

# Women, Poverty, and Health

*Titbits...on women's health*

## Women and Poverty:

- In 2003, 1.9 million women lived in a low-income situation, according to Statistics Canada. In 2006, CRIAW (Canadian Research Institute for the Advancement of Women) reported that 2.4 million women are living in poverty in Canada, or 1 in 7 women.
- In 2003, 38% of lone-parent mothers, 19% of all senior women, and 25% of visible minority senior women live in a low-income situation, commonly known as living below the poverty line. In 2000, 36% of all Aboriginal females were living in a low-income situation, compared with Aboriginal men (32%) and non-Aboriginal women (17%).
- In 2000, 35% of women who had recently immigrated to Canada (between 1991-2000) were living in a low income household, and were more likely than immigrant men to live in a low income situation.
- Regardless of education, women are still less likely to be employed than men. Women are more likely to be employed in part time work, temporary work, and are more likely to hold multiple jobs than men. Workers in non-permanent employment are more likely to experience poor health.
- In all levels of employment, including what is traditionally known as "women's work" (the service and retail industries), women still earn less than men.
- There were 1.3 million lone-parent families in Canada in 2001. 81.3% of these families were headed by women. Lone-parent families headed by women have, by far, the lowest incomes of all family types, according to Statistics Canada.
- In 2001, the richest 10% of families with children in Vancouver had \$23.50 for every \$1 of income of the poorest families in Vancouver.
- In a 2003 survey of BC welfare advocates and service providers, women made up 76% of the advocates' client base.

### Sources:

*Women in Canada: A gender based analysis.* Statistics Canada, 2005.

*Census Analysis: Census Shows Growing Polarization of Income in Canada.* Canadian Council on Social Development, May 2003.

*Women, Poverty and Canadian Public Policy in an era of Globalization.* Marika Morris, CRIAW, 2000.



**Please copy and distribute freely to women you know and work with.**

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## How Poverty Affects Women's Health:

- Poverty has wide-ranging physical and mental effects, including: "acute and chronic ill health, including susceptibility to infections and other diseases, increased risk of heart disease, arthritis, stomach ulcers, migraines, clinical depression, stress, breakdown, vulnerability to mental illness and self-destructive coping behaviours, and an increased reliance on the health care system" (CRIA W 2000).
- Single mothers are reported to be the largest group accessing food banks in BC. Going hungry can lead to poor physical and mental health.
- BC welfare advocates reported that they are seeing an increase in the number of women confronting violence, and that changes to income assistance, disability benefits, and access to housing means that many more women are remaining in abusive relationships in order to access food and shelter.
- Low income is responsible for more than 6,000 unnecessary deaths from heart disease alone every year in Canada, according to Dennis Raphael for the Centre for Social Justice. Heart disease is the leading cause of death for women in Canada.
- The senior population in Canada is predominantly female, making up 57% of the population over 65, and 69% of the population over 85. Women over 85 are most vulnerable to serious health problems, most likely to live alone, and most likely to need social support from their families and the community. In 2003, 93% of all women aged 65 and over had at least one chronic health condition.
- In 2001, almost 2 million women (13% of the total female population) had disabilities, compared with 11.5% of the total male population. Women with disabilities are more likely to have low incomes than men with disabilities, and are also more likely to have low incomes than non-disabled women.
- 93% of recent female immigrants in low-income households rated their health as good to excellent, compared to 73% who had lived in Canada for more than 10 years, while 79% of Canadian born women in low-income households reported good to excellent health.
- Women on income assistance in BC have had their access to physiotherapy, chiropractic care, massage therapy, podiatry, etc. severely reduced to a total of ten visits a year for all of these health services. Prior to 2002, women on income assistance could access 12 visits for each service per year.

### Sources:

*Social Justice is Good for our Hearts.* Dennis Raphael, The Centre for Social Justice, 2002.

*Exploring the Intersection Between Women's Health and Poverty.* Prairie Women's Health Centre of Excellence, August 2003.

*Disentangling the Web of Women's Poverty and Exclusion.* CRIA W, 2006.

*The Women's Health Surveillance Report,* Canadian Population Health Initiative and Health Canada, 2003.



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