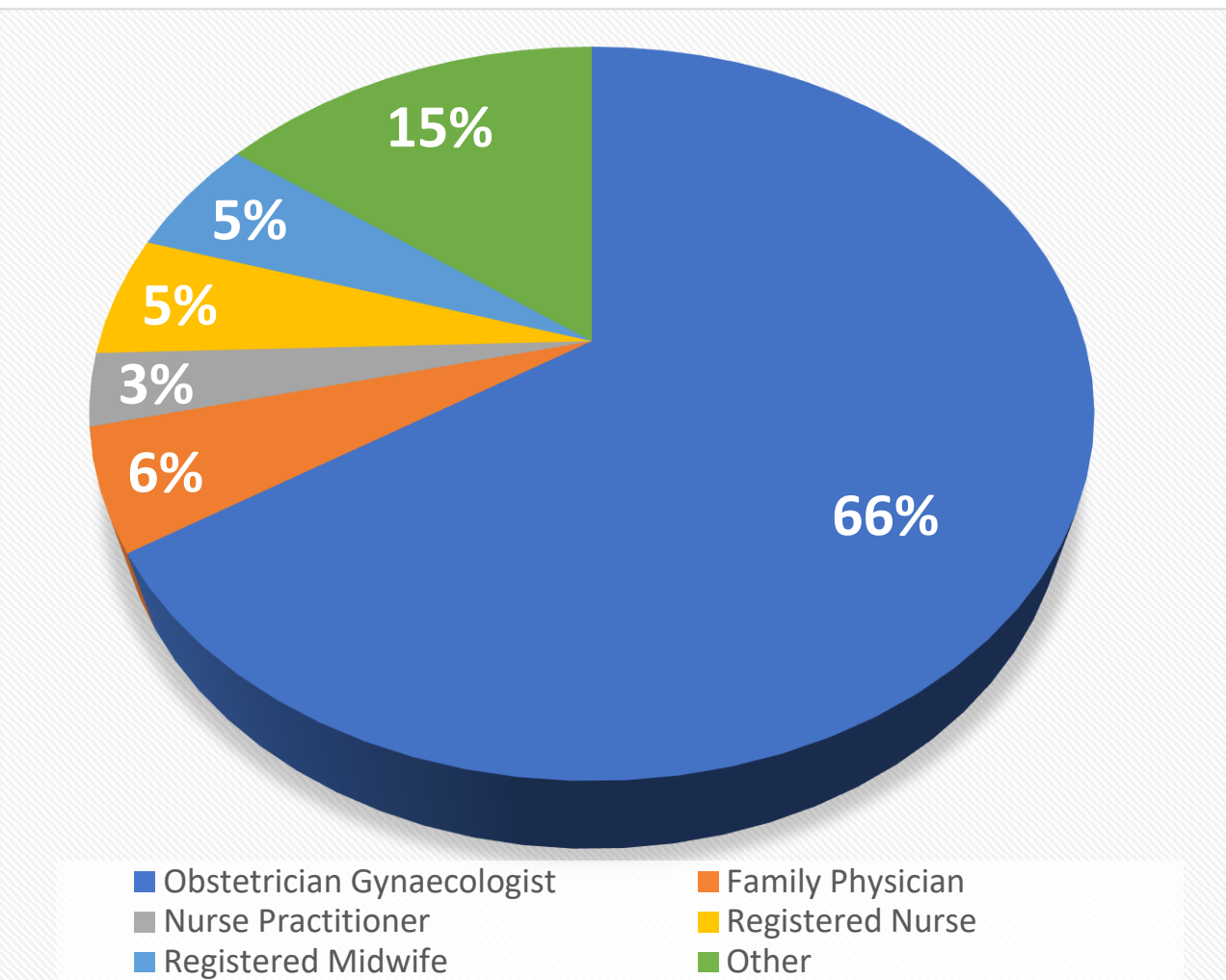


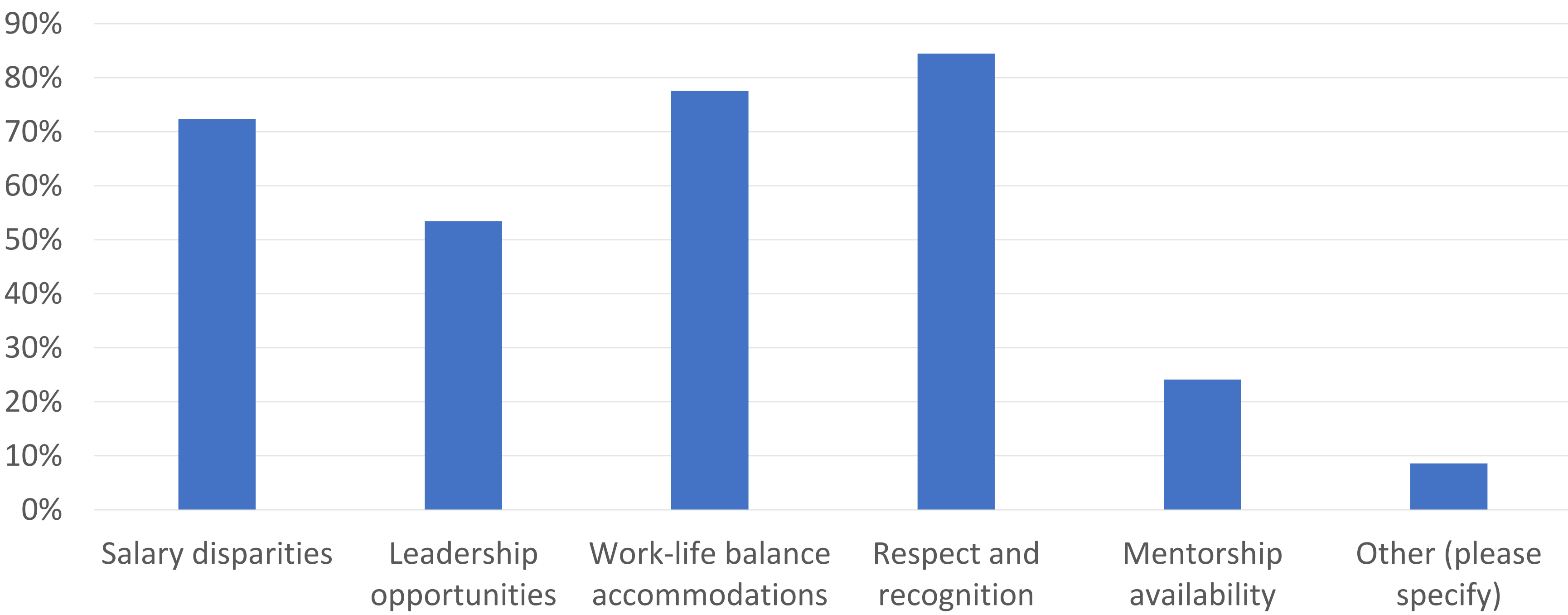
Figure 1: Respondents

	n = 94	%
> 20 yrs of practice	37	39.4
Urban practice	59	62.8
Woman	79	84.0

CONCLUSIONS

- Training on gender bias and equity is important, but insufficient without structural reform, resources, historical context, and societal transformation.
- The survey data underscores the fact that advancing gender equity in health care requires more than training—it demands systemic change.
- Priorities include increasing funding and access, continuous bias-aware education, inclusive leadership, and culturally safe care.

Figure 2: Areas where inequities are most prominent



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