



# Sex at Birth Stratifier: Guidance on Measuring and Reporting Health Inequalities

## Definition

### Construct: Assigned sex at birth

The Canadian Institute for Health Information (CIHI) defines this construct as the sex assigned and recorded at a person's birth (e.g., recorded on the original birth certificate). Although assignment of sex at birth is typically based on external anatomy and limited to female and male, sex is a complex biological concept that includes anatomy, physiology, genes and hormones.<sup>1,2</sup> There are a diversity of sex characteristics that do not fit into the traditional binary classification system and may change over time. Sex at birth may also be assigned as intersex.<sup>3</sup>

### Measure: Sex at birth

**Table** Reporting categories for sex at birth

Categories	Definition	Considerations
<b>Female*</b>	Female sex as assigned and recorded at a person's birth.	Sex at birth can be self-reported or clinician-recorded where it is clinically relevant.
<b>Male*</b>	Male sex as assigned and recorded at a person's birth.	Sex at birth can be self-reported or clinician-recorded where it is clinically relevant.
<b>Intersex</b>	Intersex is a term used to describe a range of sex characteristics. Some intersex variations are visible or detected at birth. In these cases, an individual's sex at birth may be recorded as "intersex" or may be recorded as "female" or "male."	Historically, sex at birth has rarely been recorded as intersex — although this practice is increasing over time. Additional consultation may be needed to report on this category, as many individuals identify as intersex later in life.
<b>Unknown</b>	Includes not stated, not recorded or a value is applicable but not known.	Not applicable

#### Note

\* CIHI uses the reporting categories *female* and *male* for both gender identity and sex at birth. This facilitates easier cross-tabulation to determine whether an individual's current gender identity does or does not match their assigned sex at birth (e.g., they may identify as transgender or gender non-conforming and experience inequalities in their health care and outcomes).<sup>4</sup>





# Equity Stratification

Some data may capture other terminology to describe individuals who are born with developed characteristics, such as anatomy, chromosomes or hormones, that do not fit a doctor's expectation of a male or female body. Some terminology may be considered stigmatizing and harmful, so it is not recommended to report on categories beyond the values listed above.

## Key considerations

### Recorded sex or gender

Historically, health card registration and other administrative sources have captured assigned sex at birth. In response to changes such as the 2017 amendment of the *Canadian Human Rights Act* to include gender identity and gender expression as prohibited grounds for discrimination, Canadians have increasingly been able to change their health cards and other documentation to reflect their gender identity.

At this time, data sourced primarily from health cards or other administrative sources may represent sex or gender, depending on whether individuals have updated their official documentation to reflect gender identity different than sex at birth. In these cases, it is recommended to relabel and describe the data as a mix of sex at birth and gender (i.e., recorded sex or gender). This data can be reported on for the cisgender population only (i.e., those whose sex at birth aligns with their gender identity).

### 2-step approach

The 2-step approach of using assigned sex at birth and gender identity data facilitates the identification of individuals who experience or express a different gender identity from their assigned sex at birth (e.g., transgender or gender non-conforming individuals). Measuring inequalities in this group is not possible with sex at birth alone.<sup>3-5</sup>

## How can I access data on sex at birth?

Sex at birth data can be obtained where collected by the data provider.

CIHI's [Measuring Health Inequalities: A Toolkit — Equity Stratifier Inventory](#) is periodically updated with a complete list of the stratifier information available in CIHI's databases, as well as in certain Statistics Canada databases. It is best practice to rely on self-reported or clinician-recorded data to capture sex at birth because health card registration and other administrative sources are not reliable sources of this concept (see Recorded sex or gender above).



## Statistics Canada's standards

Statistics Canada implemented the 2-step approach for the [2021 Census](#) and reports 2 classifications of sex at birth (per the most recent version of [its standard](#)):

- [Classification of sex at birth](#), October 1, 2021, to current
- [Classification of sex at birth, variant](#), October 1, 2021, to current

## Related resources

See the [CIHI Reference Data Model Toolkit](#) for more information on minimum data collection values and labels.

Visit the [Equity stratifiers page](#) for guidance on additional stratifiers.

## Version history

June 2022	Updated text and format for information sheet.
April 2020	Updated to include reference to "intersex."
April 2018	Initial definition released as part of <a href="#">In Pursuit of Health Equity: Defining Stratifiers for Measuring Health Inequality (PDF)</a> .

## References

1. Government of Canada. [Modernizing the Government of Canada's sex and gender information practices: Summary report](#). Accessed January 27, 2022.
2. Johnson JL, Greaves L, Repta R. [Better science with sex and gender: Facilitating the use of a sex and gender-based analysis in health research](#). *International Journal for Equity in Health*. May 2009.
3. Statistics Canada. [Sex at birth and gender: Technical report on changes for the 2021 Census](#). Accessed January 27, 2022.
4. Stats NZ. [Sex and gender identity statistical standards: Consultation](#). Accessed January 27, 2022.
5. Slade T, Gross DP, Niwa L, McKillop AB, Guptill C. [Sex and gender demographic questions: Improving methodological quality, inclusivity, and ethical administration](#). *International Journal of Social Research Methodology*. September 2020.

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