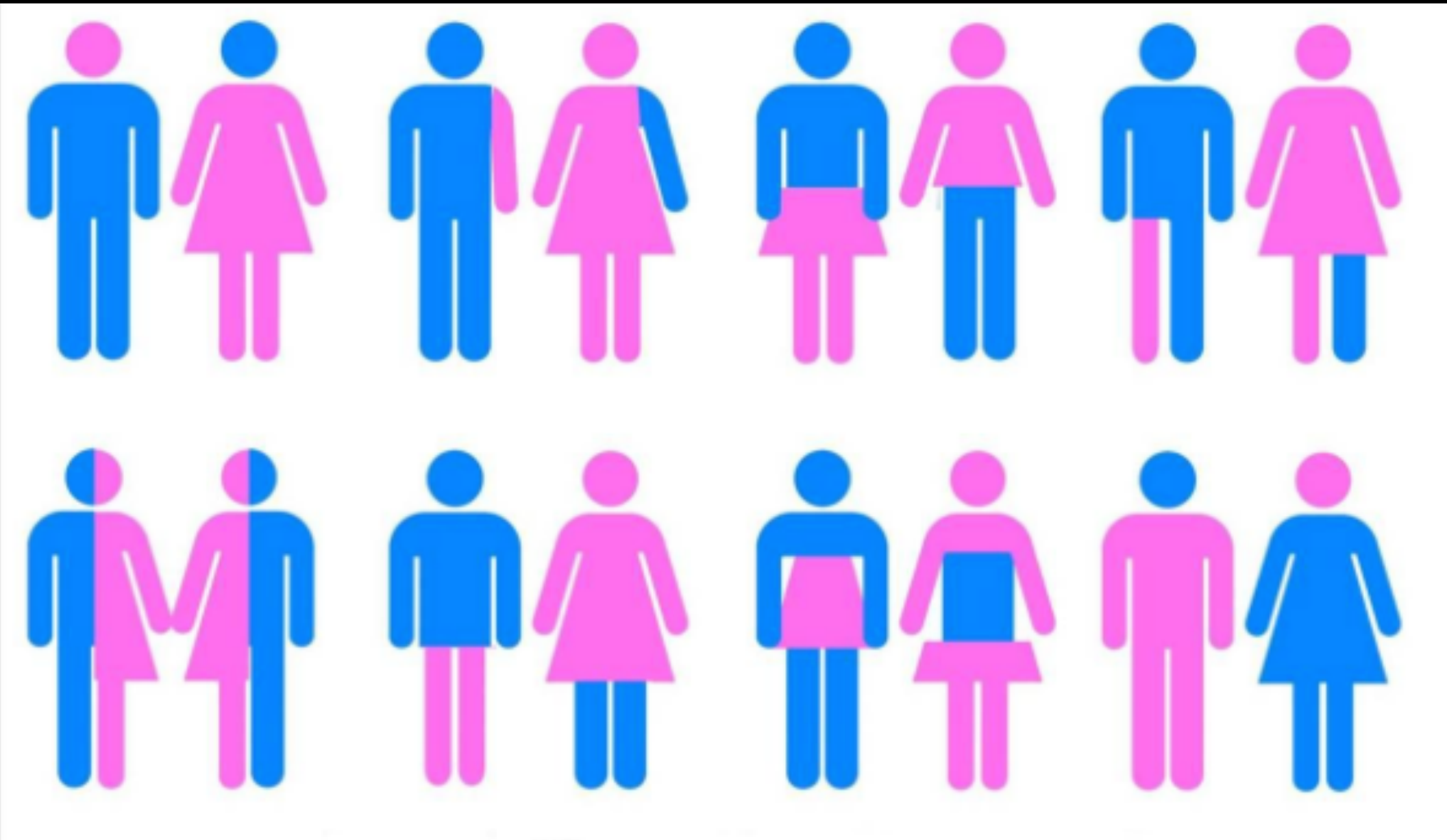
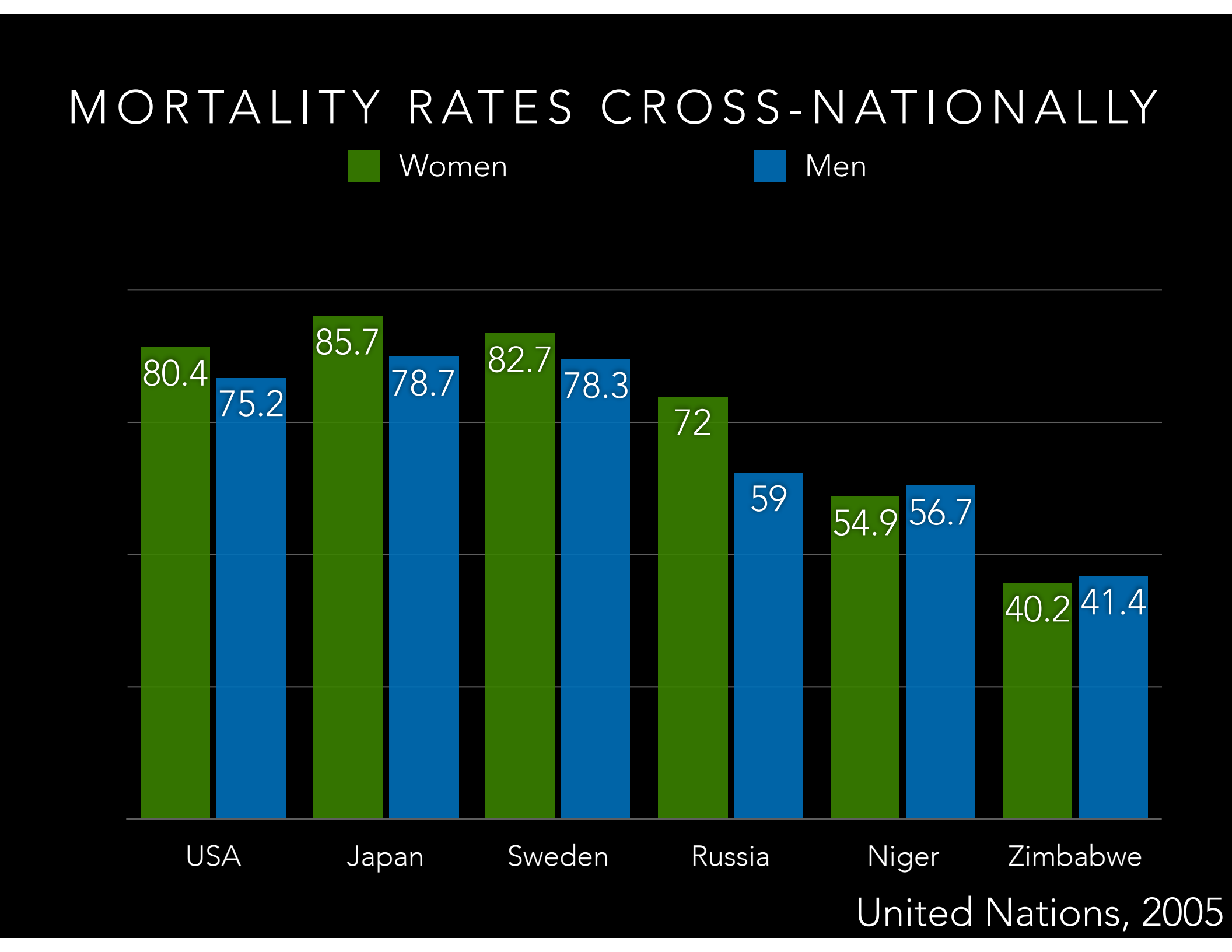
SOC 3510; WEEK 9, 10/17/16

GENDER AND HEALTH I



MORTALITY RATES CROSS-NATIONALLY



United Nations, 2005

LEADING CAUSES OF DEATH BY SEX

Men

1. Heart disease
2. Cancer
3. Unintentional Injuries
4. Chronic Lower Respiratory
5. Stroke
6. Diabetes
7. Suicide
8. Influenza/Pneumonia
9. Alzheimer's
10. Chronic Liver Disease

Women

1. Heart disease
2. Cancer
3. Chronic Lower Respiratory
4. Stroke
5. Alzheimer's
6. Unintentional Injuries
7. Diabetes
8. Influenza/Pneumonia
9. Kidney Disease
10. Septicemia

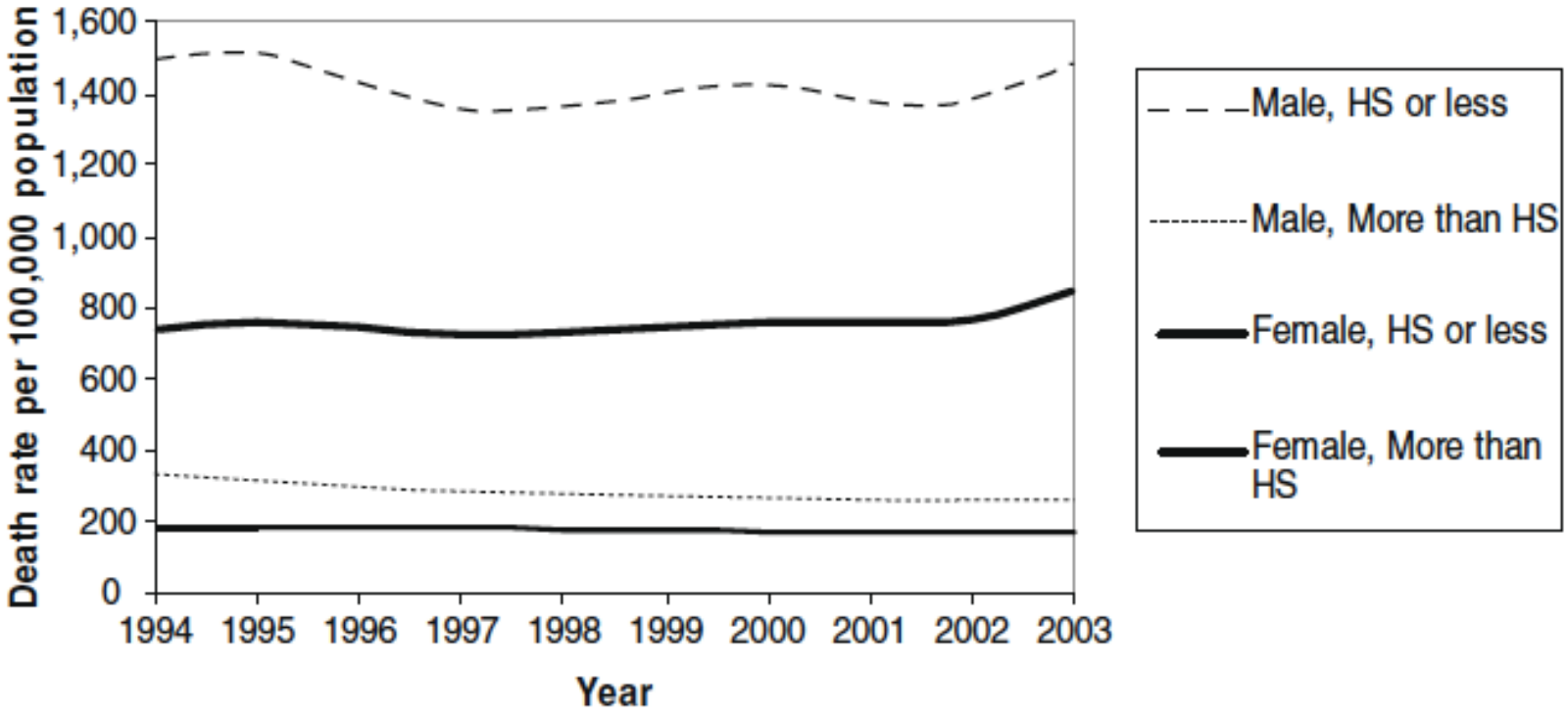


Fig. 21.1 Age-adjusted death rate by sex and education, 1994–2003. *Based on data from 43–47 states and the District of Columbia. National Center for Health Statistics (2006) Health, United States, 2006 with Chartbook on trends in the health of Americans. Hyattsville, MD

A Health Economics Gender Gap, June 2012

Problems and worries by gender	Men	Women
Have had problems paying medical bills in past 12 months	26%	37%
Delayed or skipped care in past year due to cost,,,	52%	64%
Relied on home remedies or OTC drugs instead of seeing doctor	33%	42%
Skipped dental care or checkups	32%	39%
Put off or postponed getting needed health care	25%	34%
Skipped recommended medical test or treatment	21%	29%
Not filled a prescription for a medicine	21%	28%
Cut pills in half or skipped doses of medicine	14%	18%
Had problems getting mental health care	7%	9%
Very worried about…		
…having to pay more for health care or insurance	30%	37%
…not being able to afford health care services you think you need	20%	30%
…not being able to afford the prescription drugs you need	16%	24%
…having to stay in your current job instead of taking a new job for fear of losing health benefits	10%	15%
…losing your health insurance coverage	17%	24%

Source: Health Security Watch, Kaiser Public Opinion Poll, June 2012

GENDER DIFFERENTIALS: MENTAL HEALTH

- Men more likely to:
  - Drink to excess (especially during young adulthood) (Johnson et al. 1998; Crimmins et al. 2002)
  - Participate in risky behaviors (Substance Abuse Mental Health Service Administration 2006)
  - Be at risk for early-onset conduct disorders, autism, ADHD (Rutter et al. 2003), and adult-onset antisocial personality disorder (Rosenfield and Smith 2010)

GENDER DIFFERENTIALS: MENTAL HEALTH

- Women more likely to:
  - Seek out mental health services (Lewin 2011)
  - Be at risk for adolescent/adult-onset mood, anxiety, and eating disorders (Rutter et al. 2003)

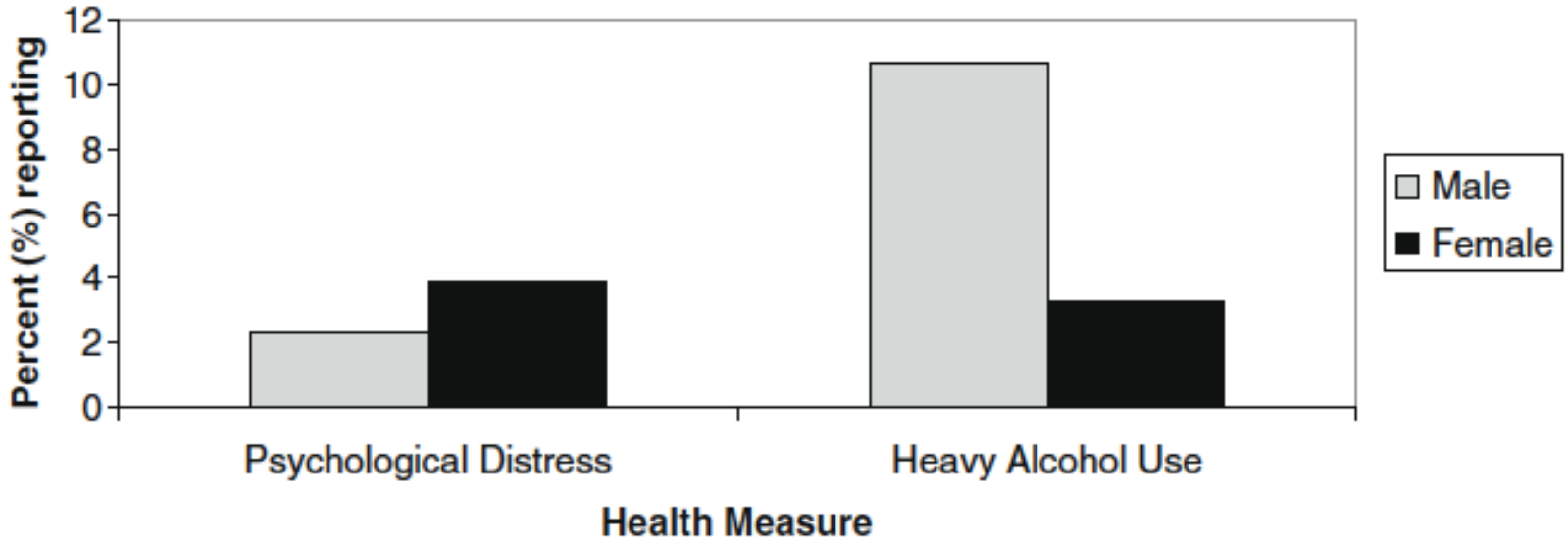
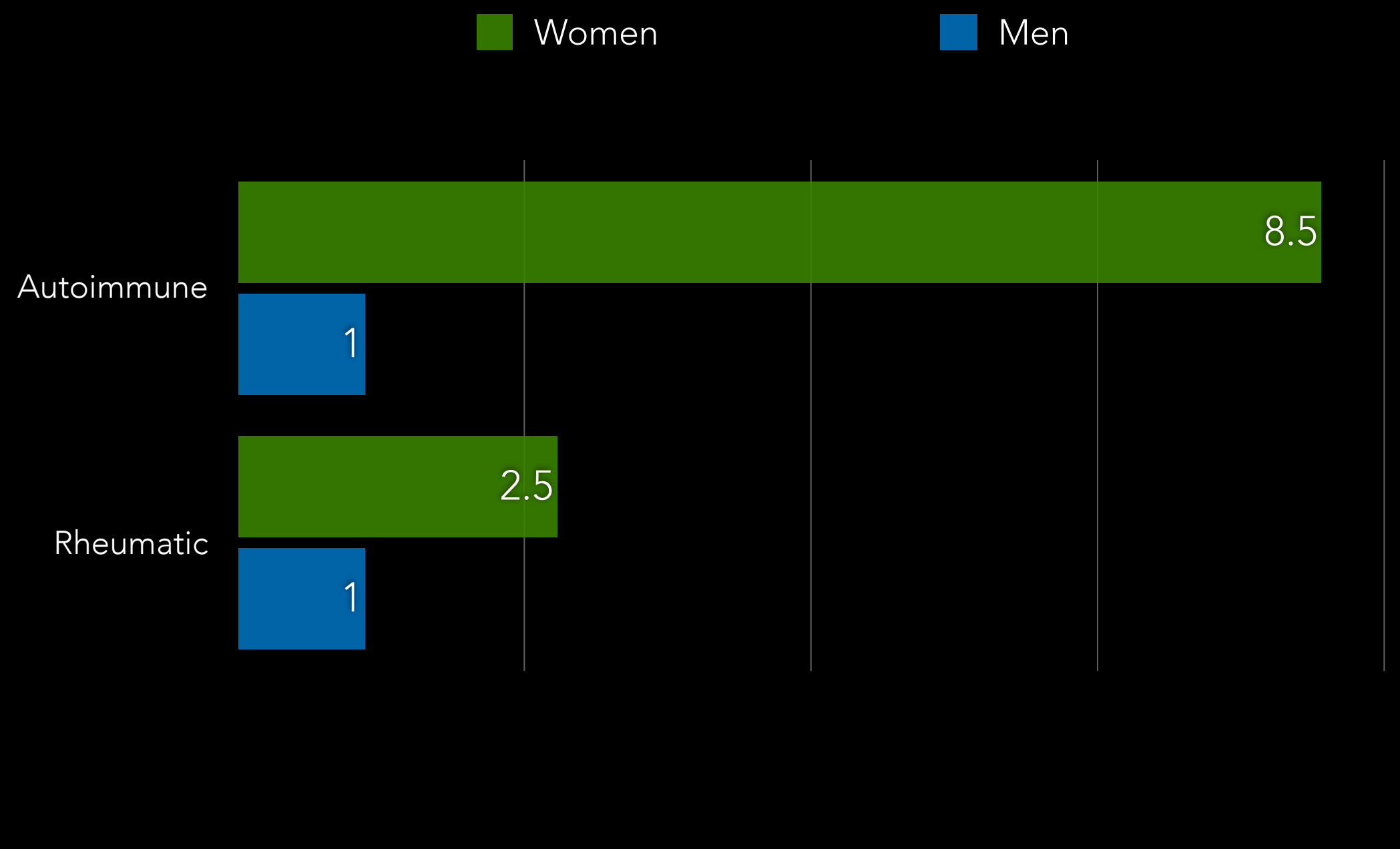


Fig. 21.3 Rates of heavy alcohol use and psychological distress among US adults, 18 and over by Sex, 2002–2004. *Serious psychological distress is measured by a six-question scale that asks respondents how often they experience each of six symptoms of psychological distress. National Center for Health Statistics (2006) Health, United States, 2006 with Chartbook on trends in the health of Americans. Hyattsville, MD

GENDER DIFFERENTIALS: PHYSICAL HEALTH

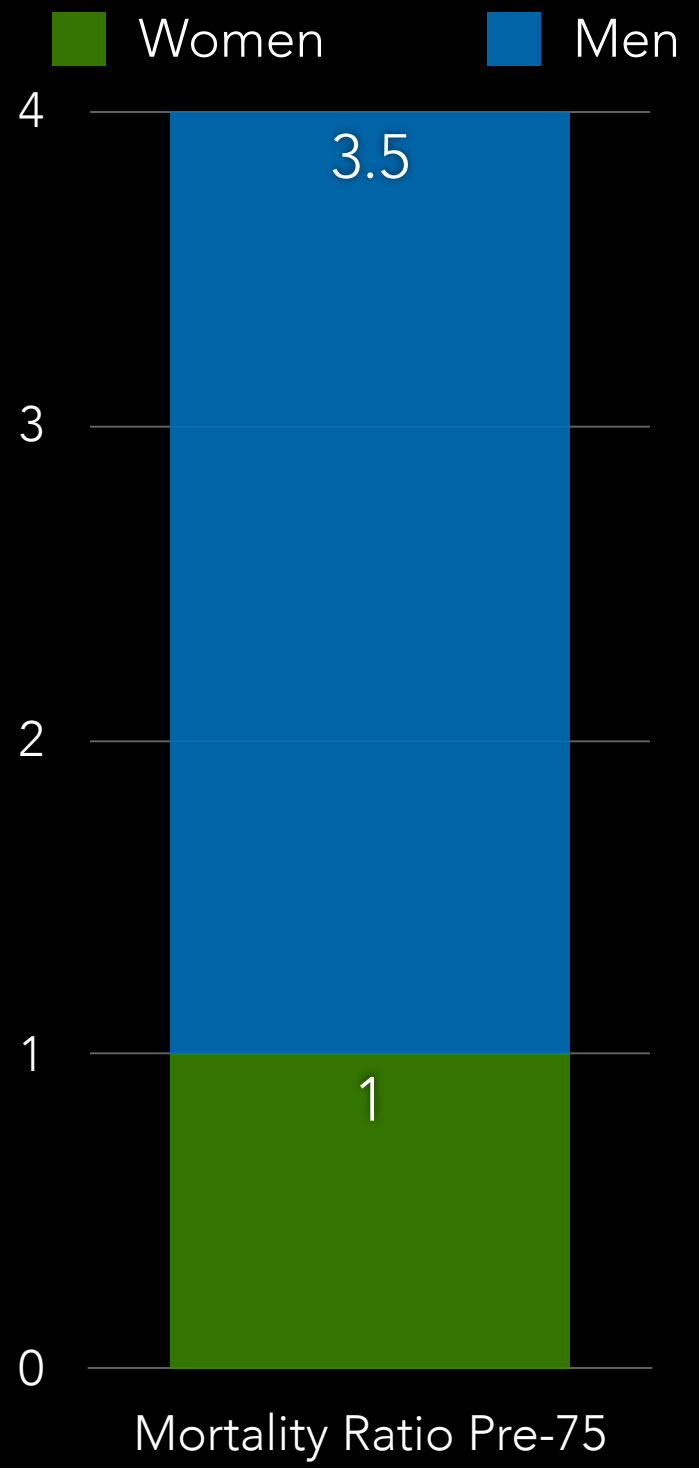
- Men more likely to experience short-term, severe, life-threatening illnesses = die younger/quicker
  - Ex: heart disease, emphysema
- Women more likely to experience less severe, but chronic illnesses = longer years of life in poor health
  - Ex: disability rates much higher among women

IMMUNE FUNCTIONING



CARDIOVASCULAR DISEASE

- Men have a higher incidence and age-adjusted mortality rate for CVD



WOMEN'S HEART ATTACK

- Symptoms appear to differ by gender
  - Men = classic symptoms seen in movies/TV
  - Women = unusual sensations between the neck and abdomen
    - Nausea/vomiting, chills
      - Even insomnia as an early warning sign

Rachel Levit

WOMEN'S HEART ATTACK

- Vignette study to understand how medical students, internists, and Dr.'s interpret heart attack symptoms (Chiaramonte et al. 2006; 2008)
  - 4 conditions:
    1. Male with "textbook" symptoms
    2. Male with "textbook" symptoms and 1 stressful event
    3. Female with "textbook" symptoms
    4. Female with "textbook" symptoms + 1 stressful event
  - Results? Women with a stressful event = symptoms more likely to be interpreted as a psychological issue and NOT a heart attack

GENDER BIAS IN MEDICAL RESEARCH

- Most medical studies run on male subjects (lab animals/human) and cells from males
  - Women make up about 38% of participants in heart-related studies (not including 2 large-scale, female-only studies)
  - NIH recently provided $10.1 million in grant money to add women participants to health studies

GENDER DIFFERENCES: EXPLANATIONS

- Some have offered biological explanations
  - But these do not explain differences in mortality/ morbidity across societies (time, place) and social characteristics/categories (ethnicity, age, occupation, height, country….)
  - The biology of sex…..

BEYOND A CATALOGUE OF DIFFERENCE

(SPRINGER, STELLMAN, AND JORDAN-YOUNG 2012)

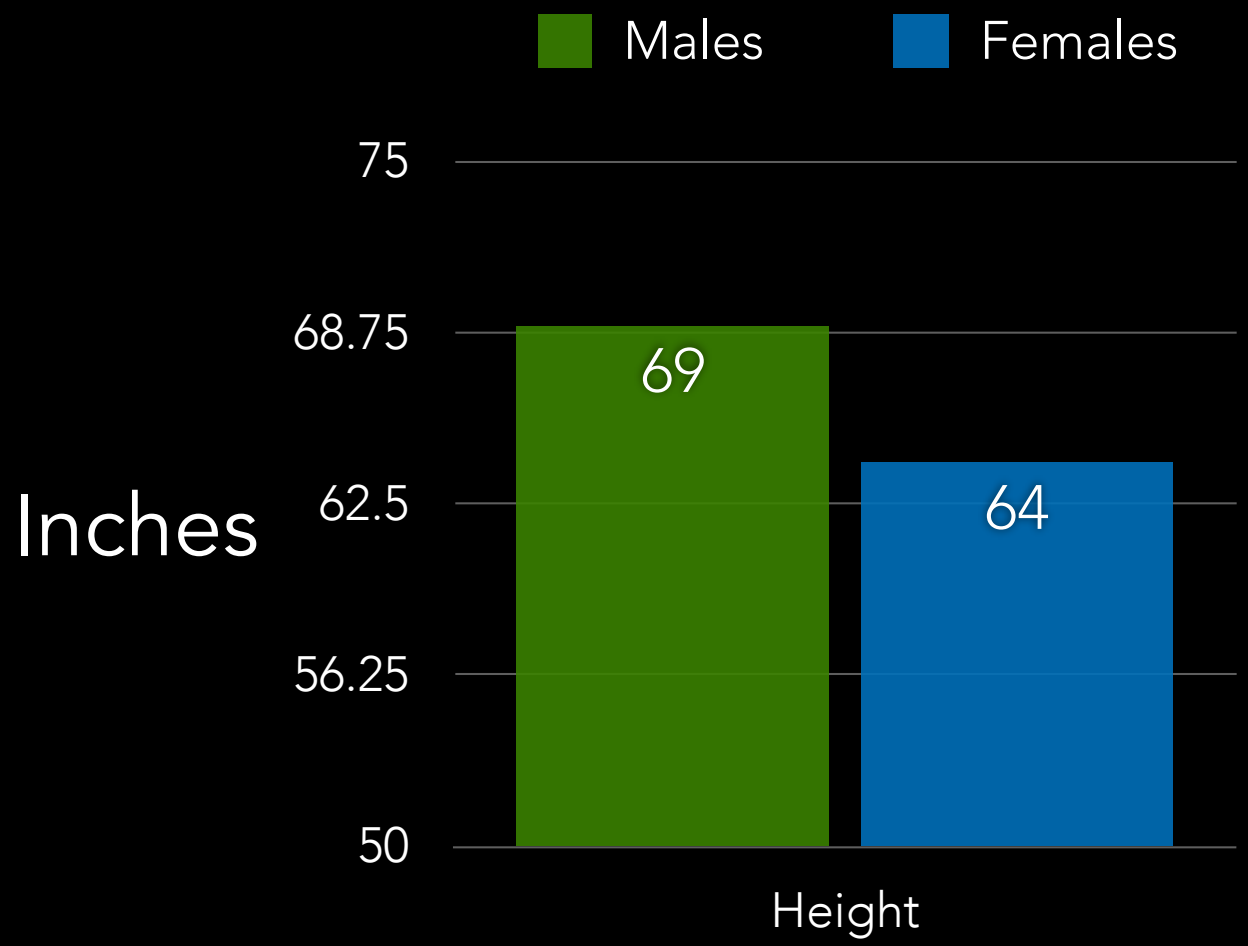
- WHO and AMA essentially define sex as biologically-defined categories of male and female according to reproductive organs and functions
    - And gender as presentations and identity of being male or female that is "rooted in biology and shaped by environment and experience"
    - Leads to superficial sense that the genders are distinct from one another and that biology is foundational

BEYOND A CATALOGUE OF DIFFERENCE

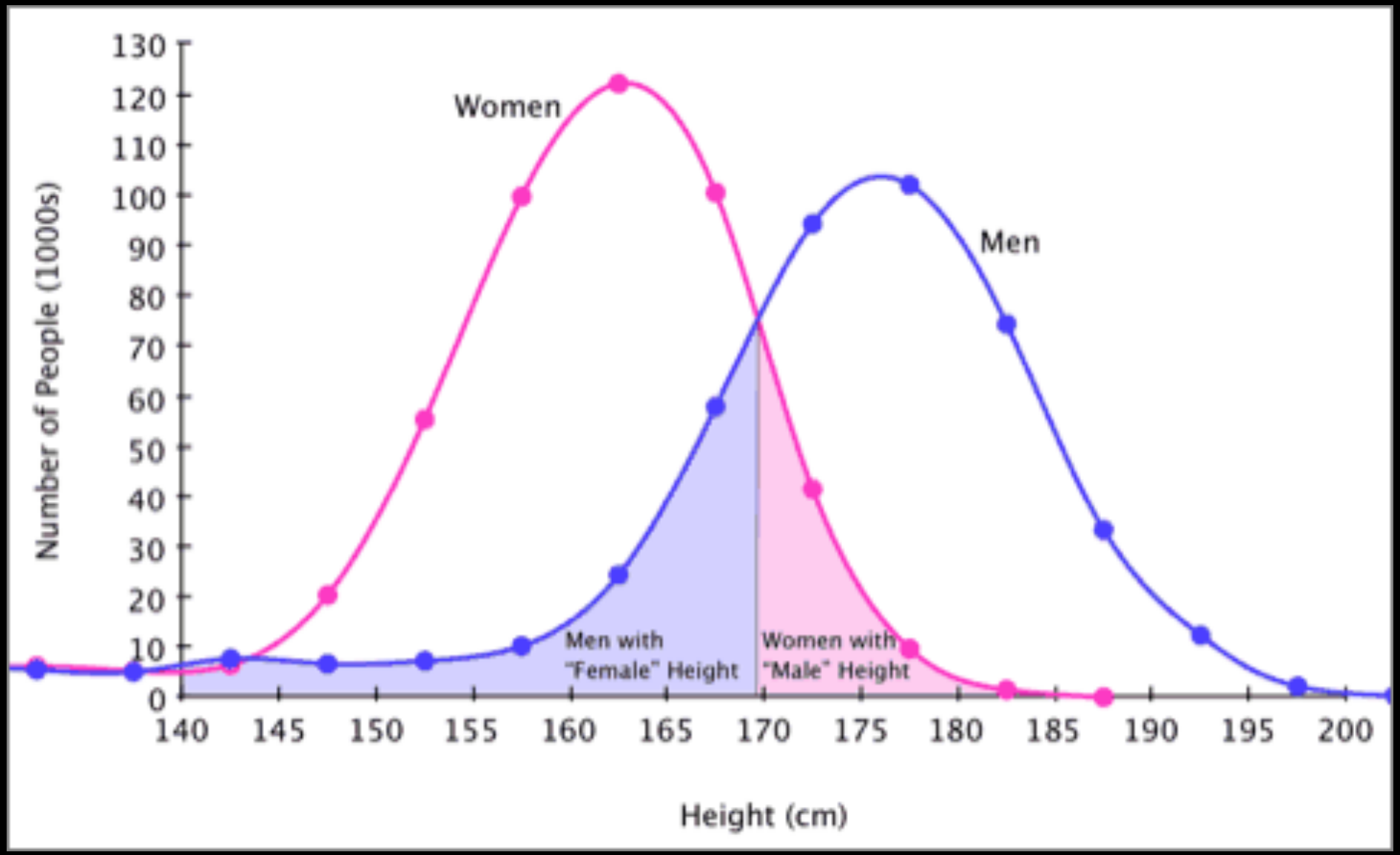
(SPRINGER, STELLMAN, AND JORDAN-YOUNG 2012)

- Sex is NOT a biological mechanism but a proxy for other mechanisms
    - Vast amount of similarity between the sexes and huge variation within the sexes

SEX DIFFERENCES: HEIGHT, FOR EX.



SEX DIFFERENCES: HEIGHT, FOR EX.



BEYOND A CATALOGUE OF DIFFERENCE
(SPRINGER, STELLMAN, AND JORDAN-YOUNG 2012)

- Sex and gender are so highly interwoven that it's highly conceivable that the majority of male-female health differences are due to the effects of gender as much as sex ("sex/gender entanglement")
    - Ex: gendered life experiences affect bone growth and development (Fausto-Sterling 2005), brain structure and functioning (Jordan-Young and Rumiati 2013), neuroendocrine production (Rozanski, Blumenthal, & Kaplan, 1999; Sapolsky 1997…)……

"Even when so seemingly biological and non-social an entity as a 'cell' is assigned a sex, the biography of the individual that the cell came from goes along for the ride, but this is rarely acknowledged, let alone examined, in scientific analyses."

–SPRINGER, STELLMAN, AND JORDAN-YOUNG, 2012