

BOOK REVIEW/COMPTE RENDU

Marina Morrow, Olena Hankivsky, and Colleen Varcoe, eds., *Women's Health in Canada: Critical Perspectives on Theory and Policy*. Toronto: University of Toronto Press, 2007, 432 pp. \$85.00 hardcover (978-0-8020-3939-2)

In addition to academics, activists, policy makers and health service providers, this book will engage a wider audience in the debate regarding the status of women's health in Canada, and by extension, women's health in a global context. Contributors include scholars from Canada, the United States, and the United Kingdom who use critical analytics to unravel the threads that constitute the rather uneven fabric of the existing literature on women's health in Canada. Gaps in theory, research methodologies, and knowledge transfer that have informed the theoretical and social policy backdrops for women's health concerns are addressed within a theoretical comparative framework. The book is organized around four core concerns: the embodiment of women's health from an historical perspective that sets up the debate to go beyond biological determinism; theoretical and methodological advances or challenges; social determinants that affect women's health; and key issues that contemporary Canadian women experience in their everyday lives.

Part One chronicles gains achieved by three waves of women's movements to shift the social and legal identity of women from *personae non gratae* to women with entrenched and legislated rights and dignities. These gains came before the emergence and growth of the study of the lives of women *in situ*. Western intellectual thought had been shaped by the construction and acceptance of the male body as the norm and the female body as deviance from the norm. Female reproductive capacities, held beneath the lens of powerful social institutions (such as religion and political ideology), became the optic through which women's moral, political, and social legitimacy was scrutinized. Subsequent social science and medical research has expanded a theoretical conceptualization of women's health across the "lifespan." This conceptualization captures the nature of the influence of social determinants upon women's health and women's lives and provides a logical segue into the following three sections of the text.

Parts Two and Three draw attention to knowledge gleaned from critical social and feminist analysis that add context to and help shape

national research and policy agendas. This includes funding for strategic interdisciplinary research that explores the intersections of women's health and the effects of factors such as postcolonization and social exclusion exacerbated by determinants of gender bias, poverty, education, political and market economy, immigration, "cultures of dis/ability," sexual exploitation, and so on.

Part Four highlights particular health issues identified as key concerns for Canadian women. This section provides excellent examples and insights into the lived experiences of women across a spectrum of health-related problems that arise as illness or as complications and failings within the health system itself. These problems go beyond the nature of illness as a single punctuated event to place illness within a social environment. The first sections of the book set up the historical trajectory explaining why some of these problems exist, contextualize how theory and method attempt to explain and offer correctives for them, and offer a broad sampling of social determinants that affect how personal health issues emerge from public problems. This section is the heart of the text and contributors discuss issues such as the tension between women as drug users and as mothers; mental health facilities that work within a "woman-centred" paradigm; the invisibility of HIV/AIDS vis-à-vis prevention and treatment programs for women that arise from scientific research that fails to include female biological and physiological factors; breast cancer and activism; violence as a precursor to a host of health concerns; and home care that destabilizes equitable access among women.

Some oversights limit the book's potential. First, the needs and lived realities of rural or remotely located women have not been adequately addressed. Scant attention has been paid to the *geographies* of health that profoundly affect the accessibility of health services. Women in sparsely populated areas and in Aboriginal communities may need to travel long distances for basic and special diagnostic and treatment services. Separation from family and community social supports in times of health crisis or for management of chronic illness can contribute to slowed recovery or uneven medical treatment. Similarly, inadequacies of impoverished urban inner-city neighbourhoods (such as poor bus routes, and lack of accessible grocery stores, medical services, and other social services) have health implications. Second, issues of concern for elderly Canadian women are also neglected. Life expectancies continue to increase and women tend to live longer than men, often in greater poverty and isolation. The health needs of the elderly in general have long been overlooked in theory, research, and policy. Third, the effects of religion and spirituality are factors that have been overlooked in this assessment of

women's health concerns in Canada. Finally, the political management of teaching, hiring, and retention of mostly female nursing staff, and their health concerns has not been addressed. Nurses work an extraordinary amount of overtime, and workplace pressure, coupled with the traditional demands placed upon women as primary caregivers in the home, has devastating effects upon their emotional and physical health.

Overall the book is well written and organized to bring the reader to a fuller understanding of current health concerns. It is a welcome addition to the growing literature that addresses women's health in Canada. Morrow et al. have produced an easily read volume that provides timely and insightful knowledge about Canadian women's health that can be generalized to a wider international context. Canadian women have multiple public and private identities that coexist within overlapping and interlocking circles of life, from the workplace to the home. Women's health concerns straddle dimensions of geography, age, ethnicity, religion, and socioeconomic status. The text is suitable for use in women's studies, sociology, psychology, political science, public administration, public policy, and health studies courses, as well as for general audiences.

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