6 Gender and Health

Learning Objectives

In this chapter, you will learn to

- Distinguish between sex- and gender-relevant implications for health;
- Understand that reproductive roles are important but are not decisive determinants of health;
- Appreciate how relations between genders affect the health of men and women;
- Recognize that binary conceptions of sex and gender inadequately capture human diversity

Chapter Overview

The chapter begins with discussing health differences between men and women. When discussing sex-specific diseases, it is often impossible to disentangle gender from sex. The morbidity paradox is the observation that men have shorter life expectancy but women report more illness. Despite some differences, the two genders are quite alike and many of the differences in morbidity and mortality that we observe are a result of social roles and process of socialization.

The second part of the chapter deals with gender convergence of health-related behaivours. Men's and women's position in society may influence their health status through factors such as risky behaviours (e.g., drinking) and relationship. Women's access to education is beneficial not only for their own health, but also for health of their communities. The chapter discusses sexual minorities' health and briefly introduces intersex as a distinct gender group, and finally summarizes body image and anorexia nervosa.

Key Terms and Concepts

Anorexia nervosa eating disorder that affects predominantly female population (p. 178)

Anti-gay an alternative term for homophobia (p. 176)

Asexual meaning "no sex," refers to men and women who are indifferent to sexual activity. (p. 173)

Bisexual meaning "two" or "both" sexes, refers to men and women who are sexually attracted to both men and women (p. 173)

Buffering effects effects that act as protecting mechanisms against certain conditions that can worsen health (p. 163)

Gay alternative term for homosexual (p. 173)

Gender the social expectations placed on a person and the social roles that the person adopts (p. 172)

Gender expression the way in which people signal to others their gender identity (p. 173)

Gender gap differences observed between men and women (p. 160)

Gender identity a sense of association with a particular gender (p. 173).

Health gap gap in self-reported health between men and women that narrows over the life course (p. 165)

Heterosexual a person who is sexually attracted to people whose gender is the opposite of their own (p. 173)

Homophobia hostility faced by LGBTQ population (p. 176)

Homosexual a person who is sexually attracted to people whose gender is the same as their own (p. 173)

Intersex people who cannot be easily categorized into male or female group (p. 177)

Lesbian women sexually oriented toward other women (p. 173)

Morbidity paradox women report poorer health than men at every income level, but women's life expectancy is higher than that of men (p. 164)

Rainbow coalition coalitions that include bisexuals and transgender people—lesbian, gay, bisexual, transgender, queer (LGBTQ) (p. 174)

Sexual orientation sexual attraction to a particular gender (p. 173)

Transgender a person whose gender identity is not necessarily consisted with the gender associated with their biological sex (p. 173)

Study Questions

Scroll down for answers.

1. Identify the buffering effects when it comes to income inequality.

2. Define the morbidity paradox.

3. Explain how men and women differ in how marriage and other relationships affect their health.

Critical Thinking Questions

Scroll down for answers.

1. In what health-related ways men and women are different? Where do these differences come from?

2. Are women and men more different or similar in their health status? Explain your answer.

3. Describe the impact of women's education on their communities.

4. Describe the health issues faced by LGBTQ population.

Annotated Multimedia Resources

1. Anne Fausto-Sterling explains sex and gender differences
   http://www.annefaustosterling.com/media/ (2:21 min)
   In this video Dr Anne Fausto-Sterling explains how sex differences are transformed into gender differences and discusses the development of gender identity.

2. *It's a Girl* documentary official trailer
   https://www.youtube.com/watch?v=ISme5-9orR0 (3 min).
   In this official trailer of *It's a Girl* documentary the topic of genocide of female infants is introduced. The video links the murder of women to the social norms and expectations.

3. Killing Us Softly 4: Jean Killbourne
   https://www.youtube.com/watch?v=xnAY6S4_m5I (44:59 min)
   The documentary by Jean Killbourne, an activist and a film maker, discusses the impact that advertisement industry has on the wellbeing of women and their body image.

4. "Beyond I Do" campaign fights against legal LGBT discrimination
   https://www.youtube.com/watch?v=uqDkJ5R3KI8 (2:22 min)
   This news report from ABC shows that LGBT families continue to experience discrimination in the United States.

5. Girls education in the developing world
   https://www.youtube.com/watch?v=PQ8TiwpEhT4 (14:37 min)
   In this TedxTalk, Wanda Bedard speaks to the importance of girls' education around the world.

6. Why supporting girls aged 0 to 10 is critical to change Africa's path: A conversation with Joyce Banda
   https://www.cgdev.org/event/day-one-why-supporting-girls-aged-0-10-critical-change-africas-path (50:57 min)
   The event organized by the Centre for Global Development and features a conversation with Joyce Banda, a former president of Malawi, on the importance of gender equality promoted since early age.

7. Raising the world and an intersex child
   https://www.youtube.com/watch?v=K4XhQdchCQo (7:32 min)
   This is a news segment from NBC that focuses on the family of Ori Turner, an intersex child, and their journey to find a place for Ori. The family highlights the challenges associated with social organization of our society that makes it challenging for Ori to fit in.

8. Neither male or female: Secret intersex
   https://www.youtube.com/watch?v=-tE-UCJyFRs (48:38 min)
   This documentary explores what it means to be intersex in our society. The documentary follows the lives of three families and touches upon medical treatments, social challenges, and personal dilemmas faced by the intersex community.

Answers to Study Questions

1. Women appear less susceptible to socioeconomic impacts on health than do men, because of the buffering effects of their gender roles within families and communities. Women in most societies are far more connected with their immediate family, their family of origin, and their neighbours than are men. They also have larger circles of friends. In consequence, women, in contrast to men, have more instrumental and emotional support to draw upon. (p. 163)
2. There is an apparent "disconnect" between women's self-reported health and their life expectancy. This has been referred to as the morbidity paradox—a paradox because sicker people presumably ought to die sooner. (p. 165)
3. There now seems to be no doubt that the health benefits of marriage for men and women in terms of self-reported health and longevity are shrinking, at least in North America. But the health of women who are separated or who experience the death of a partner has worsened relative to married women. It remains unclear as to whether the effect is mostly due to changes in resources available to widowed or separated women or to stress arising from the change in status. (p. 169)

Answers to Critical Thinking Questions

1. Men and women can differ in several health-relevant ways. Women may differ from men in terms of typical exposures, usual risks, and specific vulnerabilities. The nature, severity, or frequency of health problems may vary systematically between men and women. Women and men may differ in how they understand health problems and in the extent to which they seek help from others. If they access treatment, men and women may differ in terms of their compliance with prescribed treatment. Women have more robust and reactive immune systems than men. This has an upside in terms of lower rates of infection and generally less severe infection than in men. But it has a downside. Women are more susceptible to auto-immune conditions such as Lupus and rheumatoid arthritis. Women's brains are smaller and wired differently from men's, but the differences have been wildly exaggerated. More importantly, there are no discernable differences in intelligence, creativity, or even math and linguistic abilities. Girls in Iceland, a relatively gender-neutral country, actually outperform boys on math. It is clear from the data that the gaps are more socially than biologically driven (p. 160).
2. It is fair to say that health differences between men and women in Canada, the United Kingdom, the United States, and Australia are not very large and appear, in the last few decades, to have shrunk. Obviously, some specific diseases do vary on gender lines, with, for example, some auto-immune diseases such as Lupus and other forms of arthritis occurring more frequently in women. Parkinson's disease and a host of conditions related to behaviour, including brain trauma, spinal cord injury, lung cancer, and chronic obstructive pulmonary disease (COPD) and cirrhosis of the liver, are more common in men. Breast cancer occurs in both men and women but is very much more common in women. Overall incidence rates and deaths from cancer have been falling for both men and women, with the exception of lung cancer in women. Total incidence for cancer is identical for Canadian men and women. The two leading causes of death, cancer and heart disease, are the same for men and women in all affluent countries (pp. 165–166)
3. One of the strongest relationships discovered through research into the health of populations is the correlation between educational level of women and a variety of measures of population health. The overall health of neighbourhoods, cities, regions, and countries varies in response to how much education girls and women receive. Education for either men or women has individual-

level health effects that show up in population-level data such as average life expectancy. We have seen that education is an important dimension of the health gradient. But in the case of women, the health effects of education extend beyond the individual woman. The principal reason why female education has such profound health effects appears to be the additional control education gives women over their fertility. Control over fertility both reduces the number of children women bear and increases the age of first pregnancy. Fewer pregnancies and avoiding teenage pregnancy are associated with substantial gains in women's health, and, importantly, they are also associated with better health outcomes for the infant. In addition, greater female education increases the material resources available not only to women but also to each of their children. Apart from increased reproductive control and enhanced access to material resources, education improves the personal autonomy and control over other aspects of the woman's own life, decreasing gender inequality. The women themselves, their families, and their communities also benefit from knowledge, skills, and capabilities gained through increased educational opportunities (p. 172)

4. Given the discrimination faced by homosexual people, it is surprising that their self-perceived health is comparable to the heterosexual population. Bisexuals, however, are more likely than gay men and lesbian women to report poor health. Homosexual and bisexual people are more likely than the general population to report chronic disease or disability. All members of the LGBTQ community are more likely to report mood disorders such as anxiety and depression, and bisexuals are more than twice as likely as heterosexuals to report mental health problems. Gay men use more health care and mental health services than heterosexuals, but lesbian women use comparatively less health care. Neither gay men nor lesbian women are any more likely than the general population to report unmet health care needs. In general, lesbian, gay, and bisexual health is comparable to the general population, apart from increased incidence of mental health problems and sexually transmitted infections. However, transgender women are 20 or more times more likely to be living with HIV in Ontario (an estimate based on limited data; worldwide, the ratio is estimated to be 49 times more likely), as well as more likely to experience discrimination, stigma, and violence, and to be confronted by barriers to accessing appropriate health care (p. 176)