



Core Concepts: Sex, Gender, Diversity, and Equity

Sex refers to the biological characteristics that distinguish males and females in any species. In humans, sex differences begin with chromosomal patterns – the Xs and Ys in DNA – which lead to physical and physiological differences – body shape and size, proportion of fat to muscle, hormones, metabolism, etc.

We tend to treat sex as two distinct categories – male and female – but they actually exist along a continuum, at the cellular level as well as in relation to genitalia, secondary sex characteristics, body mass, muscle to fat ratio, etc. Each of us exists along this continuum.

Gender refers to the socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes. As with sex, gender is a continuum of traits, behaviours, values and power, and each of us is located along that continuum, or perhaps even at different points on that continuum in relation to particular aspects of our identities, roles and experiences.

While sex and gender are often intersecting influences in our lives, in SGBA the two terms and their meanings are distinguished as a deliberate and political choice meant to foreground diversity and inequity.

Diversity, at its most basic, refers to variations or dissimilarities between and among people. Often the term diversity is used to denote observable differences, such as age, location of residence and visible ethnic variations, but it also applies to invisible differences, such as sexual orientation, religious or spiritual traditions, education, personal and/or community histories, etc.

SGBA begins with the variables of sex and gender because we recognize that women and men often face different health risks, experience different responses from health and other systems, have different health seeking behaviours, and experience different health outcomes. But SGBA never stops with sex and gender: it always involves probing to understand differences and similarities among women and men, girls and boys.

Equality and Equity are frequently used interchangeably, but – like sex and gender – these terms have distinct meanings as well as different implications for health research, policy and planning.

“Equality,” also referred to as “formal equality,” requires that people in the same or similar circumstances be treated in the same or similar ways, regardless of any variation among them. In other words, policies and services that aim to achieve “formal equality” focus on ensuring that everyone has the same opportunities.

“Substantive equality” – or “equity” – requires that people be treated in ways that ensure similar or comparable outcomes, which often involves paying attention to differences among them. Policies and services that aim to achieve “substantive equality” are often variable, tailored to needs of different groups of people.