



# Gender and Health

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# Overview - Concepts

## Review – Symbolic Interaction

- Stigma

## Gender and Health

- Sex and Gender Differences in Health
- Gender as a Determinant of Health
- Roles, Norms and Social Patterning of Health
- Gender Lens Tool



# Learning Objectives

- By the end of this class you will be able to:
- Define sex and gender
- Describe health differences by sex and gender
- Apply gender as a determinant of health
- Identify roles and norms concerning masculinity and femininity

# Review: Symbolic Interactionist Perspective & Stigma

- Last week we noted that some diseases are stigmatized within society.

**Stigma has been defined as** processes of:

- “stereotyping” and “discrediting” difference (Goffman, 1963, p. 13),
- “Labelling”, separating, and discriminating against individuals based on devalued characteristics (Link & Phelan, 2001, p. 363)

# Symbolic Interaction & health

## Stigmatization may result in:

- Internalized feelings of stigma awareness
  - feeling judged as someone of lesser moral worth.
- A stigmatized social identity
- Negative encounters
  - negative comments by others, avoidance or social distancing
- Reduced participation
- Reduced opportunities for health & wellbeing

Goffman, 1963; Reutter et al. 2009; Sen, 2000; Yanicki, Kushner & Reutter, 2015

# Review: i-Clicker Question#1

The **symbolic interactionist perspective** focuses on:

- a) The meaning of human interactions, symbols and experiences that shape everyday life
- b) The power relations between health care providers and patients or clients
- c) The social roles and role functions of members of society
- d) The conflict between different social classes in society.
- e) All of the above.

# Definitions of Gender

WHO (1998)

**Gender:** describes the “characteristics, roles and responsibilities of women and men, boys and girls, which are socially constructed. Gender is related to how we are perceived and expected to think and act as women and men because of the way society is organized, not because of our biological differences.”

<http://www.who.int/gender/en/>

# Definition Gender

Health Canada (2000)

- **Gender:** the array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. Gender is relational – gender roles and characteristics do not exist in isolation, but are defined in relation to one another and through the relationships between women and men...”
- “**Sex is biology**, everything else is gender.”

See Introduction to Gender and Health: (Cohen, 2005)

<http://genderandhealth.ca/en/modules/introduction/introduction-whatsthe-difference-Shayna.jsp>

<http://genderandhealth.ca/en/modules/introduction/introduction-gender-as-a-determinant-of-health-Shayna-03.jsp?r>



# Gender Differences in Health

Segall & Fries (2011, p. 146-147)

- Women *live longer* than men.
- Differing *major causes of death*
- Women have ↑ rates of *diagnosed illness*
- Women use *health care services* more
- Differences in *social determinants of health*
  - Women have ↑ rates of poverty & exclusion
  - Social support is a better predictor of *good health* for women than for men.

# Gender Equity (Genderandhealth.ca, 2014)

**Gender equity** - “means fairness and justice in the distribution of benefits and responsibilities between women and men.” (Glossary)

Given that:

- Men and women have different needs and power
- Differences should be identified & addressed in a manner that **rectifies imbalances**
- Fair treatment must consider both unique needs and similarities across groups
  - = **different treatment may be required for equity**

# i>clicker Question 1

The Canadian Institute for Health Information [CIHI] (2006) reported that Canadian women who have had a heart attack or stroke were less likely to be treated by a specialist in comparison to men.

This difference is due to:

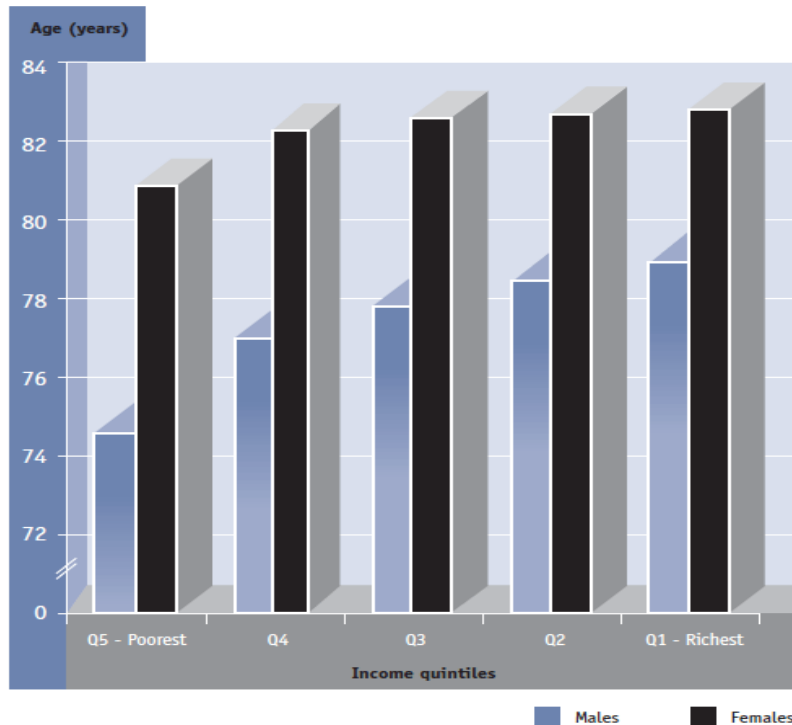
- a) Gender
- b) Sex
- c) Other causes
- d) Artifact (measurement error)
- e) Income

# Gender Differences

- Gender difference while social constructed are often measured in statistical reports by sex (Male/Female).
- Gender would be better reflected using the terms men and women.

# Differences by Income & Sex

## Butler-Jones, 2008

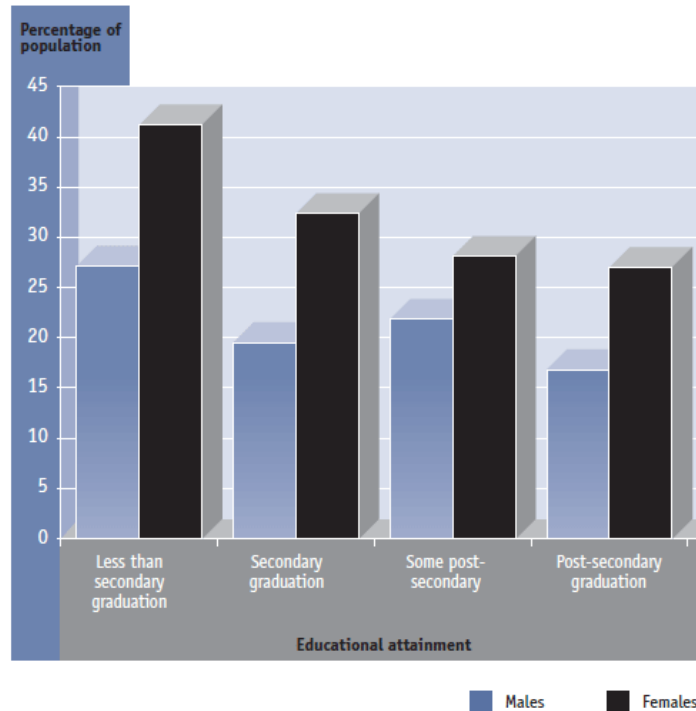


- Life expectancy at birth by neighbourhood income & sex, urban Canada 2001

- <http://www.phac-aspc.gc.ca/cphorsphc-respcacs/2008/fr-rc/cphorsphc-respcacs/p06b-eng.php#fig33>

# Differences by Education & Sex

Butler-Jones, 2008



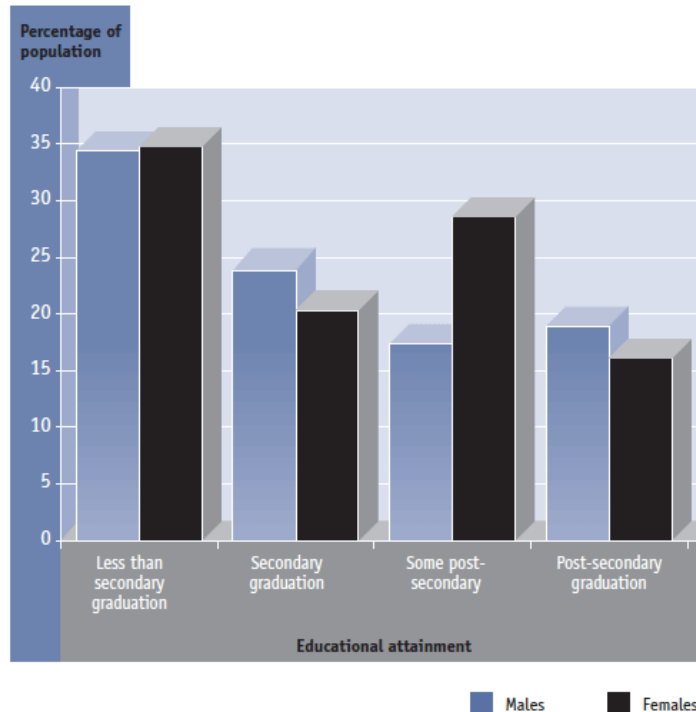
- Self-reported **arthritis** by **education and sex** (age 45-65 yrs) 2005

**SES intersects with gender** to produce differing health consequences (Segall & Fries)

- <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2008/fr-rc/cphorsphc-respcacsp06e-eng.php>

# Differences by Education & Sex

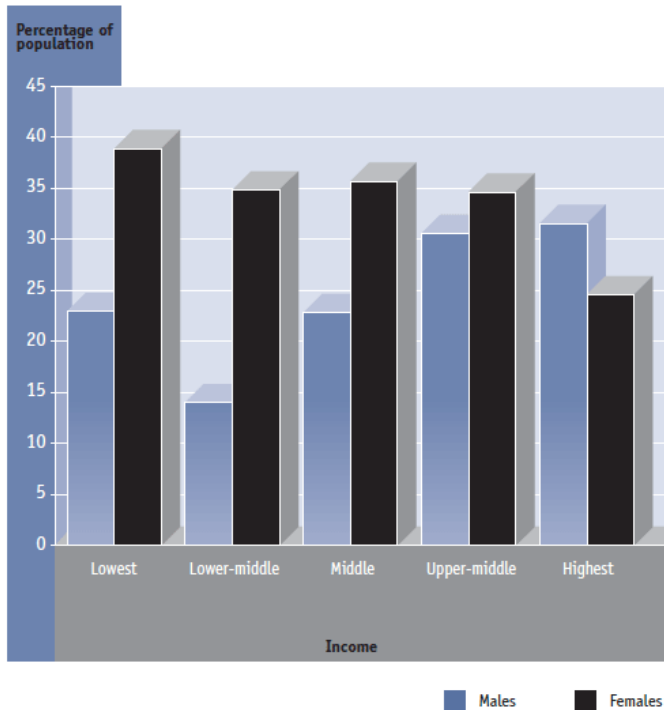
Butler-Jones, 2008



- Measured obesity by education & Sex, (19-45 yrs) 2004

# Differences by Education & Sex

Butler-Jones, 2008

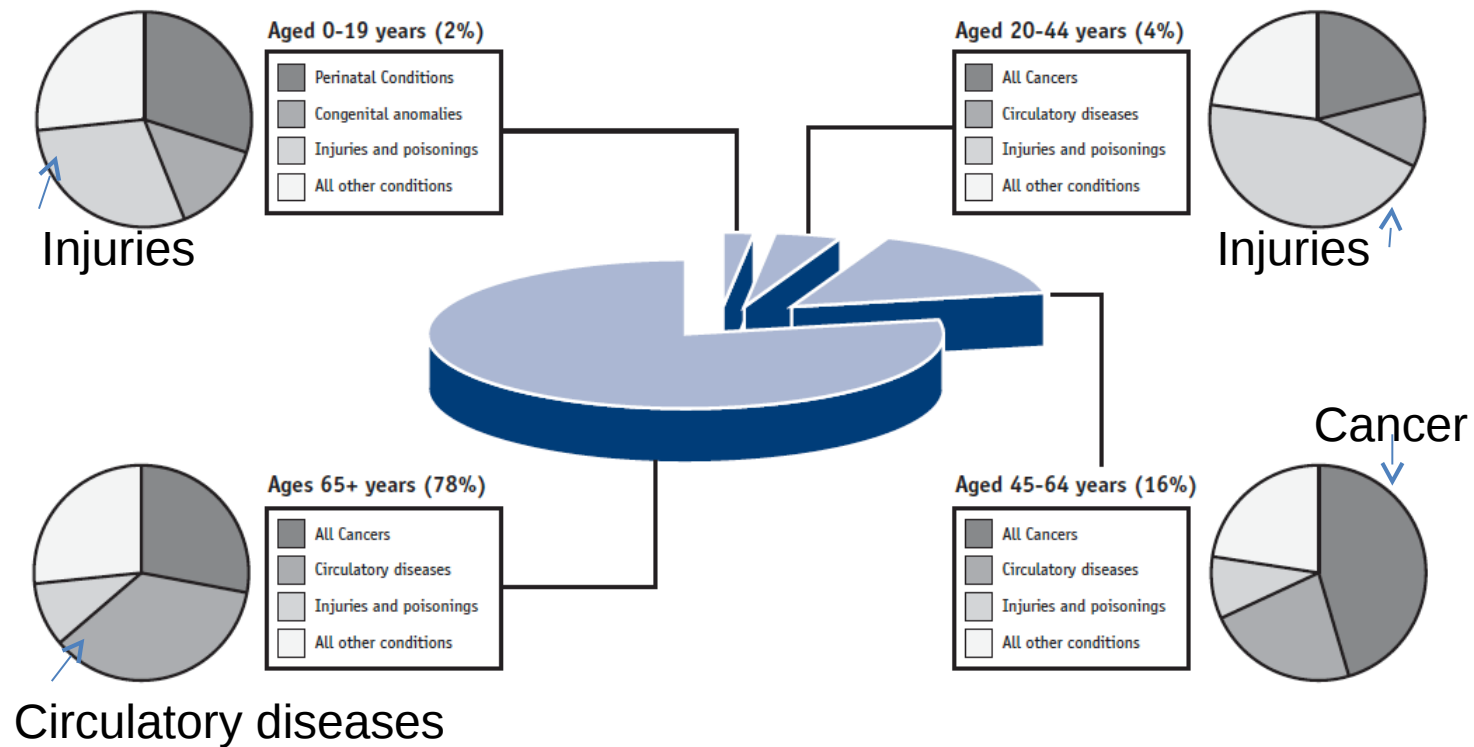


- Measured obesity by income and sex 2004 (45-65 years)



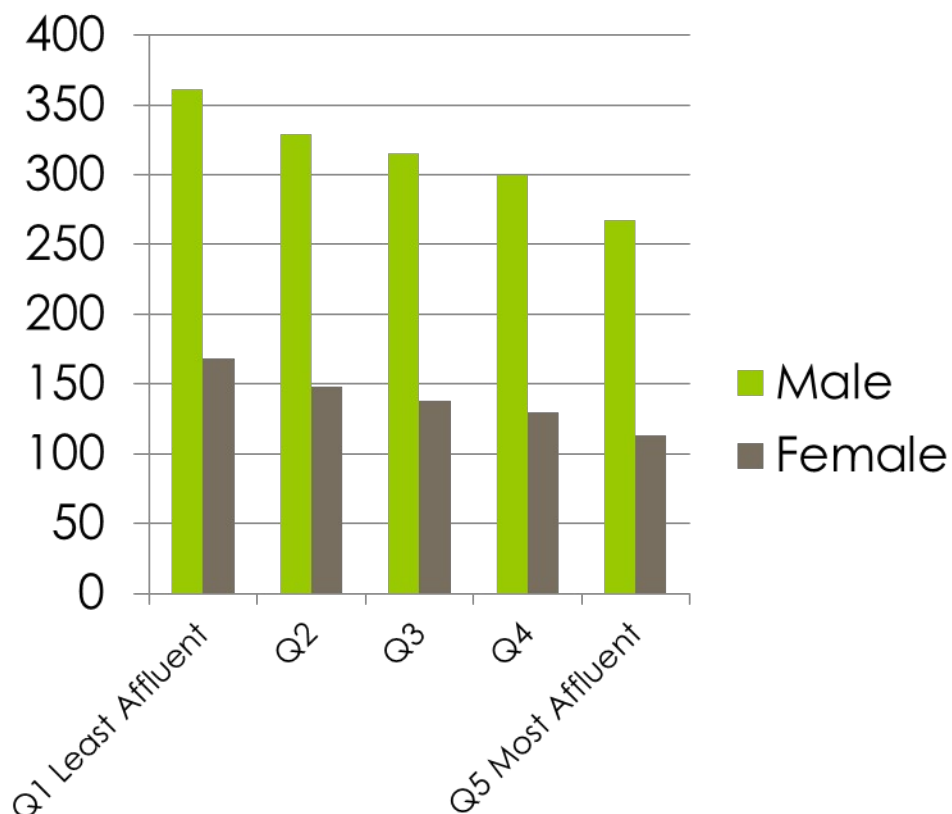
# Causes of Death - Canadians

Butler-Jones 2010



# Differences by age (standardized) & sex

Canadian Institute for Health Information 2010



- Rates of Hospitalization for Heart Attack by age and sex (2008-09)

○ [https://secure.cihi.ca/free\\_products/Healthindicators2010\\_en.pdf](https://secure.cihi.ca/free_products/Healthindicators2010_en.pdf)



# Base Group Activity

1. How do men and women differ in health seeking behaviour? Give an example from your text.
2. Why is gender a social determinant of health?

# Base Group Activity

## Differences in Health Status

Koughnett & Day (2009)

### 3. Are the following **sex or gender differences**?

- Differences in
  - the nature, severity or frequency of health problems
  
- Differences in
  - health seeking behaviour
  - access to health care services
  - ability to comply with RX
  - social and health consequences of health problems

(WHO Gender Policy, 2002)

# Feminist Political Economy

Jackson, 2012

The **political economy perspective** examines:

- the institutions &
- social relations (social, economic, political, ideological and cultural)

that structure **differential access to power and material resources** in society.

**Feminist political economy** understands gender and class as interrelated **systems of power**.

- Gender and social class shape political and social relationships
- Power relations reproduce structures of equality/inequality.

# Intersectionality

Jackson, 2012

- The intersection of **systems of power** and **structures of domination**

Gender, race, ethnicity, sexuality, and class intersect impacting:

- lived experiences
- **social location**
- power relations(within the health care system)  
or
- structures of domination (in society)

# Intersectionality

(Segall & Fries (2011, p. 147)

## Intersecting sources of inequality

- Men and women differ by:
  - Gender
  - Socioeconomic position
  - Race/ethnicity

**SES accounted for *most but not all* of the differences in health status for minority men and women. (Cooper, 2002)**

# Gender & Power: The changing face of Canadian politics (The Economist, 2013)

## **On top, for now**

Headline Feb. 2 2013

- Kathleen Wynne, who became both the first woman to lead Ontario and Canada's first openly gay provincial premier.
- Women are “in charge of six of Canada's 13 provinces and territories, including the four biggest by population (Quebec, British Columbia and Alberta, as well as Ontario).” (Wynne, 2013)
- Well, not in Alberta by 2014.

Canada was in 45th place, between Laos and Sudan, in a ranking of women in national parliaments in 2013 (the Economist, 2013).



## Women Candidates and Women Elected, by Party, 2008 and 2006 Canadian Federal Elections (Gov. Canada, 2010)

Party	Women Candidates, 2008	Women Elected, 2008	Women Candidates, 2006	Women Elected, 2006
Bloc Québécois	28%	30%	31%	33%
Conservative Party of Canada	20%	16%	12%	11%
Liberal Party	37%	24%	26%	20%
New Democratic Party	34%	32.4%	35%	41%
<i>Overall</i>	<i>30%</i>	<i>22.1%</i>	<i>17%</i>	<i>20.8%</i>

Sources: Equal Voice Canada and Library of Parliament.

<http://www.parl.gc.ca/content/lop/researchpublications/prb0562-e.htm#a4>

## i-clicker Question#2

Sociological explanations for gender difference in health focus mainly on structural inequalities.

Gender intersects with which of the following?

- a)SES
- b)Ethnicity
- c)Age
- d)Social position
- e)All of the above

# Embodiment of Illness : Stress

Segall & Fries (2011, p. 151)

## **Women**

- Higher rates of:
    - Depression  
(2 x higher)
- Embodied & expressed as  
affective or anxiety disorders  
(Rieker & Bird, 2000)

## **Men**

- Higher rates of :
    - Alcohol
    - Substance abuse
    - Antisocial behaviour
- Embodied & expressed  
as anger & hostility

## Explanations for Gender Differences: Hypotheses (Segall & Fries (2011, p. 157 - 158)

- Role accumulation
  - Multiple roles support better health (self-esteem, social support, life satisfaction & financial resources)
    - triple roles (mother, wife, worker)
    - Empirical support for this hypothesis
- Role strain
  - Multiple roles result in role overload & role conflict for women.
    - Women identify stress as their major concern (Walters, 1992)

# Explanations for Gender Differences: Hypotheses (Segall & Fries (2011, p. 158)

- Social acceptability
- Women may be socialized to:
  - accept the sick role
  - Higher use of social networks by women
- Men may be socialized to:
  - deny symptoms of illness and disease
  - sexist norms &
  - patriarchal culture) (Saltonstoll, 1993)

# Explanations for Gender Differences: Hypotheses (Segall & Fries (2011, p. 159)

- Risk-Taking
  - Women are socialized to:
    - Be cautious & take care of their health
  - Men are socialized to:
    - Take risks re: disease, injury & death
    - Empirical support
    - Gender is something we “do”.  
(Courtenay, 2000)

Hegemonic masculinity – culturally dominant ideal of what it means to “be” male, and what men “do”.

## Explanations for Gender Differences: Hypotheses (Segall & Fries (2011, p. 162)

- Nurturant
  - Women experience stress and time constraints in relation to primary care-giving roles and **neglect their own health**.
  - Women experience increased **care-giver burdens** as costs were cut within the health care systems.
    - Provide care to family members discharged earlier from hospital.
  - Oakley (1994) notes that the care-giving role and nurturance has been **devalued in our society**.



# Reflections on Women in Medicine:

Dr. May Cohen - Interview

- From women as unusual – gaining entry
- Barriers in leadership roles





# Gender Lens Tool

## Dimension of Gender & Health

- Biological differences
- Psychosocial differences
  - Cultural Factors
  - Political Factors
- Educational differences
- Economic differences

◦ <http://genderandhealth.ca/en/modules/lens/gender-lens-identifying-gaps-02.jsp>

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