6 Addressing Sources of Inequality and Health Disparities: Gender

Learning Objectives

- Review and summarize the evidence supporting the relationship between gender and health and illness
- Describe the effect of sociocultural factors on the gendering of health
- Apply intersectional frameworks to analyses examining gender and health and illness
- Explore how gender and patriarchy shape the usage and delivery of health care in Canada
- Examine the relationships between gender, income inequality and health
- Test how different hypotheses explain a range of gendered health outcomes

Summary

Chapter 6 examines how gender affects health. Social structures affect men and women's health differently and thus health and illness are gendered. For example, men have higher mortality rates (death) and women have higher morbidity rates (illness). The importance of paying attention to both sex (physiological attributes of the person) and gender (the socio-cultural expression of sex in terms of identity and roles, and structural aspects of a society like gender imagery) is receiving increasing attention in health research. Since 2009, sex- and gender-based analysis has been mandated by Health Canada, where possible.

Overall, women since 1900 have lived longer than men. However, since 1990 the gap is decreasing because of men's life expectancy catching up to women's. Patterns for women's death rates show increases in lung cancer and breast cancer and increases in men's death rates are due to accidents and suicides. There are, however, differences in morbidity and mortality rates within each respective group. What this means is that social status (race, ethnicity, socioeconomic status), experience of illness and lifestyle practices interact with gender; for this reason further research using quantitative and qualitative methods from an intersectional framework is needed.

Not only does gender affect morbidity and mortality rates, but it also affects use of the formal health care system. For example, women take more prescriptions (even when controlling for birth control pills and drugs for menopause), more medical screening, and are more likely to have a family doctor.

Feminist health theorists have explained gendered differences in health care by emphasizing the connections between patriarchy and conceptions of health. They argue that the culture of medicine has adopted the larger cultural assumptions of men and women, and consequently women are viewed as "sicker" than men, requiring more medical intervention.

Four hypotheses are critically discussed to explain gender differences in health and illness. Role accumulation-hypothesis suggests that taking on multiple roles leads to positive health effects, whereas the role strain hypothesis states the opposite – women's multiple roles are harmful to health. The social acceptability hypothesis suggests that women have been socialized into accepting the sick role. Men engage in risky behavior, according to the risk-taking hypothesis, because they are socialized to do so. Our ideas about masculinity carry expectations for male behavior that have health consequences. It is thought that one way that men do gender in our society is by denying their health issues to display themselves as tough and independent, features of our cultures ideas of hegemonic masculinity.

Key Concepts/Terms

Gender: The socio-cultural expression of sex in terms of personal identity and role performance (e.g. being feminine or masculine), shaping the way in which health and illness are experienced (p. 171).

Gender stratification: The unequal distribution of wealth, power, and privilege between women and men, which has both direct and indirect effects on health (p. 181).

Hegemonic masculinity: The culturally dominant ideal of what it means to be male and how masculine men are supposed to behave within patriarchal society (p. 186).

Patriarchy: A system of society or government in which men hold the power and women are largely excluded from it (p. 178).

Risk taking hypothesis: The suggestion that men are socialized to take health risks while women are socialized to be cautious and concerned about taking care of health (p. 186).

Role-accumulation hypothesis: The suggestion that multiple roles contribute to better health outcomes because they provide a variety of benefits, such as greater self-esteem, life satisfaction, more sources of social support, and improved financial resources (p. 183).

Role strain hypothesis: The suggestion that increased stress and excessive demands on time and energy associated with performing multiple roles result in poorer health outcomes for women (p. 183).

Sex: Physiological aspects of the person which are important biological determinants of health (p. 171).

Sex and gender based analysis: A systematic approach to research, policies and programs that explores biological (sex-based) and socio-cultural (gender-based) similarities and differences between women and men (p. 172).

Social acceptability hypothesis: The suggestion that because of socialization into traditional gender roles, women are more willing to adopt the sick role (p. 184).

Study Questions

1. What is gender and how would you measure it?
2. What is patriarchy? How does it affect women's health?
3. What are the primary gender differences in health and illness?
4. What is the relationship between smoking rates and gender?
5. How can gender differences in mental health best be explained?
6. What does patriarchal culture in health care entail?
7. How can gender differences in health be explained?
8. What does the role-accumulation hypothesis propose?
9. What does hegemonic masculinity explain?
10. How does women's labour force participation influence their health?

Explore and Discuss Questions

1. How should we develop gender-sensitive programs to promote mental health and emotional well-being among adults in the community?
2. How does gender influence the health of university students? How are students undoing gender?
3. The doing of health is a form of doing gender. Debate.
4. How do other factors interact with gender to produce specific patterns in health outcomes?
5. Why might you examine how both sex and gender influence a health outcome? Think of an example where both sex and gender might be important.

Further Exploration

Abramson, Zelda. 2010. "I can wear white pants now: exploring perceptions of hysterectomy success" *Women's health and Urban Life* 9(1): 11-31.

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Connell, R. (2012). Gender, health and theory: conceptualizing the issue, in local and world perspective. *Social Science and Medicine*, 74, 1675-1682.

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Fausto-Sterling, A. 2012. *Sex/gender: Biology in a Social World*. Routledge.

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Johnson, JL., L. Greaves and R. Repta. (2009). 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, 8*, 14.

Krieger, N. (2003). Genders, sexes and health: what are the connections—and why does it matter? *International Journal of Epidemiology, 32*, 652-657.

Lippel, K, M. Vezina, R. Bourbonnais and A.Funes. 2016. Workplace psychological harassment: Gendered exposures and implications for policy. *International Journal of Law and Psychiatry*, 46, 74-87.

Marchand, A., J. Bilodeau, A. Demers., et.al. 2016. Gendered depression: Vulnerability or exposure to work and family stressors? *Social Science and Medicine*, 166, 160-168.

Slaunwhite, AK. 2015. The Role of Gender and Income in Predicting Barriers to Mental Health Care in Canada. *Community Mental Health Journal*, 51(5), 621-627.

Springer, KW, O Hankivsky and LM Bates. (2012). Gender and health: relational, intersectional and biosocial approaches. *Social Science and Medicine*, 74, 1661-1666

Recommended Films

1. **The Nature of Things: Sex, Lies and Secrecy: Dissecting Hysterectomy, CBC**
   Some medical experts claim that a shocking 98% of hysterectomies are unnecessary. Yet half the women in North America will have had their ovaries removed by the time they are 65.
   https://curio.ca/en/video/sex-lies-and-secrecy-dissecting-hysterectomy-860/

2. **Middle Sexes: Redefining He and She (2005)**
   The documentary examines the diversity of human sexual and gender variance around the globe, with commentary by scientific experts and first-hand accounts of people who do not conform to a simple male/female binary.
   https://www.youtube.com/watch?v=_Gyoq6tdlsE

Recommended Websites

1. **Canadian Cancer Society**
   www.cancer.ca

2. **Our Bodies Ourselves**
   www.ourbodiesourselves.org

3. **Women's Healthy Environments Network**
   www.womenshealthyenvironments.ca

4. **Women's Health: Reports and Publications, Health Canada**
   www.hc-sc.gc.ca/hl-vs/pubs/women-femmes/index-eng.php